

TWICE WEEKLY QUALIFIED PERSON CHECK LIST FOR WILL COUNTY ASH PONDS

INSTRUCTIONS:

- 1) An inspection of each ash pond and related embankments/berms at the Stations shall be conducted at least every 7 days and within 24 hours after a storm event greater or equal to 6.45 inches. Will County has scheduled this pond inspection twice weekly (Wednesday & Sunday) to ensure there is never more than 7 days between inspections.
- 2) The inspection records must be maintained at the Station for five years.
- 3) This is for all active (2S&3S) and inactive ponds (1N&S).
- 4) Inactive ponds are required to be maintained with water levels below 1 foot.
- 5) CCR Unit Instrumentation should be inspected once per week (typically on Sunday).

Date: 12/19/21 Time: 8:00 Type of Inspection: Weekly Storm Event

PONDS 2S AND 3S:

GENERAL INFORMATION:

POND 2S

POND 3S

1) General Condition	EMPTY <input type="checkbox"/> FULL <input checked="" type="checkbox"/> PARTIALLY FULL <input type="checkbox"/>	EMPTY <input type="checkbox"/> FULL <input type="checkbox"/> PARTIALLY FULL <input type="checkbox"/>
2) Water Level in Pond	NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/>	NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/>
3) Is Ash Being Removed?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4) In Service?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PHYSICAL INSPECTION:

1) Seepage from or through embankment? Includes roads around ponds and outside fence.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2) Sinkholes/Depressions/Bulges in Pond or embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3) Signs of Piping/Channels or other Internal Erosion on embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4) Cracking on Embankments/Berms?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5) Animal Burrows on embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

The 3 descriptions below refer to areas to East, South, and West of ponds including outside the fence area.

6) Excessive or Lacking Vegetative Cover on embankments? (should be normal growth)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7) Slope Erosion on berms or embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
8) Debris on embankments/berms?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
9) Deterioration, malfunctions, or improper operation of overtopping control systems	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10) Visible Releases	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

11) If Yes to any of the above, or any other abnormalities are noted, please describe/explain: _____

12) Is there any damage to Pond Liner: YES NO

12.a) If YES, Describe in Detail: _____

12.b) Specific Location: _____

12.c) Is Water Level Below Damage? YES NO

12.d) If No, Did You Reduce Pond Level? YES N/A

12.e) Notified Shift Supervisor of Damage? YES Date Notified: _____ N/A

12.f) Notified Station Management of Damage? YES Date Notified: _____ N/A

12.g) Additional Comments: _____

PONDS 1N, 1S:

1) Is There any Visible Water Pooling? YES 1N or 1S? _____ NO

If Yes – contact the Environmental Specialist

INSPECTION OF UNIT INSTRUMENTATION (TO BE DONE ON SUNDAY)

	GOOD	NEEDS REPAIR
1) Pump Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Wetwell/Basin Level*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Compare local level indication on meter in NE corner with Bailey reading		
3) Other Device(s) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Describe any "Needs Repair" checked above: #2 RECYCLE pump noisy
and it's better than both 4+5

Qualified Person's Name: _____

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Date: 12-22-21 Time: 0800 Type of Inspection: Weekly Storm Event

PONDS 2S AND 3S:

GENERAL INFORMATION:

	POND 2S	POND 3S
1) General Condition	EMPTY <input type="checkbox"/> FULL <input type="checkbox"/> PARTIALLY FULL <input checked="" type="checkbox"/>	EMPTY <input type="checkbox"/> FULL <input type="checkbox"/> PARTIALLY FULL <input checked="" type="checkbox"/>
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3) Is Ash Being Removed?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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PHYSICAL INSPECTION:

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8) Debris on embankments/berms?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
9) Deterioration, malfunctions, or improper operation of overtopping control systems	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10) Visible Releases	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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12) Is there any damage to Pond Liner: YES NO

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12.c) Is Water Level Below Damage? YES NO

12.d) If No, Did You Reduce Pond Level? YES N/A

12.e) Notified Shift Supervisor of Damage? YES Date Notified: _____ N/A

12.f) Notified Station Management of Damage? YES Date Notified: _____ N/A

12.g) Additional Comments: _____

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<i>*Compare local level indication on meter in NE corner with Bailey reading</i>		
3) Other Device(s) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Describe any "Needs Repair" checked above: 1,2,3,4,5 & 6 all need work

or replaced

Qualified Person's Name: _____