

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: 5-1-2024 Time: 9:00 Type of Inspection: Weekly Storm Event

PONDS 2S AND 3S:

POND 2S

POND 3S

GENERAL INFORMATION:

	EMPTY <input type="checkbox"/> FULL <input type="checkbox"/>	EMPTY <input type="checkbox"/> FULL <input type="checkbox"/>
1) General Condition	PARTIALLY FULL <input checked="" type="checkbox"/>	PARTIALLY FULL <input checked="" type="checkbox"/>
2) Water Level in Pond	NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" type="checkbox"/>	NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" 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?	NO <input checked="" 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 (#6-8) 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 N/A

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 1N? YES NO

2) IS THERE ANY VISIBLE WATER POOLING 1S? YES NO

If Yes – contact the Environmental Specialist

POND LEVEL INSTRUMENTATION

2S Level (ft) Gauge Marking 0.0 Elevation (FT/MSL) 588.3 (Use 2S EL Gauging Chart App A)

3S Level (ft) Gauge Marking 1.7 Elevation (FT/MSL) 583.7 (Use 3S EL Gauging Chart App B)

Gauge Marker Instrument is in good condition and readable YES NO

Qualified Person's Name:  _____

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- 5) CCR Unit Instrumentation should be inspected once per week (typically on Sunday).

Date: 5-4-2024 Time: 3:00 Type of Inspection: Weekly Storm Event

PONDS 2S AND 3S:

POND 2S

POND 3S

GENERAL INFORMATION:

	EMPTY <input type="checkbox"/> FULL <input type="checkbox"/>	EMPTY <input type="checkbox"/> FULL <input type="checkbox"/>
1) General Condition	PARTIALLY FULL <input checked="" type="checkbox"/>	PARTIALLY FULL <input checked="" type="checkbox"/>
2) Water Level in Pond	NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" type="checkbox"/>	NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" 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?	NO <input checked="" 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"/>

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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 N/A

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 1N? YES NO

2) IS THERE ANY VISIBLE WATER POOLING 1S? YES NO

If Yes – contact the Environmental Specialist

POND LEVEL INSTRUMENTATION

2S Level (ft) Gauge Marking 0.0 Elevation (FT/MSL) 588.3 (Use 2S EL Gauging Chart App A)

3S Level (ft) Gauge Marking 1.6 Elevation (FT/MSL) 583.6 (Use 3S EL Gauging Chart App B)

Gauge Marker Instrument is in good condition and readable YES NO

Qualified Person's Name:  _____