

**City Water, Light and Power  
Coal Combustion Residuals Units  
40 CFR 257 and 35 IAC 845  
Weekly Inspection Form**

Date: 1-21-26 Time: 1045 Inspector(s) / Position: Staley

Site Conditions:

Sky: Clear Ground Moisture: Dry Temperature: 37 Precipitation: None

**Berms – Landfill Unit 2:**

Conditions Limiting Visibility:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Snow Cover | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Vegetation | <input checked="" type="checkbox"/> None |

Observations:

- |  |  |
|--|--|
| <input type="checkbox"/> Erosion / Gullies                   | <input type="checkbox"/> Sudden drop in impoundment level          |
| <input type="checkbox"/> Cracking / Sloughing                | <input type="checkbox"/> Actual or potential structural weakness   |
| <input type="checkbox"/> Seeps / Damp Areas                  | <input type="checkbox"/> Improper operation of overtopping control |
| <input type="checkbox"/> Signs of Creep                      | <input type="checkbox"/> Visible release                           |
| <input type="checkbox"/> Failed/eroded vegetation >100sq ft. | <input checked="" type="checkbox"/> No observed problems           |

Describe findings. Identify locations on attached map. Attach additional pages if necessary.

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**Berms – Dallman Ash Pond**

Conditions Limiting Visibility:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Snow Cover | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Vegetation | <input checked="" type="checkbox"/> None |

Observations:

- |  |  |
|--|--|
| <input type="checkbox"/> Erosion / Gullies                   | <input type="checkbox"/> Sudden drop in impoundment level          |
| <input type="checkbox"/> Cracking / Sloughing                | <input type="checkbox"/> Actual or potential structural weakness   |
| <input type="checkbox"/> Seeps / Damp Areas                  | <input type="checkbox"/> Improper operation of overtopping control |
| <input type="checkbox"/> Signs of Creep                      | <input type="checkbox"/> Visible release                           |
| <input type="checkbox"/> Failed/eroded vegetation >100sq ft. | <input checked="" type="checkbox"/> No observed problems           |

Describe findings. Identify locations on attached map. Attach additional pages if necessary.

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**Berms – Lakeside Ash Pond**

Conditions Limiting Visibility:

- Snow Cover
- Vegetation

- Other \_\_\_\_\_
- None

Observations:

- Erosion / Gullies
- Cracking / Sloughing
- Seeps / Damp Areas
- Signs of Creep
- Failed/eroded vegetation >100sq ft.

- Sudden drop in impoundment level
- Actual or potential structural weakness
- Improper operation of overtopping control
- Visible release
- No observed problems

Describe findings. Identify locations on attached map. Attach additional pages if necessary.

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**Berms – Lime Softening Ponds**

Conditions Limiting Visibility:

- Snow Cover
- Vegetation

- Other \_\_\_\_\_
- None

Observations:

- Erosion / Gullies
- Cracking / Sloughing
- Seeps / Damp Areas
- Signs of Creep
- Failed/eroded vegetation >100sq ft.

- Sudden drop in impoundment level
- Actual or potential structural weakness
- Improper operation of overtopping control
- Visible release
- No observed problems

Describe findings. Identify locations on attached map. Attach additional pages if necessary.

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**Areas of Previous Repair(s):**

Location: \_\_\_\_\_

Description of Repair: \_\_\_\_\_

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**Effectiveness of Repair:**

- Problem completely remedied
- Problem partially remedied (explain below):
- Problem not remedied (explain below):

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- Progression of trouble into new area (explain):

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**Areas of Previous Repair(s):**

Location: \_\_\_\_\_

Description of Repair: \_\_\_\_\_

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**Effectiveness of Repair:**

- Problem completely remedied
- Problem partially remedied (explain below):
- Problem not remedied (explain below):

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- Progression of trouble into new area (explain):

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