



2016 ANNUAL ENGINEERING INSPECTION REPORT

ENERGY INDEPENDENCE PLANT CLASS 3N LANDFILL

PERMIT NO. 0200-S3N-R2
AFIN: 32-00042

JANUARY 9, 2017

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The Terracon logo is repeated in a red rounded rectangular box at the bottom right of the page. It features the word "Terracon" in a bold, white, sans-serif font. The letter "T" is significantly larger and more stylized than the other letters, with a white outline.

Environmental



Facilities



Geotechnical



Materials

2016 Landfill Inspection Report

Entergy Independence Plant
Class 3N Landfill
Newark, Arkansas

Permit No. 0200-S3N-R2
AFIN: 32-00042

January 2017
Project No. 35167281

Prepared for:
Entergy Independence Plant
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Newark, AR 72562

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Facilities



Geotechnical



Materials

PROFESSIONAL ENGINEER'S CERTIFICATION

This report on the annual engineering inspection of the Entergy Independence Plant Class 3N Landfill and supporting documentation was prepared under the direction and supervision of a qualified, State of Arkansas-registered Professional Engineer. Mr. David McCormick, PE, of Terracon Consultants, Inc. (Terracon), was responsible for the overall preparation of this report. The report has been prepared to fulfill the requirements of §257.84(b). Based on the inspection of the landfill facility and review of available landfill documents the design, construction, operation, and maintenance of the landfill is consistent with recognized and generally accepted good engineering standards.

David C. McCormick, P.E.
Arkansas Professional Engineer No. 9199



11/9/17
Date



Expires 12.31.17

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1.0 INTRODUCTION

1.1 Purpose of Report

The purpose of this report is to document the annual inspection of the Entergy Independence Landfill facility in accordance with 40 CFR §257, *Subpart D - Disposal of Coal Combustion Residuals From Electric Utilities* (the CCR Rule). In particular, the report has been prepared to comply with §257.84(b), which requires an inspection to be conducted by a qualified professional engineer to ensure that the design, construction, operation, and maintenance of the landfill is consistent with recognized and generally accepted good engineering standards.

The report includes:

- Information on the current layout of the landfill,
- Waste volume estimates for the amount of waste contained in the landfill and remaining disposal capacity, and
- An assessment of the landfill including structural integrity and overall operations with respect to the CCR Rule and the facility permit requirements.

1.2 Independence Power Plant Information

The Plant is located on approximately 1,850 acres about 2-½ miles southeast of Newark in Independence County, Arkansas as shown on Figure 1 (all figures are included in Appendix A). The site is characterized by minimal topographic relief and is situated within the White River floodplain.

The Plant has been in operation since 1983 and has historically generated electricity through the combustion of Powder River Basin (PRB) (Wyoming) sub-bituminous coal. The ash, a coal combustion by-product (or residue) (CCR), is generally segregated into two categories, “fly” and “bottom” ash.

Approximately 80% of the ash produced is classified as fly ash that is derived from the boiler exhaust gas and collected in electrostatic precipitators. The fly ash is composed of very fine particles similar to glass and has the consistency of a powder. Collected fly ash is blown to silos for short-term storage. A subcategory of the fly ash is known as economizer ash. This material is the coarsest fraction of the fly ash that drops out before the electrostatic precipitators, and represents approximately 2% of the fly ash production.

The bottom ash is composed of angular, glassy particles with a porous surface texture and has the consistency of coarse sand. The bottom ash is sluiced principally to dewatering hoppers for removal of water and for storage.

Entergy – Independence Class 3N Landfill

2016 Annual Inspection ■ CCR Rule Subpart §257.84 (b)
January 2017 ■ Project No. 35167281

Historically, approximately 60 to 70% of the two types of ash have been marketed regionally to construction-related industries. The remaining amount of ash has been placed in the onsite Landfill for disposal.

1.3 Permit History

In October 1982, Arkansas Power & Light Company (AP&L) was granted a permit (#200-S) from the Arkansas Department of Environmental Quality (ADEQ) to construct and operate a solid waste disposal facility at the Plant. Entergy Arkansas, Inc. became AP&L's successor in interest in April 1996. The permit was modified in 2002 to update the landfill to comply with Arkansas Pollution Control and Ecology Commission (APCEC) Regulation No. 22 (Solid Waste Management Code) design and operational standards for Class 4 (inert waste) Landfills. The current facility permit (0200-S3N-R2) was issued in December 2014 and includes design and operational modifications to the landfill facility to comply with Regulation No. 22 requirements for Class 3N (Industrial) Landfills.

2.0 LANDFILL LAYOUT

2.1 Existing Conditions of Landfill

The permitted landfill area consists of approximately 335 acres and is located in the northeastern portion of the plant site as shown on Figure 2. The Landfill is designed to be developed through three phases, which only Phases 1 and 2 are currently permitted for development. The current layout of the Landfill includes a total of 22 disposal cells and has a permitted waste capacity of approximately 13,000,000 cubic yards (cy). Waste Cells 1 through 15 have been constructed and Waste Cells 12, 13, 14, and 15 currently comprise the active disposal area of the Landfill having received CCR materials after October 19, 2015.

Construction of the disposal cells has followed the numerical sequence of the cell numbers with all design, construction, operation and maintenance in compliance with the requirements of APCEC Regulation 22. Cells 1 through 11 were constructed, operated and closed prior to the effective date of the CCR Rule and are not covered by the requirements of the Rule. Cells 12 through 15 are existing landfill CCR units and will be operated in accordance with requirements of the CCR Rule.

Table 2.1 presents a summary of the existing CCR Unit disposal cells that have been constructed at the Independence Landfill.

Table 2.1. Construction Summary of Independence Plant Class 3N Landfill

Cell Number	Year Built	Bottom Liner System	Year Closed	Final Cover System	Status
12	Pre-1996	Original permit	N/A	N/A	Open and active disposal area
13	Pre-1996	Original permit	N/A	N/A	Open and active disposal area
14	2000;2006	Original permit; 2002 permit	N/A	N/A	Open and active disposal area
15	2011	Current permit	N/A	N/A	Open and active disposal area

2.2 Changes Made to Landfill Configuration During Reporting Period

During the reporting period, no changes were made to the landfill configuration. Cells 12 through 15 are open and are actively receiving waste. No new cells were opened, and no existing cells were closed.

3.0 WASTE VOLUME CALCULATIONS

The landfill facility has been surveyed annually since 1996. Each year's survey is compared to the previous year to compute the amount of CCR disposed. The current survey is also compared to the ADEQ permitted top of waste elevations to determine remaining capacity, or airspace. Additionally, the current survey is compared to an estimated "operational" top of waste to determine the remaining operational capacity. The operational top of waste is the maximum disposal elevation that can be achieved within the open cells while maintaining the required 4:1 exterior and 3:1 interior slopes along with a top width sufficient for disposal activities. If additional operational capacity is needed, construction of an adjacent disposal cell will be required.

Disposal rates for the facility are calculated using the average of the disposal rates from the five most recent years. Disposal rates depend upon CCR production at the plant and sales of the ash. These can vary significantly year to year based upon the current economic climate, weather, and how much the plant is operational.

During the reporting period, there were four waste cells (Waste Cells 12 through 15) open at the site. These areas are shown on Figure 2.

Digital terrain modeling techniques were used to determine volumes of ash disposed during the current reporting period. Surface models were originally created for the Landfill's surface from aerial photography taken in June 1996 and for the originally permitted proposed final surfaces. The surface models were updated in 1997 through 2015 based on field and/or aerial survey data. For this report, the active areas were surveyed on December 12, 2016. The surface generated from the current survey was compared to the December 17, 2015, survey surface model utilizing AutoCAD Civil 3D software to estimate volume changes that have occurred over the reporting period. Table 3.1 summarizes volume changes for the current reporting period and estimated remaining capacity by waste cell.

Table 3.1 Summary of waste volume calculations.

Cell Number	Status	Area (ac)	ADEQ Permitted Waste Capacity (cy)	2016 Volume Placed (cy)	Total Volume Placed (cy)	Operational Remaining Disposal Capacity (cy)	Operational Remaining Life (years)
Cell 12	Active	5.7	434,800	2,600	319,100	115,700	1.0
Cell 13	Active	5.7	372,300	6,700	291,600	80,700	0.7
Cell 14	Active	15.0	807,400	21,200	773,300	34,100	0.3
Cell 15	Active	18.2	1,258,100	51,000	314,700	803,800	7.2
Totals		44.6	2,872,600	81,500	1,698,700	1,034,300	9.2

Based upon the digital terrain model, the net volume of material filled in Waste Cells 12 through 15 during the reporting period was calculated to be approximately 81,500 cubic yards (cy). Final permitted contours are shown in Figure 3. Based upon a 5-year historical annual average disposal rate of approximately 112,400 cy of material, there are about 9.2 years of capacity left in Waste Cells 12 through 15. This time frame is affected by the market for ash material and may be shorter or longer depending on market conditions.

4.0 ASSESSMENT OF LANDFILL FACILITY

This section of the report provides a summary of the inspection of the Entergy Independence Plant Class 3N Landfill facility that was conducted on December 6, 2016. The assessment included an interview with the landfill operating company, Headwaters Resources Inc. (HRI) personnel, Entergy Services Inc. (Entergy) personnel, review of weekly inspections of the facility, review of documents pertaining to the operation and compliance of the landfill, and an onsite inspection of the landfill facility. Copies of the Weekly Inspection Reports are included in Appendix B. Photographs of the site inspection are included in Appendix C.

4.1 General Operations

In general, the final and interim slopes of the active waste cells appeared to be stable. The side-slopes of the landfill are generally at the required 4:1 external and 3:1 interior slope requirements. No tension cracks, seeps, or other features that indicate a potential slope failure were observed during the site inspection. In addition, no active seeps were noted.

The general operations of the landfill facility are being done in a safe manner and the overall maintenance of the facility is in good condition.

4.2 Landfill Cover System

None of the active cells, 12 through 15, are partially closed or have interim cover.

4.3 Leachate Collection System

As required by APCEC Regulation 22, Cell 15 is constructed with a leachate collection system. The system consists of a six-inch diameter high-density polyethylene (HDPE) perforated pipe installed in the center of Waste Cell 15. The pipe drains to a washed gravel-filled sump located on the toe of the eastern slope of the cell. From the sump, leachate is pumped via a dual-contained HDPE pipeline (4" diameter/8" diameter) to the discharge point at the plant's Surge Pond south of the landfill in accordance with the facility's current National Pollutant Discharge Elimination System (NPDES) Permit. Overall, the leachate collection system appeared to be in good working order.

4.4 Stormwater Control System

No issues were found with the Stormwater control system during the inspection. In accordance with the facility's Operation Plan required by the current Class 3N solid waste permit, HRI conducts periodic inspections of the condition of the system and makes appropriate repairs as needed.

Temporary berms are used down gradient of the active area to help minimize the potential for sediment transport from the area. Perimeter ditches and drainage conveyances are used to direct stormwater around the landfill area. Culverts are installed at the southwest corner of the Landfill to allow drainage beneath the perimeter access road.

All stormwater run-on and runoff from the permitted landfill area is ultimately discharged to the Plant's Surge Pond. Water from the Surge Pond is pumped to sedimentation basins that are part of the Plant's wastewater treatment system. After treatment in the sedimentation basins, the water is either used as cooling water in the plant or discharged to the White River. Discharges to the White River are permitted under NPDES Permit No. AR0037451. Treated runoff from the Landfill is a listed source for this NPDES permit.

4.5 Facility Roads

The facility roads were well maintained at the time of the inspection. The disposal access road to the active cells is paved, and it was in excellent condition at the time of the inspection. The perimeter access road has an all-weather surface coarse and was in good condition.

4.6 Fugitive Dust Control

In accordance with the facility's CCR Fugitive Dust Control Plan, HRI routinely sprays the working face and haul roads using water trucks to control dust from the fly ash. Fly ash is deposited in the landfill by belly-dumping from the bottom of the tanker trucks in order to minimize the material drop distance. Bottom ash and economizer ash are in a moist condition when transported to the landfill. The landfill access roads have enforced posted speed limit of 25 mph. Within the landfill boundary, a 5 mph speed limit is enforced. During the inspection, minimal fugitive dust was observed.

APPENDIX A
Figures



SITE MAP

Project Mng:	TLB	Project No.	026-001-35167281
Drawn By:	SRE	Scale:	AS SHOWN
Checked By:	DCM	File No.	001
Approved By:	DCM	Date:	12/29/2016

Terracon
 Consulting Engineers and Scientists

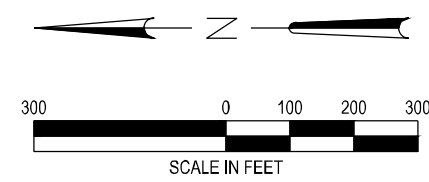
25809 I-30 SOUTH BRYANT, AR 72022
 PH. (501) 847-8292 FAX. (501) 847-8210

SITE MAP
2016 LANDFILL INSPECTION REPORT ENTERGY INDEPENDENCE PLANT CLASS 3N LANDFILL
NEWARK ARKANSAS

FIG. No.
1



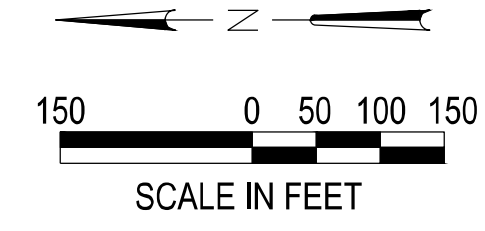
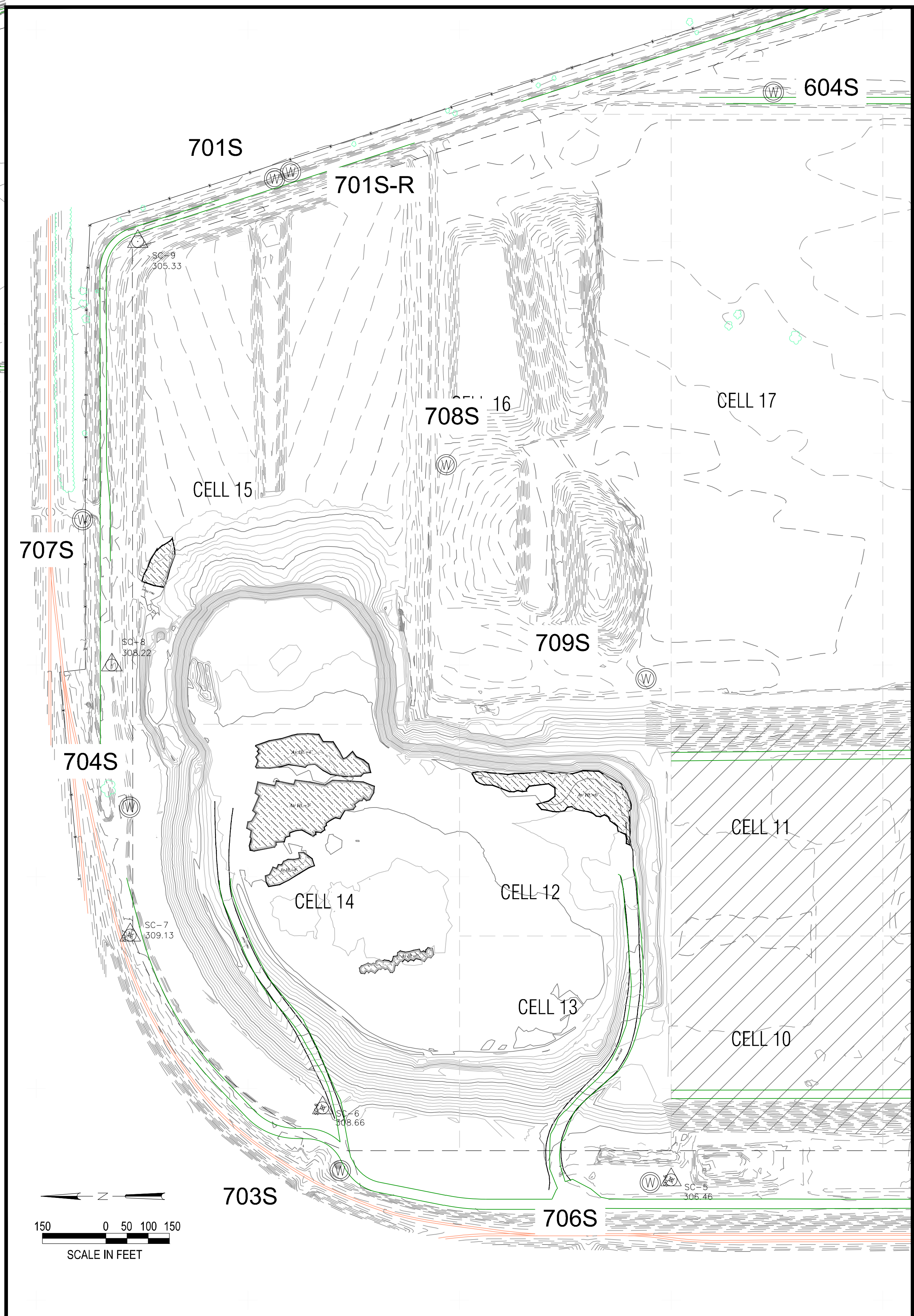
SEE VIEW "A"



NOTES:

1. TOPOGRAPHIC INFORMATION IS FROM AN AERIAL SURVEY BY AMI ENGINEERING, INC. (MAY 2003) AND A FIELD SURVEY BY HARMON SURVEYING (DECEMBER 2016).
2. SURVEY CONTROL POINTS WERE ESTABLISHED IN AUGUST 1997 BY DESIGN, DRAFTING, SURVEYING, AND MAPPING, LLC.

LEGEND	
	INDEX CONTOUR
	INTERMEDIATE CONTOUR
	TREES
	EXISTING ROAD (UNPAVED)
	EXISTING ROAD (PAVED)
	EXISTING RAILROAD
	CELL BOUNDARY
	LANDFILL PERMIT BOUNDARY
	PROPOSED TOP OF FINAL COVER
	PLANT GRID TICK
	SURVEY CONTROL BENCHMARK
	CLOSED WASTE DISPOSAL AREA
	MONITORING WELL LOCATION



VIEW "A"

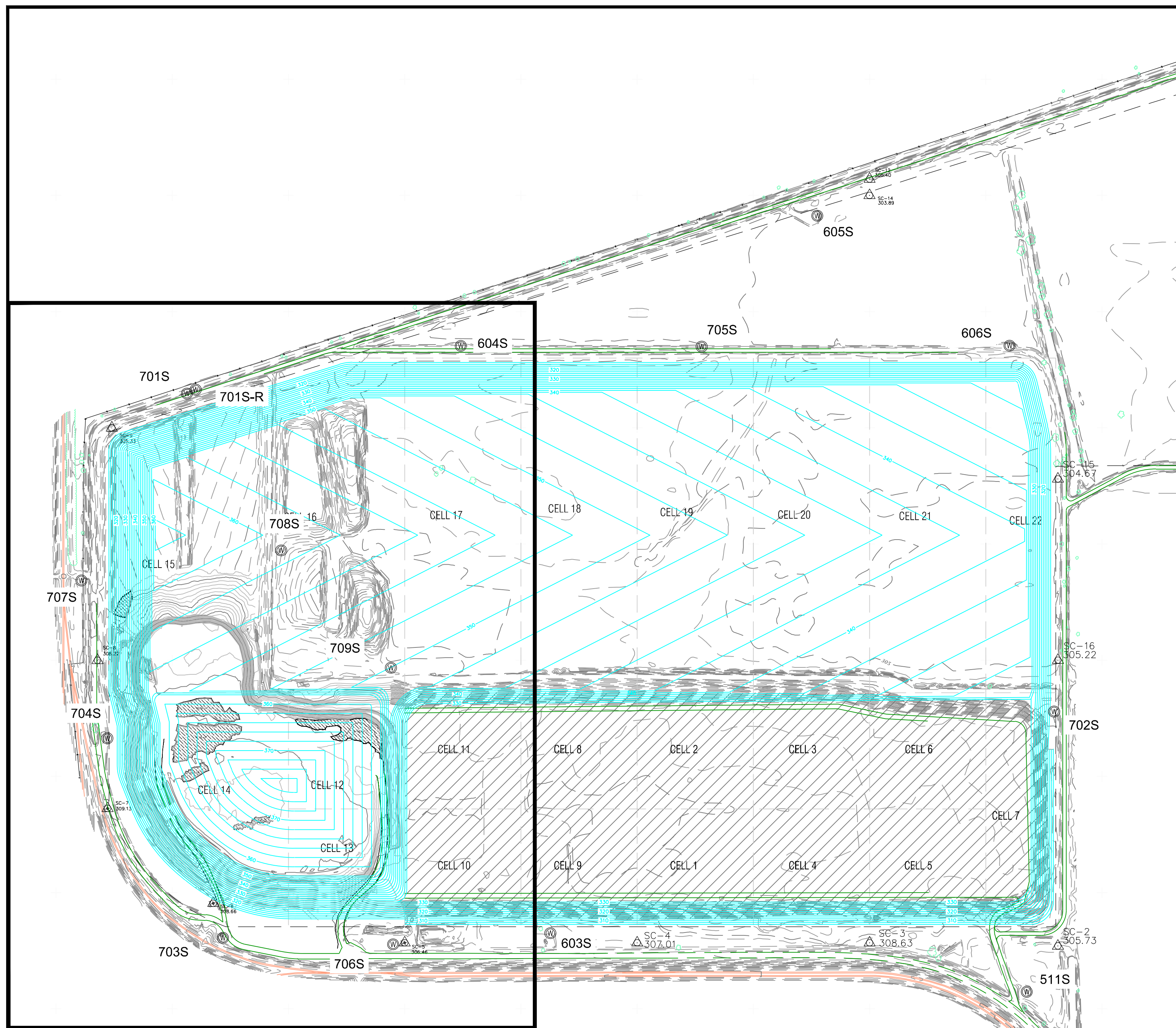
REV.	DATE	BY	DESCRIPTION

EXISTING CONDITIONS
 2016 LANDFILL INSPECTION REPORT
ENERGY INDEPENDENCE PLANT
 CLASS 3N LANDFILL
 NEWARK ARKANSAS

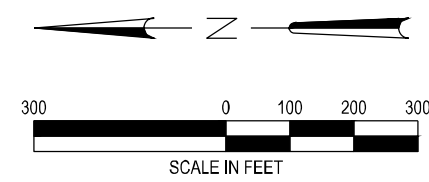
Terracon
 Consulting Engineers and Scientists
 BRYANT, AR 72022
 25809 I-30 SOUTH
 PH: (501) 847-9292 FAX: (501) 847-9210

FIGURE 2

DESIGNED BY:	TLB
DRAWN BY:	SRE
APP'D BY:	DCM
SCALE:	SEE BARS
DATE:	12/29/2016
JOB NO.:	026-001-3516728
ACAD NO.:	002
SHEET NO.:	2 OF 3



SEE VIEW "A"

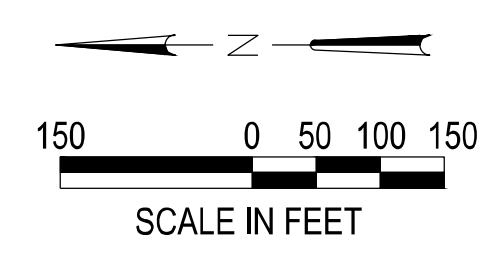
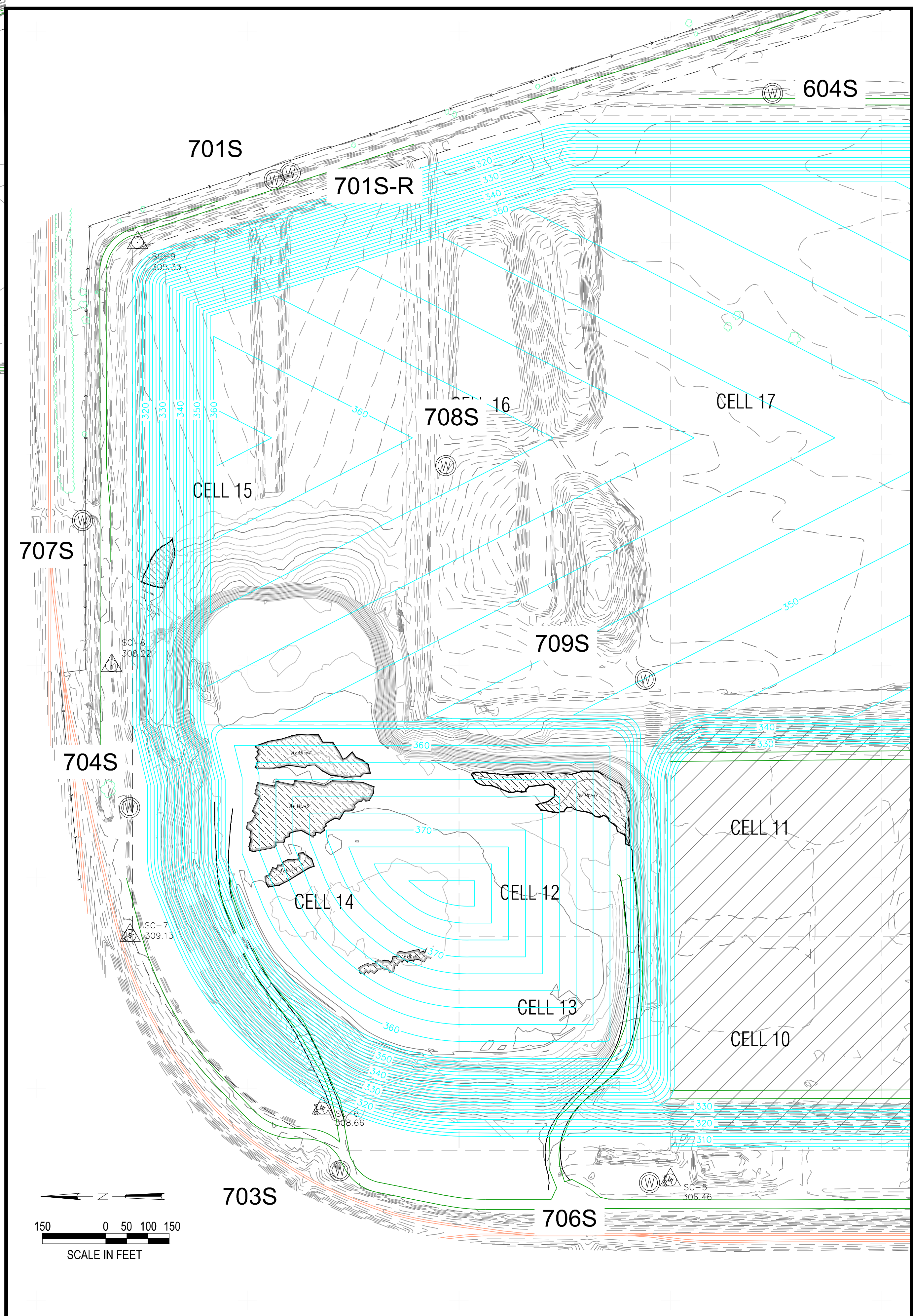


NOTES:

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2. SURVEY CONTROL POINTS WERE ESTABLISHED IN AUGUST 1997 BY DESIGN, DRAFTING, SURVEYING, AND MAPPING, LLC.

LEGEND

	INDEX CONTOUR
	INTERMEDIATE CONTOUR
	TREES
	EXISTING ROAD (UNPAVED)
	EXISTING ROAD (PAVED)
	EXISTING RAILROAD
	CELL BOUNDARY
	LANDFILL PERMIT BOUNDARY
	PROPOSED TOP OF FINAL COVER
	PLANT GRID TICK
	SURVEY CONTROL BENCHMARK
	CLOSED WASTE DISPOSAL AREA
	MONITORING WELL LOCATION



VIEW "A"

REV.	DATE	BY	DESCRIPTION

FINAL PERMIT CONTOURS
 2016 LANDFILL INSPECTION REPORT
ENERGY INDEPENDENCE PLANT
 CLASS 3N LANDFILL
 NEWARK ARKANSAS

Terracon
 Consulting Engineers and Scientists
 BRYANT, AR 72022
 PH: (501) 847-9292
 FAX: (501) 847-9210

FIGURE 3

DESIGNED BY:	TLB
DRAWN BY:	SRE
APPROVED BY:	DCM
SCALE:	SEE BARS
DATE:	12/29/2016
JOB NO.:	026-001-3516728
ACAD NO.:	002
SHEET NO.:	3 OF 3

APPENDIX B
Copies of Weekly Landfill Inspections

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stantler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 1/5/15
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 1/3/18
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 1.5.15
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 11/3/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (*if yes, follow-up on any corrective actions taken*)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 1.12.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 1.12.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 1/12/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 1.12.2016
[inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stawler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 1.19.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 1.19.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?
 No
 Yes (if yes, make photographs, describe and recommend a corrective action)
Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?
 No
 Yes (if yes, make photographs, describe and recommend a corrective action)
Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 1/19/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 1/19/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 1.26.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 1.26.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 1/26/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 1.26.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 2.2.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 2.2.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 2-2-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Entergy Facility: Independence

Inspection Date: 2-2-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stawler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 2/9/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 2/9/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 2/9/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 2/9/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (*if yes, follow-up on any corrective actions taken*)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauter
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 2.16.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?
- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?
- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 2.16.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 2-16-16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 2.16.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 2-23-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 2.23.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 2.23.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 2.23.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 3/1/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 31.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 3.1.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Entergy Facility: Independence

Inspection Date: 3/1/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (*if yes, follow-up on any corrective actions taken*)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 3/8/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 3.8.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(I)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 3.8.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 3.8.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 3.15.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 3.15.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Small washout on west slope of landfill cell immediately south of second haul road. Material can be pushed back into position with bulldozer after material is allowed to dry a short time. Picture attached.

Recommended Corrective Action and Responsible Party: Material has been pushed back into place with slope reshaped to prevent this area being a problem in the future. Pictured attached.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: [Signature] 3/17/16
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 3-15-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 3.15.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauder
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 3.22.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 3.22.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 3.22.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 3.22.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 3/29/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 3-29-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 3.29.2016
(Inspection interval must not exceed 7 days per 257.84(a)(1)(i))

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 3.29.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (*if yes, follow-up on any corrective actions taken*)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Staudler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 4/5/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?
- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?
- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 4/5/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 4/5/16
[Inspection Interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 4/5/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stautler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 4/2/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 4/22/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]
Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Wishout on northwest slope next to haul road. Picture attached.

Recommended Corrective Action and Responsible Party: Wishout refilled and top of landfill sloped to redirect runoff away from crev. Picture attached.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]
Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 4.12.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Entergy Facility: Independence

Inspection Date: 4.12.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
 No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing surface grout and seal, well pad areas and access roads)?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauder
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 4/19/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 4/9/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 4.19.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 4/26/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]
 - a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)
Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]
Corrective Action Completed: _____
[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?
 No
 Yes (if yes, make photographs, describe and recommend a corrective action)
Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 4.26.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 4 26 16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 5/3/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 5/3/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Northwest haul road has washed again.
Pictures attached.

Recommended Corrective Action and Responsible Party: Fixed wash out
and further reshaped slope as well as sloped top
further away from direction of problem area.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: 5/5/16
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 5/3/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Entergy Facility: Independence

Inspection Date: 5/3/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

Yes

No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Energy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 5/10/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 5.10.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 5 10. 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 5.10.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
 No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stanfler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 5/17/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 5/17/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Northwest haul road washout. Small amount of CCR washed into ditch. Pictures attached.

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 5/17/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 5/24/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 5/24/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Northwest haul road washout. Small amount of CER washed into ditch.

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 5/24/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 5/24/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: James Cunningham
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 5.31.2014
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: Washouts continue on access road due to rain grading must be done with dry conditions to provide safe work environment for equipment.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

Yes

No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauder
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 6.7.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(ii)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 6/7/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 6.7.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: leachate collection pump cycling on/off. Not working properly.

Recommended Corrective Action and Responsible Party: FTN notified, scheduled to troubleshoot and fix pump issues.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Northwest haul road and slope next to road have been repaired where washouts had occurred. CCR removed from ditch below road. Top of landfill ditched to divert water from slope.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Leachate collection pump not operating properly. FTN notified and have been scheduled to troubleshoot/repair leachate collection pump.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 6.14.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 6.14.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 6 14 2016
(Inspection interval must not exceed 7 days per 257.84(a)(1)(i))

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate pump not working. FTN and
Advanced Fluid Technologies are working to replace
pump

Recommended Corrective Action and Responsible Party: FTN recommends
vacuuming out pump casing and pressure washing sump
rock to clear accumulated silt.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Leachate pump being replaced by FTN and
Advanced Fluid Technologies.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: leachate pump out of service pump is currently
being replaced.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J Stawler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 6.21.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 6.21.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 6-21-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate pump not operating correctly.

Recommended Corrective Action and Responsible Party: Advanced Fluid Technologies installed new 80 gpm pump after WIS Industrial flushed and vacuumed pump casing. New pump placed into service. Pump is cycling on/off indicating possible blockage of sump rock and/or fabric by silt material. Awaiting recommendations from FTW.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Leachate pump replaced and pump casing vacuum cleaned and flushed.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Leachate pump cycling on/off in approximately 4 minute increments. Possible sump/fabric blockage. Awaiting further corrective action recommendations from FTW.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J. Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: June 28 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 6.28.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 6.28.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate pump continuing to suffer from longer than normal sump refill time. Pump does perform at correct leachate levels.

Recommended Corrective Action and Responsible Party: Awaiting corrective action recommendations from FTN

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Awaiting corrective action recommendations from FTN
regarding possible sump blockage

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Pump and controls are functioning properly. Leachate flow
into sump area appears restricted. Awaiting recommendations from
FTN

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: James Cunningham
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: July 5, 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?
- No
- Yes *(if yes, make photographs, describe and recommend a corrective action)*

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?
- No
- Yes *(if yes, make photographs, describe and recommend a corrective action)*

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: July 5, 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate pump not operating properly. Surges on and off

Recommended Corrective Action and Responsible Party: Awaiting corrective actions from FTU

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Awaiting corrective actions from FTW
regarding leachate pump.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Pump & controls function properly. Leachate
flow into sump area appears restricted awaiting
recommendations from FTW

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stangler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 7/12/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 7.12.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 7/2/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Pump appears to be operating normally, however sump refill rate is still low. Awaiting recommendations from ETN

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: leachate sump refill rate. FTW working on corrective
action recommendations.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Pump, controls, piping and discharge lines are functioning
properly. Leachate sump refill rate is still low. FTW
working on corrective action recommendations.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Steuber
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 7/19/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 7.19.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 7.19.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate pump operating correctly
however sump refill rate is still slower than normal.

Recommended Corrective Action and Responsible Party: _____

Awaiting recommendations from FTN

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Continue to await corrective action recommendations for low sump refill rate of leachate pump.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Sump refill rate continues to be slower than normal. Awaiting corrective action recommendations from FTW.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Staudler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 7/26/16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 7.26.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 7.26.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Pump still suffering from slow sump
refill rate.

Recommended Corrective Action and Responsible Party: FTN working on
corrective action recommendations

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Leachate pump sump slow refill rate. Pump functioning normally. FTN working up corrective actions.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Slow sump refill rate at leachate pump. FTN working up corrective actions.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stanfler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 8.2.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 8.2.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 8.7.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate sump slow refill rate. FTN working up corrective action recommendations.

Recommended Corrective Action and Responsible Party: FTN

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Entry Facility: Independence

Inspection Date: 8.2.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: leachate sump slow refill rate. FTN working up corrective action recommendations.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
 No (if no, follow-up on any corrective actions taken)

Comments: Pump, controls, transmission lines all check normal. Sump area for leachate pump suffers from slow refill rate. FTN working corrective action recommendations.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 8/9/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 8/9/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 8.7.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Slow sump refill rate at leachate pump.

Recommended Corrective Action and Responsible Party: FTN working
corrective action recommendations.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Slow sump refill rate.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: pump system functioning correctly however sump refill rate is slower than normal. ETN working corrective action recommendations

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 8.16.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 8.16.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 8.16.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Slow leachate sump re-fill rate

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Slow leachate sump refill rate. FTN working
corrective actions.

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Low sump refill rate. FTN working corrective actions.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stawler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 8.23.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 8.23.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 8 23 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Low leachate sump refill rate.

Recommended Corrective Action and Responsible Party: PMI and FTN
will perform cleanout of leachate sump.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: low leachate sump refill rate. Contractors (PMI/FTN) retained for cleanout of sump area.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: low sump refill rate. Pump and transmission systems functioning properly.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 8.30.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]
Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]
Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: low sump refill rate.

Recommended Corrective Action and Responsible Party: FTN/PMI will
cleanout sump area.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Low sump refill rate. FTN/PMI will be responsible for cleanout.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: low sump refill rate.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 9.6.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 9.6.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 9.6.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Low leachate sump refill rate.
PINE + FTN performing cleanup of sump area.

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Entergy Facility: Independence

Inspection Date: 9.6.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: Low sump refill rate

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
 No (if no, follow-up on any corrective actions taken)

Comments: leachate sump refill rate slow FTN + PINI
will perform cleanout of sump area.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 9.13.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 9.13.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 9.13.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: leachate sump refill rate low Pump
function OK

Recommended Corrective Action and Responsible Party: FTN and PMI
will handle cleanout of sump area.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: leachate sump refill rate low.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: leachate sump refill rate low

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 9 20 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 9.20.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 9.20.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Pump operating normally however
leachate sump suffering from slow refill rate.

Recommended Corrective Action and Responsible Party: FTN and PMI
retained to perform sump cleanout.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Entergy Facility: Independence

Inspection Date: 9.20.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: Low leachate sump refill rate

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
 No (if no, follow-up on any corrective actions taken)

Comments: Leachate sump low refill rate FTN and PMI to perform cleanout.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stankler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 9.29.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 9.27.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 9.28.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Slow sump refill rate.

Recommended Corrective Action and Responsible Party: ETW/AME to clean out sump area.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 9/27/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: Slow sump refill rate. FTW and PUMI to
clean out.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

Yes

No (if no, follow-up on any corrective actions taken)

Comments: Pump functioning normally however sump refill
rate low

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 10.4.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 10.4.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 10.4.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Slow leachate sump refill rate.

Recommended Corrective Action and Responsible Party: FTN and PMI
to clean out sump area.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: PMI and FTN to clean out leachate sump area.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Leachate pump functioning correctly however leachate sump suffering from slow refill rate.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 10.11.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 10.11.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 10.11.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Slow leachate sump re-fill rate.

Recommended Corrective Action and Responsible Party: FTN and PMI to clean out sump area.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Slow leachate sump refill rate. FTN and PMI to
cleanout sump area.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Pump and transmission lines functioning properly.
Sump area suffering from slow refill rate.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 10.18.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]
- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?
- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?
- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 10.18.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 10.18.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 10.18.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(f)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: leachate sump cleanout has been completed.

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: Jeremy Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 10.25.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]
 - a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No
 Yes *(if yes, make photographs, describe and recommend a corrective action)*

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?
 No
 Yes *(if yes, make photographs, describe and recommend a corrective action)*

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 10.25.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 10, 25, 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Sump hole cleanout has been completed
however sump area appears to be continuing to hold
water

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 10.25.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Sump area appears to be holding water on top
of rock.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J. Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 11.1.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

- a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 11.1.16
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 11.1.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate sump continues to hold water as well as ditch leading to sump.

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Leachate sump holding water after cleanout.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Leachate sump continues to hold water, causing backup in central drainage ditch. Pump level indicating 32 inches with no pump cycle witnessed during inspection.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 11/8/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: Independence

Inspection Date: 11.8.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 11.8.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Sump area holding water with backup into central drainage ditch. Pump level observed at 32" with no pump cycle observed. Pump operated normally when switched to "Hand" position

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Leachate sump continues to hold water. Pump level 32."

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Sump area continues to hold water as well as back up central drainage ditch.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: James Cunningham
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: November 15, 2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
 Yes *(if yes, make photographs, describe and recommend a corrective action)*

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
 Yes *(if yes, make photographs, describe and recommend a corrective action)*

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Pump level measured 29" with holding water in rock area around pump. On auto pump was not operating when switched to hand operation sump pump engaged

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Sump pump still holding water at 29"
with pump in auto operation

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Sump area still holding water

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J. Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 11.22.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 11.22.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____

[Sign and Date]

Corrective Action Completed: _____

[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 11.22.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate sump area holding water on top of rock.

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Sump area continues to hold water.

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Operating correctly however sump continues to hold water on top of rack.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J. Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 11.29.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 11.29.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Small wash area on northwest haul road

Recommended Corrective Action and Responsible Party: Front end loader working this morning to fix wash area and potholes in other road.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 11.29.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Swamp area accepting water and pump
was in operation showing continuous 16" reading

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 11.29.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: Sump area holding water after rain event
yesterday.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
 No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
 Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J. Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 12/6/2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 12.6.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: North slope of landfill has water erosion channels that need filled + re graded.

Recommended Corrective Action and Responsible Party: Headwaters will fill wash areas and regrade slope as soon as bull dozer is back onsite. Approximately 2 weeks.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: I-dependencia

Inspection Date: 12.6.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Leachate sump area continues to hold water on top of rack.

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

Energy Facility: Independence

Inspection Date: 12-6-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: Sump area holding water on top of rock.

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J. Stawler
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 12.13.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
 Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Energy Facility: I-dependence

Inspection Date: 12.13.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Erosion areas on north slope of
active cell.

Recommended Corrective Action and Responsible Party: Headwaters will
begin repair/regrading areas this afternoon.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 12-13-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: Sump area contains to hold water above rock level.

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: Erosion areas on North Slope will begin
corrective actions this afternoon.

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

Yes

No (if no, follow-up on any corrective actions taken)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

No

Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 12.20.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 12-20-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Energy Facility: Independence

Inspection Date: 12.20.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: leachate sump area continues to hold water above rock

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (*if yes, follow-up on any corrective actions taken*)

Comments: _____

3. Is Leachate Collection System functioning properly?
Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (*if no, follow-up on any corrective actions taken*)

Comments: _____

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (*if yes, follow-up on any corrective actions taken*)

Comments: _____

Entergy Facility: Independence

WEEKLY LANDFILL INSPECTION

Instructions:

- Inspection applies to CCR Rule affected CCR units or cells only
- Provide detailed description of location, site sketches, and pictures of any noted deficiencies or issues
- Use additional sheets as necessary
- Following inspection, send electronic copy of Inspection Form and any attachments to Entergy facility Environmental Analyst and Entergy State Lead

Inspected by: J. Stauffer
[Must be performed by a qualified person per 257.84(a)(1)]

Inspection Date: 12.27.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

1. Any appearances of an actual or potential structural weakness of the CCR unit, in addition to any existing conditions that are disrupting or have the potential to disrupt the operation and safety of the CCR unit? [Inspection criteria per 257.84(a)(1)(i)]

a. Any signs of sliding or sloughing of the soil layer or waste material that might indicate a slope failure?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action/Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

b. Any signs of tension or other types of cracks or separation at the surface or slopes?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Entergy Facility: Independence

Inspection Date: 12.27.2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

c. Any signs of erosion from storm water runoff or damage to stormwater control facilities (e.g. ditches, culverts, berms, and letdowns)?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: North slope of landfill has redeveloped an erosion spot. North west haul road eroded as well. Pictures are attached.

Recommended Corrective Action and Responsible Party: Headwaters will re attempt sloping/grading of area and fix/fill erosion spots. Road will be regraded.

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

d. Any signs of burrowing or tunneling mammals that could lead to stability issues?

- No
- Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Entergy Facility: Independence

Inspection Date: 12-27-2016
[Inspection interval must not exceed 7 days per 257.84(a)(1)(i)]

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- e. Any signs of damage or operational issues with the leachate collection and transmission system (i.e., check pump and control panel, walk transmission line to see if there are any leaks, assess outlet)?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

- f. If applicable, any signs of damage or operational issues with the final cover system - erosion, ponded water, settlement, leachate seeps, and vegetation?

No

Yes (if yes, make photographs, describe and recommend a corrective action)

Location/Comments: _____

Recommended Corrective Action and Responsible Party: _____

Engineer Approval of Corrective Action (if required): _____
[Sign and Date]

Corrective Action Completed: _____
[Sign and Date]

2. Were there any issues or recommended corrective actions from the previous weekly inspection left to address?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____

3. Is Leachate Collection System functioning properly?

Potential issues to note – system controls functioning, leachate levels in sump (overfilled), containment or sump erosion/seeps, leachate pump functioning, transmission piping leaks, and discharge structures intact.

- Yes
- No (if no, follow-up on any corrective actions taken)

Comments: Sump area continues to hold water on top
of rock.

4. Any Groundwater Monitoring System problems noted, such as damage to above ground fixtures – bollards, well casing, well pad areas and access roads)?

- No
- Yes (if yes, follow-up on any corrective actions taken)

Comments: _____





APPENDIX C
Photos of Annual Engineering Inspection



1. Cell 15 sump area. Headwaters is performing general maintenance by the Cell 15 Sump.



2. Cell 1 north dike looking to the west. The ash is kept away from the north dike to assist with leachate management.



3. Cell 15 East berm facing south.



4. Cell 1 east dike looking to the south. This slope drains to the east and into the storm water runoff pond.



5. Cells 12, 13, and 14 looking northeast.



6. West side of Phase 1 looking southeast.



7. South side of Phase 1 looking east.



8. East of Phase 1 looking north.