

**DAM INSPECTION CHECKLIST**  
**Pennsylvania Department of Environmental Protection**  
**Bureau of Waterways Engineering**  
**Division of Dam Safety**

NAME OF DAM: Meadow Grounds DEP DAM NO.: D 29 - 32  
 LOCATION: Municipality: Ayr Township County: Fulton  
 DEP CLASSIFICATION DATA: Size: B Hazard: 1

PHYSICAL DATA:  
 Type of Dam: Zone Earth Height of Dam: 39 feet Normal Pool Storage Capacity: 3130 ac-ft

ELEVATIONS:  
 Normal Pool: 1495.3 Pool at Inspection: approx 1492 Tailwater at Inspection: 1463

DAM OWNER: PA Fish and Boat Commission OPERATOR: Jerry Woomer, P.E.  
 ADDRESS: 450 Robinson Lane, Bellefonte, PA 16823

PHONE: (814)-359-5170 FAX NO.: (814)-359-5153 E-MAIL ADDRESS: gwoomer@state.pa.us  
 A completed and signed Dam Owners Notice Checklist is to accompany this Inspection Checklist.

**PERSONS PRESENT AT INSPECTION:**

| <u>Name</u>                   | <u>Title/Position</u> | <u>Representing</u>  |
|-------------------------------|-----------------------|----------------------|
| <u>Lee S. Zeger III, P.E.</u> | <u>Civil Engineer</u> | <u>Fulton County</u> |
| <u>Carl G. Boyer, P.G.</u>    | <u>Geologist</u>      | <u>Fulton County</u> |
| <u> </u>                      | <u> </u>              | <u> </u>             |
| <u> </u>                      | <u> </u>              | <u> </u>             |

DATE OF INSPECTION: 03 / 14 / 13

WEATHER: Overcast, cloudy and breezy

TEMPERATURE: 35-40 degrees F

This is to certify that the above dam has been inspected and  
 the following are the results of this inspection.

\_\_\_\_\_  
 Signature of Registered Professional Engineer  
 (P.E. Seal Required)      Date

|                             |                     |               |
|-----------------------------|---------------------|---------------|
| NAME OF DAM: Meadow Grounds | DEP DAM NO.: D29-32 | DATE: 3/14/13 |
|-----------------------------|---------------------|---------------|

| ITEM                                                      | CONDITION               | COMMENTS                                            | MONITOR                             | INVESTIGATE              | REPAIR                   |
|-----------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>EMBANKMENT: CREST</b>                                  |                         |                                                     |                                     |                          |                          |
| 1                                                         | Surface Cracking        | None                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2                                                         | Sinkhole, Animal Burrow | None                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3                                                         | Low Area(s)             | None                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4                                                         | Horizontal Alignment    | Good, visual inspection, no shifting and/or bulging | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                                         | Ruts and/or Puddles     | Slight rutting @ east side gate                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6                                                         | Vegetation Condition    | Good                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7                                                         | Warning Signs           | None                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8                                                         |                         |                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9                                                         |                         |                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments (Refer to item number if applicable): |                         |                                                     |                                     |                          |                          |
| <b>EMBANKMENT: UPSTREAM FACE</b>                          |                         |                                                     |                                     |                          |                          |
| 10                                                        | Slide, Slough, Scarp    | None                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11                                                        | Slope Protection        | Good                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12                                                        | Sinkhole, Animal Burrow | None                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13                                                        | Emb.-Abut. Contact      | Good                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 14                                                        | Erosion                 | Slight erosion, continue to monitor                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15                                                        | Vegetation Condition    | Good                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 16                                                        |                         |                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 17                                                        |                         |                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments (Refer to item number if applicable): |                         |                                                     |                                     |                          |                          |

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|-----------------------------|---------------------|---------------|
| NAME OF DAM: Meadow Grounds | DEP DAM NO.: D29-32 | DATE: 3/14/13 |
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| ITEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONDITION                 | COMMENTS                                             | MONITOR                  | VESTGATE                 | REPAIR                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| <b>EMBANKMENT: DOWNSTREAM FACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                      |                          |                          |                                     |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Wet Area(s) (No Flow)     | Wet area on west side (See below)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Seepage                   | Yes, (See below)                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Slide, Slough, Scarp      | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Emb. - Abut. Contact      | Good                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sinkhole, Animal Burrow   | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Erosion                   | Small erosion on east side of outlet, needs repaired | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unusual Movement          | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Vegetation Control        | East side may need additional seed and topsoil       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <p>Additional Comments (Refer to item number if applicable):</p> <p>18 &amp; 19. There is a 20'x10' wet area along the west side of the embankment approximately 2/3 the height of the dam. This area illustrates that the seepage has occurred for a long period of time due to the moss growing on the ground. It appears that seepage collection drains have been installed in this area over the years, however not all of the seepage is being collected in these series of drains. We strongly suggest that a seepage analysis be performed to determine the direct location of seepage. It appears that the seepage is occurring at the embankment fill and existing ground interface.</p> |                           |                                                      |                          |                          |                                     |
| <b>EMBANKMENT: INSTRUMENTATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                      |                          |                          |                                     |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Piezometers/Observ. Wells | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Staff Gauge and Recorder  | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weirs                     | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Survey Monuments          | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Drains                    | Toe drains                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Low Flow Release          | 2" low flow pipe in stop logs, valve is broke off    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Frequency of Readings     | None                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Location of Records       | N/A                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <p>Additional Comments (Refer to item number if applicable):</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                      |                          |                          |                                     |

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| ITEM                                                      | CONDITION                              | COMMENTS                                                             | MONITOR                             | VESTGATE                 | REPAIR                              |
|-----------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <b>DOWNSTREAM AREA</b>                                    |                                        |                                                                      |                                     |                          |                                     |
| 38                                                        | Abutment Leakage                       | None                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 39                                                        | Foundation Seepage                     | None                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40                                                        | Slide, Slough, Scarp                   | None                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 41                                                        | Drainage System                        | east toe drain approx. 50-60 gpm, west side unknown due to tailwater | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 42                                                        | Boils                                  | None                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 43                                                        | Wet Areas                              | There is a seep between the west drain endwall and outlet            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44                                                        | Reservoir Slopes                       | Good                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 45                                                        | Access Roads                           | Road stops @ east abutment                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 46                                                        | Security Devices                       | Gate on east abutment                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 47                                                        | Act 91 Run-of-the-River Signs or Bouys | None                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 48                                                        |                                        |                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 49                                                        |                                        |                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Additional Comments (Refer to item number if applicable): |                                        |                                                                      |                                     |                          |                                     |
| <b>SPILLWAYS: ERODABLE CHANNEL</b>                        |                                        |                                                                      |                                     |                          |                                     |
| 50                                                        | Slide, Slough, Scarp                   | None                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 51                                                        | Erosion                                | Severe eroded channel from spillway to downstream channel            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 52                                                        | Vegetation Condition                   | Large amounts of brush in channel                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 53                                                        | Debris                                 | Trees and logs need removed                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 54                                                        |                                        |                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 55                                                        |                                        |                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Additional Comments (Refer to item number if applicable): |                                        |                                                                      |                                     |                          |                                     |

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| ITEM                                                      | CONDITION         | COMMENTS                                                                 | MONITOR                             | INVESTIGATE              | REPAIR                              |
|-----------------------------------------------------------|-------------------|--------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <b>SPILLWAYS: NON-ERODABLE CHANNEL</b>                    |                   |                                                                          |                                     |                          |                                     |
| 56                                                        | Sidewalls         | Good, minor cracking, sealed joints need repaired soon                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 57                                                        | Channel Floor     | Good, minor cracking                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 58                                                        | Unusual Movement  | None                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 59                                                        | Approach Area     | Some woody debris needs removed                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 60                                                        | Weir or Control   | Good, minor cracking                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 61                                                        | Discharge Channel | Concrete section in good condition, natural channel needs debris removed | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 62                                                        | Boils             | None                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 63                                                        |                   |                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 64                                                        |                   |                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Additional Comments (Refer to item number if applicable): |                   |                                                                          |                                     |                          |                                     |
| <b>SPILLWAYS: DROP INLET</b>                              |                   |                                                                          |                                     |                          |                                     |
| 65                                                        | Intake Structure  | N/A                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 66                                                        | Trashrack         | N/A                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 67                                                        | Stilling Basin    | N/A                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 68                                                        |                   |                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 69                                                        |                   |                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Additional Comments (Refer to item number if applicable): |                   |                                                                          |                                     |                          |                                     |

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| NAME OF DAM: Meadow Grounds | DEP DAM NO.: 29-32 | DATE: 3/14/13 |
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| ITEM                | CONDITION         | COMMENTS                            | MONITOR                  | VESTIGATE                | REPAIR                   |
|---------------------|-------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>OUTLET WORKS</b> |                   |                                     |                          |                          |                          |
| 70                  | Intake Structure  | Good from outside (See below)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71                  | Trashrack         | N/A                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72                  | Stilling Basin    | N/A                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73                  | Primary Closure   | Unable to see during inspection     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74                  | Secondary Closure | Unable to see during inspection     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75                  | Control Mechanism | Unable to see during inspection     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76                  | Outlet Pipe       | Good from visual inspection         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77                  | Outlet Tower      | Good from outside visual inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78                  | Outlet Structure  | Good from outside visual inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79                  | Seepage           | Unable to be deteremined            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80                  | Unusual Movement  | None                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81                  |                   |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82                  |                   |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments (Refer to item number if applicable):

70, 76-79. During the inspection, we were unable to see inside the control tower and the commission began releasing the dam. Right before our inspection, the commission removed 4 stop logs and the discharge pipe was flowing full.

73-75. As described above, we were unable to view anything inside of the structure. This inspection was performed from only a visual observation review of the overall dam structure.

|                                             |                       |     |                          |                          |                          |
|---------------------------------------------|-----------------------|-----|--------------------------|--------------------------|--------------------------|
| <b>CONCRETE/MASONRY DAMS: UPSTREAM FACE</b> |                       |     |                          |                          |                          |
| 83                                          | Surface Conditions    | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84                                          | Condition of Joints   | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 85                                          | Unusual Movement      | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 86                                          | Abutment-Dam Contacts | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 87                                          |                       |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 88                                          |                       |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments (Refer to item number if applicable):

|                             |                    |               |
|-----------------------------|--------------------|---------------|
| NAME OF DAM: Meadow Grounds | DEP DAM NO.: 29-32 | DATE: 3/14/13 |
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| ITEM                                                      | CONDITION             | COMMENTS | MONITOR                  | INVESTIGATE              | REPAIR                   |
|-----------------------------------------------------------|-----------------------|----------|--------------------------|--------------------------|--------------------------|
| <b>CONCRETE/MASONRY DAMS: DOWNSTREAM FACE</b>             |                       |          |                          |                          |                          |
| 89                                                        | Surface Conditions    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 90                                                        | Condition of Joints   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 91                                                        | Unusual Movement      | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 92                                                        | Abutment-Dam Contacts | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 93                                                        | Drains                | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 94                                                        | Leakage               | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95                                                        |                       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96                                                        |                       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments (Refer to item number if applicable): |                       |          |                          |                          |                          |
| <b>CONCRETE/MASONRY DAMS: CREST</b>                       |                       |          |                          |                          |                          |
| 97                                                        | Surface Conditions    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98                                                        | Horizontal Alignment  | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 99                                                        | Vertical Alignment    | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100                                                       | Condition of Joints   | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101                                                       | Unusual Movements     | N/A      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102                                                       |                       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103                                                       |                       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments (Refer to item number if applicable): |                       |          |                          |                          |                          |

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| ITEM                  | CONDITION       | COMMENTS                                                          | MONITOR                  | VESTIGATE                | REPAIR                              |
|-----------------------|-----------------|-------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| <b>RESERVOIR AREA</b> |                 |                                                                   |                          |                          |                                     |
| 104                   | Sedimentation   | Some                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 105                   | Slope Stability | Good                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 106                   | Sinkholes       | None                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 107                   | Fractures       | None                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 108                   | Unwanted Growth | There is some close to the west embankment that should be removed | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 109                   | Storage Gage    | None                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 110                   |                 |                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 111                   |                 |                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Additional Comments (Refer to item number if applicable):

### Final Comments:

During inspection the dam was approximately 3' to 4' below normal operating pool level. The Commission has begun the complete release of the reservoir at the the dam, according to local sources. The existing discharge appears to be at several thousand gallons per minute. There is a wet area/seepage area on the upper west side of the downstream embankment that needs immediate attention. We highly recommend that before dewatering the reservoir, a seepage analysis should be performed to further determine the exact location of the seepage area and evaluate if a risk of dam stability exists. From our observations, without reviewing as-constructed drawings of the dam, it appears that the seepage occurs high on the dam face over a small area near the western terminus of the dam, and where the dam embankment fill material meets the existing embankment/foundation. This foundation which could be fully or partially in bedrock. From nearby small weathered outcrop, it appears to be a weathered and deformed shale or shaley calcareous unit with distinct bedding separations and slippage, a near-vertical dip to the west, striking generally perpendicular to the dam. Without a seepage analysis to verify, it is possible that reservoir pressure induced weathering along the bedrock contact with the embankment structure led to the visible seepage over the years. There is no superficial evidence of seepage or any deformation at lower levels on the outfall side of the dam. Further, the elevation of the seepage correlated well with the full impoundment elevation prior to commencement of dewatering. As such, we speculate that within the next several weeks of continued dewatering at its current rate, this seepage will stop as the reservoir level falls below the seep elevation. This seep area is the only visible concern at this time and the only evident reason to partially dewater the impoundment. It does not lead to a conclusion of imminent threat of failure or need to hastily or completely dewater the facility. Subsequent repair of the reservoir side by clay capping or limited slurry injection would most likely mitigate the issue. Additional investigation is warranted to evaluate and design this measure, however.

**DAM OWNERS NOTICE CHECKLIST**

**Pennsylvania Department of Environmental Protection  
Bureau of Waterways Engineering  
Division of Dam Safety**

**NAME OF DAM:**

**DEP DAM NO.:**

This is to certify that both the Downstream Hazard Description is accurate and the Posted Notice locations listed below have been inspected and the following are the results of these inspections.

\_\_\_\_\_  
Name of Dam Owner

\_\_\_\_\_  
Signature of Dam Owner

\_\_\_\_\_  
Date

**This Dam Owners Notice Checklist is to accompany the Inspection Checklist filed by the Engineer.**

**EMERGENCY ACTION PLAN**

Date of Last Update of Emergency Plan: \_\_\_\_\_

Downstream Hazard Description (Refer to sections II.C and II.D in the EAP), additionally, specify any new developments, structures, etc. downstream within the inundation area:

**POSTED NOTICES** (Refer to section V.A in the EAP)

| ITEM | DATE INSPECTED | LOCATION | COMMENTS | EXISTING                 | MISSING                  | REPLACED                 |
|------|----------------|----------|----------|--------------------------|--------------------------|--------------------------|
| 1    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9    |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10   |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11   |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12   |                |          |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments (Refer to item number if applicable):