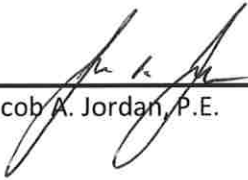
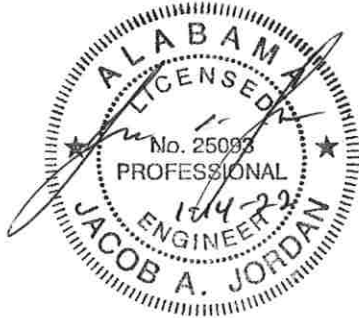


| REPORT OF ANNUAL INSPECTION OF CCR LANDFILL                                                                                                                                                                                       |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| CCR LANDFILL NAME: Plant Gorgas CCR Landfill                                                                                                                                                                                      |         |
| OWNER OF CCR LANDFILL: Alabama Power                                                                                                                                                                                              |         |
| INSPECTION DATE: April 14, 2021                                                                                                                                                                                                   |         |
| INSPECTING ENGINEER: Jacob A. Jordan, PE                                                                                                                                                                                          |         |
| APPROXIMATE VOLUME OF CCR CONTAINED IN THE UNIT AT THE TIME OF INSPECTION (CU. YDS.)                                                                                                                                              | 149,000 |
| ANY CHANGES IN GEOMETRY OF THE CCR UNIT SINCE THE PREVIOUS ANNUAL INSPECTION?                                                                                                                                                     | NO      |
| (IF YES, DESCRIBE):                                                                                                                                                                                                               |         |
|                                                                                                                                                                                                                                   |         |
| ANY APPEARANCE OF AN ACTUAL OR POTENTIAL STRUCTURAL WEAKNESS OF THE CCR UNIT, OR ANY EXISTING CONDITIONS THAT ARE DISRUPTING OR HAVE THE POTENTIAL TO DISRUPT THE OPERATION AND SAFETY OF THE CCR UNIT OR APPURTENANT STRUCTURES? | NO      |
| (IF YES, DESCRIBE):                                                                                                                                                                                                               |         |
|                                                                                                                                                                                                                                   |         |
| ANY OTHER CHANGE(S) WHICH MAY HAVE AFFECTED THE STABILITY OR OPERATION SINCE THE PREVIOUS ANNUAL INSPECTION?                                                                                                                      | NO      |
| (IF YES, DESCRIBE):                                                                                                                                                                                                               |         |
|                                                                                                                                                                                                                                   |         |
| WERE ALL CORRECTIVE ACTIONS IDENTIFIED DURING THE PREVIOUS ANNUAL INSPECTION COMPLETED?                                                                                                                                           | N/A     |
| (IF NO, DESCRIBE):                                                                                                                                                                                                                |         |
|                                                                                                                                                                                                                                   |         |
|                                                                                                                                                                                                                                   |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <p>Based on the results of my inspection and review of the data provided, it is my professional opinion that the report has been completed in accordance with 40 CFR 257.84(b) and ADEM Admin. Code r. 335-13-15-.05(5)(b).</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  <p>Jacob A. Jordan, P.E.</p> </div> <div style="text-align: center;"> <p>1/14/2022</p> <p>Date</p> </div> </div> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|