

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet
General Project Information

Project Name and or No.: BABB CREEK ANTRIM MINE TREATMENT PLANT
PA-094
Location: Municipality and County: TIOGA
Watershed: BABB CREEK
USGS Quadrangle: ANTRIM
Latitude and Longitude: 41.62944399999999 -77.286389

Contact Information

Contact Organization: BABB CREEK WATERSHED ASSOCIATION
Contact Person: WILLIAM BEACOM
Contact Address: 35 DARTT SETTLEMENT ROAD
WELLSBORO
PA
16901
Contact Telephone Number: 5707247564
Contact Email: stargazr@ptd.net

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? False
Organization Name: BABB CREEK WATERSHED ASSOCIATION
Organization Contact Name: STEVEN SCHLESING
Organization Contact Address: 2051 REED STREET
WILLIAMSPORT
PA
17701
Organization Telephone Number: 5703220749
Organization Email: _____

Site Information

Who owns the property the project is constructed upon?
ANTRIM TREATMENT TRUST
C/O WOODLANDS BANK ATTN THOMAS BURKHOLDER
2450 EAST THIRD ST
WILLIAMSPORT, PA 17701

Driving Directions to the Project Site (from an easily identifiable reference point):
FROM RT 297 3 MILES NORTH OF MORRIS TAKE ANTRIM
ROAD INTO VILLAGE OF ANTRIM. TURN RIGHT ON ANTRIM
MAIN STREET, PLANT IS ON RIGHT - 129 ANTRIM MAIN ST.

Special instructions for entry to the site (gates, keys, notifications or permissions, etc.):
CALL AHEAD TO ACCESS PLANT. 570353-2632 OR
570-724-7564

Is there a perpetual access agreement for monitoring and O&M? NA Yes or No
Is the site readily accessible (by 2WD vehicle)? Yes or No
Was project completed as part of an overall watershed restoration plan? Yes or No
Is the plan available electronically? Yes or No
Could you provide the DEP a copy of the plan? Yes or No
Is a copy of the plan attached? Yes or No

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Project Description (Describe the treatment system including each individual component):

A LIME DOSING ACTIVE TREATMENT PLANT THAT USES A LIME KILN WASTE PRODUCT.

Pre-Construction Discharge Flow and Monitoring Data

DO NOT HAVE ALL DATA IS IN DEP DATA BASE

Is data available electronically?

Yes or No

In what format? Microsoft Excel Access Database Other(specify)

Indicate how flow was measured: UNKNOWN

Indicate laboratory that analyzed samples (or whether field kits were used)

DEP LAB REPORT FOR 59830101 / ANTRIM TRMT FAC BACKSWITCH MONITORING POINT ID BI-14, BI-16

Could you provide this data to the DEP? Yes or No

Is a copy of the data attached? Yes or No

Pre-Construction Receiving Stream Flow and Monitoring Data

DO NOT HAVE ALL DATA IS IN DEP DATA BASE

Is data available electronically?

Yes or No

In what format? Microsoft Excel Access Database Other(specify)

Indicate how flow was measured:

Indicate laboratory that analyzed samples

DEP LAB REPORT FOR 59930101 / ANTRIM TRMT FAC DEVL'S ELBOW NORTH MONITORING POINT ID # M-6, GS-8, GS-15

Were any biological or fish surveys completed? UNKNOWN Yes or No

Could you provide this data to the DEP? Yes or No

Is a copy of the data attached? Yes or No

Treatment System Design Information and Criteria

Who or what firm completed project design? (Include name, address, phone, email and contact person, if available): CONSTRUCTED FOR ANTRIM MINING IN 1996

0

Are digital photographs of the site before, during and/or after construction available? Yes or No

Was there a Specific Restoration or Treatment Goal for this treatment system? Yes or No

If yes, please describe the goal:

SEE DEP CONSENT AGREEMENT WITH ANTRIM MINING CO

What is the Design Flow Rate? 2000 GALLON PER MINUTE

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.)

Does the treatment system take all of the flow or is some of the flow bypassed? EXCEED PLANT TREATS UP TO 2000 GPM. IF DISCHARGE EXCEEDS THIS, LIME SLURRY IS MIX WITH BYPASS TO TREAT IT.

AND POST-CONSTRUCTION

AND POST-CONSTRUCTION

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Plans and Specifications:

As-Bid Project Drawings and Technical Specifications UNKNOWN

Is this information available electronically? Yes or No

Could you provide the DEP a copy of the plan? Yes or No

Is a copy attached? UNKNOWN Yes or No

As-Built Drawings

Is this information available electronically? Yes or No

Could you provide the DEP a copy of the plan? Yes or No

Is a copy attached? Yes or No

Construction and Project Funding Information

What year was the project constructed? 1996 (TREATMENT PLANT)

When (specific date) did project construction begin? _____

When (specific date) was project construction completed? _____

Who was the Construction Contractor? (Name, Address, Phone, email, contact person) _____

When (specific date) did the treatment system go on-line? DECEMBER 1996

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	False	\$.00
PADEP Growing Greener	True	\$284,827.00
10% AMD Set Aside Funds	False	\$.00
EPA Section 319	False	\$.00
OSM Watershed Cooperative Assistance Program	False	\$.00
NRCS	False	\$.00
EPA Watershed Protection	False	\$.00
USCOE	False	\$.00
University	False	\$.00
Private/Foundation	True	\$35,357.00

TREATMENT PLANT UPGRADE 2000

How or by whom was treatment system construction funded or other funding not included in the table?

Source	Amount
Settlement Agreement with Company	\$.00
Babb Creek Watershed Association	\$35,607.00

Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan? PART OF CONSENT ORDER Yes or No

Is the plan available electronically? Yes or No

Is a copy of the plan attached? Yes or No

Is treatment system currently being sampled and monitored? Yes or No

If so, by whom? BABB CREEK WATERSHED ASSN EMPLOYEES

Approximately how many hours per year are spent doing O,M&M for this system? 2,000

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Where are samples being analyzed? (Name, Address, Phone, email, contact person)

DEP LAB

If DEP Lab is being used, what is the project ID and the Sample Information System (SIS) monitoring point IDs?

REPORT FOR 59830101/ANTRIM TRMT FAC ^{DEVIL'S} ~~ELBOW~~ ELBOW
NORTH MONITORING POINT ID # 009

Is there an Operation and Maintenance Plan? Yes or No
Is the plan available electronically? Yes or No
Could you provide the DEP a copy of this information? Yes or No
Is a copy of the information attached? Yes or No

Comments on the treatment system:

Post-Construction Discharge Flow and Monitoring Data

DO NOT HAVE IN
DEP DATA BASE

Is the data available electronically? Yes or No
In what format? Microsoft Excel ___ Access Database ___ Other(specify) ___
Indicate how flow was measured: ___
Could you provide the DEP a copy of this information? Yes or No
Is a copy of the information attached? Yes or No

Post-Construction Receiving Stream Flow and Monitoring Data

DO NOT HAVE IN
DEP DATA BASE

Is the data available electronically? Yes or No
In what format? Microsoft Excel ___ Access Database ___ Other(specify) ___
Indicate how flow was measured: ___
Could you provide the DEP a copy of this information? Yes or No
Is a copy of the information attached? Yes or No
Were any biological or fish surveys that were completed on the receiving stream? Yes or No

UNKNOWN

Treatment System Maintenance and/or Rehabilitation

Has rehabilitation work been performed at the site? Yes or No
True(yes) or false(no): True

If yes, please list the rehabilitation activity. Upgrade treatment plant

If yes, please list the date of rehabilitation. 0

If yes, please list the rehabilitation cost. \$355,837.00

What routine or non-routine maintenance issues have arisen since system was put online?

SYSTEM REQUIRES EXTENSIVE ROUTINE + NON ROUTINE MAINTENANCE.
TO NUMEROUS TO LIST.

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How was maintenance work funded?

ANTRIM TREATMENT TRUST

What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years?

EXTENSIVE - REPLACE PUMPS, BALL MILL LINER, PROBES, ACTUATORS, AUGERS, SCREENS, MOTORS, TRANSMITTERS, MIXER, ETC.

Other Comments

Person(s) Completing this Form (Name, Address, Phone, email, Date Completed):

SAME AS CONTACT PERSON

12/4/08

Is there any other person, company or organization that should be contacted for information about this treatment system or the information requested in this form?

(Include Name, Address, Phone, email, etc):