

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

### General Project Information

Project Name and or No.: Schrader Creek - Falls Creek AMD 08(3295)101.1  
Location: Municipality and County: Franklin Twp. Bradford  
Watershed: Schrader Creek  
USGS Quadrangle: Powell  
Latitude and Longitude: 41.6589 -76.6114

### Contact Information

Contact Organization: PADEP BAMR  
Contact Person: MIKE KORB  
Contact Address: 2 PUBLIC SQUARE, 5TH FLOOR  
WILKES-BARRE  
PA  
18711  
Contact Telephone Number: 570-826-2371  
Contact Email: mkorb@state.pa.us

### Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? No  
Organization Name: \_\_\_\_\_  
Organization Contact Name: \_\_\_\_\_  
Organization Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Organization Telephone Number: \_\_\_\_\_  
Organization Email: \_\_\_\_\_

### Site Information

Who owns the property the project is constructed upon?  
????

Driving Directions to the Project Site (from an easily identifiable reference point):

Travel 4.8 miles west on Rt 414 from the Village of Monroeton. Turn left onto SR3008-Southside Rd. in the Village of Franklindale and travel for 2 miles to the first Township road on the the left. Turn left onto the Township road and travel 2.7 miles to the second township road and turn left. Travel for 0.6 mile and the project will be on your right.

Special instructions for entry to the site (gates, keys, notifications or permissions, etc.):  
\_\_\_\_\_

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

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

The Falls Creek system consist of four vertical flow cells and a ponding area created by a flow-monitoring weir. A dry hydrant utilized by the local fire company was also installed at the site. The cells consisted of a layer of limestone, a layer of mushroom compost and standing water

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

### Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically? ☒ Yes ☐ No

In what format? Microsoft Excel ☒ Access Database ☐ Other (specify) \_\_\_\_\_

Indicate how flow was measured: \_\_\_\_\_

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

PA DEP Laboratory \_\_\_\_\_

Could you provide this data to the DEP? ☒ Yes ☐ No

Is a copy of the data attached? ☒ Yes ☐ No

### Pre-Construction Receiving Stream Flow and Monitoring Data

Is data available electronically? ☐ Yes ☒ No

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

Indicate how flow was measured: \_\_\_\_\_

Indicate laboratory that analyzed samples

Were any biological or fish surveys completed? ☒ Yes ☐ No

Could you provide this data to the DEP? ☒ Yes ☐ No

Is a copy of the data attached? ☒ Yes ☐ No

### Treatment System Design Information and Criteria

Who or what firm completed project design? (Include name, address, phone, email and contact person, if available): PA DEP - Cambria BAMR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

If yes, please describe the goal: \_\_\_\_\_

What is the Design Flow Rate? \_\_\_\_\_

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?

\_\_\_\_\_

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

### Plans and Specifications:

As-Bid Project Drawings and Technical Specifications

Is this information available electronically?

☐ Yes ☐ No

Could you provide the DEP a copy of the plan?

☐ Yes ☐ No

Is a copy attached?

☐ Yes ☐ No

As-Built Drawings

Is this information available electronically?

☐ Yes ☐ No

Could you provide the DEP a copy of the plan?

☐ Yes ☐ No

Is a copy attached?

☐ Yes ☐ No

### Construction and Project Funding Information

What year was the project constructed? 1997

When (specific date) did project construction begin? Decemeber 1996

When (specific date) was project construction completed? September 1997

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

The Maud Mining Company

When (specific date) did the treatment system go on-line? \_\_\_\_\_

#### Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	_____	_____
PADEP Growing Greener	_____	_____
10% AMD Set Aside Funds	<u>True</u>	<u>\$632,880</u>
EPA Section 319	_____	_____
OSM Watershed Cooperative Assistance Program	_____	_____
NRCS	_____	_____
EPA Watershed Protection	_____	_____
USCOE	_____	_____
University	_____	_____
Private/Foundation	_____	_____

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

Source	Amount
_____	_____
_____	_____
_____	_____

### Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan?

☐ Yes ☐ No

Is the plan available electronically?

☐ Yes ☒ No

Is a copy of the plan attached?

☐ Yes ☐ No

Is treatment system currently being sampled and monitored?

☒ Yes ☐ No

If so, by whom? PA DEP BAMR

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

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

PA DEP Laboratory

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

see attached

Is there an Operation and Maintenance Plan?

☐ Yes ☒ No

Is the plan available electronically?

☐ Yes ☐ No

Could you provide the DEP a copy of this information?

☐ Yes ☐ No

Is a copy of the information attached?

☐ Yes ☐ No

Comments on the treatment system: \_\_\_\_\_

### Post- Construction Discharge Flow and Monitoring Data

Is the data available electronically?

☒ Yes ☐ 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 ☐ No

Is a copy of the information attached?

☒ Yes ☐ No

### Post-Construction Receiving Stream Flow and Monitoring Data

Is the data available electronically?

☐ Yes ☒ 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 ☐ No

Is a copy of the information attached?

☐ Yes ☐ No

Were any biological or fish surveys that were completed on the receiving stream? ☐ Yes ☐ No

### Treatment System Maintenance and/or Rehabilitation

Has rehabilitation work been performed at the site?

☒ Yes ☐ No

True(yes) or false(no): \_\_\_\_\_

If yes, please list the rehabilitation activity. Installation of a weir and work to fix water bypassing system

If yes, please list the date of rehabilitation. \_\_\_\_\_

If yes, please list the rehabilitation cost. \_\_\_\_\_

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

How was maintenance work funded?

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

### Other Comments

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

Todd Wood

2 Public Sq., 5<sup>th</sup> Flr., Wilkes-Barre, PA 18711

(570)-830-3171

twood@state.pa.us

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

**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):

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