General Project Information Project Name and or No.: BELL COLLIERY VFP SCHUYLKILL Location: Municipality and County: Watershed: SCHUYLKILL RIVER USGS Quadrangle: DELANO Latitude and Longitude: 40.753056000000001 -76.0508329999999997 **Contact Information** Contact Organization: USGS Contact Person: CHARLES CRAVOTTA Contact Address: 215 LIMEKILN ROAD NEW CUMBERLAND 17070 Contact Telephone Number: 717730<u>6963</u> Contact Email: cravotta@usgs.gov Organization Currently Responsible For Project Operations, Monitoring and Maintenance Is this organization different from Contact Organization? __False__ SCHUYLKILL COUNTY CONSERVATION DISTRICT Organization Name: **Organization Contact Name:** WAYNE LEHMAN 1206 AG CENTER DRIVE Organization Contact Address: POTTSVILLE 17901 Organization Telephone Number: 5706223742 Organization Email: wlehman@co.schuylkill.pa.us **Site Information** Who owns the property the project is constructed upon? BLASELLA SPARCELS BROOK RENTALS LLC RINGTOWN RENTALS LLP READING ANTHRACITE Driving Directions to the Project Site (from an easily identifiable reference point): FROM POTTSVILLE - ROUTE 209 EAST TO INTERSECTION OF VALLEY STREET AND ROUTE 209 LOCATED SOUTH OF MARY D LOCK FOR YELLOW GATE SOUTH OF SRZO9 Special instructions for entry to the site (gates, keys, notifications or permissions, etc.): SITE IS PATED. WAYNE LEHMAN, SCO, HAS KEY. (Yes) or No Is there a perpetual access agreement for monitoring and O&M? es or No Is the site readily accessible (by 2WD vehicle)? 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? No Yes or or No Yes Is a copy of the plan attached? DEP HAS COPY OF IMPLEMENTATION PLAN Page 1 of 5

PA-149

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

Publicly Funded Mine Drainage Treatment or Abatement Project into			et
Project Description (Describe the treatment system including each individual c	omponen	ıt):	
VERTICAL FLOW Sycrem - WATER INLET divides Flow IN	08 Z C	Gli	ر کا
EACH IS GILLED WITH LIMESTONE. WATER PERCOLATES DOWN	THRU	Lin	nes TON
INTO collection pipes - WATER Chows THRU PIPES UNDER WETLAND CELL, WATER PLOWS THRU WETLAND CELLAN	RIVE-	RT	<u>ro</u>
WETLAND COLL WATER FLOWS THOU WETLAND CEILAN	d EXIT.	1 7	HRU RO
T CONTRACTOR CHI PONTER			/
To EMPTY INTO Sch. RIVER Pre-Construction Discharge Flow and Monitoring Data			
Is data available electronically?	Yes	or	No
In what format? Microsoft Excel Access Database Other(specify)		01	110
Indicate how flow was measured:			
Indicate laboratory that analyzed samples (or whether field kits were used)			
USGS - SEG CRAVOTTA			
	37		XT
Could you provide this data to the DEP?	Yes		1
Is a copy of the data attached?	Yes	or	MO
Pre-Construction Receiving Stream Flow and Monitoring Data			
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			
SEE CRAVOTTA USGS			
Were any biological or fish surveys completed?	Yes	or	No
Could you provide this data to the DEP?	Yes	or	MO
Is a copy of the data attached?	Yes	or	NO)
16 a copy of the data attached.			
Treatment System Design Information and Criteria			
Who or what firm completed project design? (Include name, address, phone, e	mail and	cont	tact
person, if available): CHUCK CRAVOTTA			
USGS NEW CUMBERLAND			
5707306963			
	·		
Are digital photographs of the site before, during and/or after construction ava	ilable?(Y	es	r No
Was there a Specific Restoration or Treatment Goal for this treatment system?	Yes	or	No
If yes, please describe the goal:			
Remove IRAN - Roise of			
Remove IRAN - ROISE PH What is the Design Flow Rate? SEE CLAVETTA SEE	\$ W.G.	5	
Other design criteria (retention time, acidity loading or removal rate, metals lo	ading or	rem	oval
rate, alkalinity generation rate, etc.) SEE CLAVOTTA U.	SGS		
and, minimized Borrows and			
		-	
De se the tweetment greaten take all of the flary or is some of the flary hymosod	2		
Does the treatment system take all of the flow or is some of the flow bypassed	•		
All THE FLOW MOST OF THE TIME			

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

Ans and Specifications: -Bid Project Drawings and Technical Specifications Is this information available electronically? Could you provide the DEP a copy of the plan? Is a copy attached? Sebuilt Drawings Is this information available electronically? Could you provide the DEP a copy of the plan? Is a copy attached? Could you provide the DEP a copy of the plan? Is a copy attached? Yes or No Yes or No Yes or No Yes or No Sebuilt Drawings Is this information available electronically? Could you provide the DEP a copy of the plan? Is a copy attached? Pres or No Yes or No	Yes or No Yes or
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5 .00	Amount \$72,000.00

Publicly Funded Mine Drainage Treatment or Abatement Project Inform		Sho	eet
Where are samples being analyzed? (Name, Address, Phone, email, contact perso $\uparrow \downarrow \uparrow \uparrow \downarrow \uparrow \uparrow$	n)		
If DEP Lab is being used, what is the project ID and the Sample Information Syst monitoring point IDs?	æm (S	IS)	
	-		
Is there an Operation and Maintenance Plan?	Yes		
Is the plan available electronically?			(No)
Could you provide the DEP a copy of this information?	Kes .		
Is a copy of the information attached?	Yes		
Comments on the treatment system: SEGAS TO BE WORKING EFF	ECT	ve	Ly
			<u> </u>
Post- Construction Discharge Flow and Monitoring Data			
Is the data available electronically?	Voo	or	No
In what format? Microsoft Excel Access Database Other(specify)	(Yes)	OI	NO
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		No
is a copy of the information attached:	1 03	OI	140
Post-Construction Receiving Stream Flow and Monitoring Data			
Is the data available electronically?	Yes	or	No
In what format? Microsoft Excel Access Database Other(specify)			
Indicate how flow was measured: SEG CRAVOTTO U	<u>S G</u>	<u>C</u>	
Could you provide the DEP a copy of this information?	Yes		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
Treatment System Maintenance and/or Rehabilitation			
Has rehabilitation work been performed at the site?	Yes	or	No
True(yes) or false(no): False			
If yes, please list the rehabilitation activity. REPLENSHED LIMESTON	je	200	クフ
If yes, please list the date of rehabilitation. 0			
If yes, please list the rehabilitation cost. \$.00			
What routine or non-routine maintenance issues have arisen since system was put		e?	
Some Chagging			
- :			

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet
How was maintenance work funded?
PRIVATE FUNDING
What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years's
MONITOR FLUSHING
Other Comments
Person(s) Completing this Form (Name, Address, Phone, email, Date Completed):
90 80× 13 88
POTTS VILLE PA 1790)
MARCH 31 2009
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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):