

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

Project Name and or No.: BABB CREEK KLONDIKE MINE PA-091  
Location: Municipality and County: TIOGA  
Watershed: BABB CREEK  
USGS Quadrangle: CHERRY FLATS  
Latitude and Longitude: 41.660000000000004 -77.174166999999997

**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? PA DCNR Bureau of Forestry  
Tioga State Forest  
One Nessmuk Lane  
Wellsboro, PA 16901

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

FROM VILLAGE OF ARNOT, TAKE THE LANDORUS ROAD, GO ABOUT  
1 MILE. ACCESS ROAD TO SITE ANGLES OFF ON THE RIGHT JUST  
BEFORE THE LARGE POWERLINE. FOLLOW ACCESS ROAD ABOUT 1 1/2 MILES  
TO SITE.

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

ACCESS ROAD GATED. OBTAIN PERMISSION AND KEY  
FROM LANDOWNER @ 570-724-2868

Is there a perpetual access agreement for monitoring and O&M? 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):

TREATMENT SYSTEM CONSIST OF ONE SAPS POND  
AND ONE SETTLING POND.

**Pre-Construction Discharge Flow and Monitoring Data** UNKNOWN

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 (or whether field kits were used) \_\_\_\_\_

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** UNKNOWN

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 \_\_\_\_\_

Were any biological or fish surveys completed? \_\_\_\_\_ 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): PA DEP - HAWK RUN MINING

OFFICE

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:

REMOVE HEAVY METALS, NEUTRALIZE  
TO TREAT THE KLONDIKE DISCHARGE - ACIDITY, AND ADD ALKALINITY TO STREAM

What is the Design Flow Rate? 200 GALLONS 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?

YES ALL FLOW IS TREATED

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### Plans and Specifications:

As-Bid Project Drawings and Technical Specifications NONE PREPARED

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

As-Built Drawings NONE PREPARED

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? 1997

When (specific date) did project construction begin? SUMMER 1997

When (specific date) was project construction completed? \_\_\_\_\_

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

PARTIAL CONSTRUCTION COMPLETED BY DEP BANK, DCNR BUR. OF FORESTRY  
REMAINDER BY SIGNOR BROTHERS CONTRACTING ARNOT, PA 16901 570-638-  
2773

When (specific date) did the treatment system go on-line? 12/97

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

Source	True or false	Amount
Title IV, Appalachian Clean Streams	False	\$ .00
PADEP Growing Greener	False	\$ .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 <small>WESTERN PA WATERSHED PROGRAM ORVIS CORPORATION</small>	False TRUE	\$ .00

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

Source	Amount
<del>Rec in Lieu of Penalty</del>	<del>\$500,000.00</del>
<u>PA ENVIRONMENTAL DEFENSE FOUNDATION - MATERIALS CONTRACTOR</u>	\$ .00
<u>EQS/INT. EMPLOYEES - DEP BANK, DCNR BOF</u>	

### Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan? Yes or No

Is the plan available electronically? es 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? EMPLOYEES OF BABBS CREEK WATERSHED ASSN.

Approximately how many hours per year are spent doing O,M&M for this system? 40

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

DEP LAB UNTIL 1/1/07 THEN GTC COAL ANALYSIS LAB  
SUMMERVILLE, PA 15864 814-849-2559

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

BABB CREEK / BABB CREEK WATERSHED PROJECT  
MONITORING POINT ID#s 11 AND 11.0

Is there an Operation and Maintenance Plan? INCLUDED WITH  Yes or No  
Is the plan available electronically? OPER., MONITORING, + MAINT.  Yes or No  
Could you provide the DEP a copy of this information? PLAN  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**

Is the data available electronically? ATTACHED OR IN DEP SIS Yes or No  
In what format? Microsoft Excel \_\_\_ Access Database \_\_\_ Other(specify) \_\_\_  
Indicate how flow was measured: BUCKET + STOP WATCH  
Could you provide the DEP a copy of this information?  Yes or No  
Is a copy of the information attached?  Yes or No  
EXCEPT SIS

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

Is the data available electronically? NOT TAKEN 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

**Treatment System Maintenance and/or Rehabilitation**

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

If yes, please list the rehabilitation activity. COMPOST LAYER REPLACED IN 2007

If yes, please list the date of rehabilitation. JULY 2007

If yes, please list the rehabilitation cost. \$ ~~20~~ 22,350

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

SHORT CIRCUIT IN SYSTEM IN JULY 2008. CORRECTED IMMEDIATELY

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How was maintenance work funded?

BCWA FUNDS

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

**Other Comments**

-Two SAPS ONE SAYS

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

SAME AS CONTACT PERSON

12/15/2008

**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):**