

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: KOLB PA-201
Location: Municipality and County: INDIANA
Watershed: BLACKLEGS CREEK
USGS Quadrangle: MCINTYRE
Latitude and Longitude: 40.595556000000002 -79.339167000000003

Contact Information

Contact Organization: BLACKLEGGS CREEK WATERSHED ASSOCIATION
Contact Person: ART GRGURIC
Contact Address: P.O. BOX 59
CLARKSBURG
PA
15725
Contact Telephone Number: 7244630651
Contact Email: blackleggsqwa@hotmail.com

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? True
Organization Name:
Organization Contact Name:
Organization Contact Address:
Organization Telephone Number: 0
Organization Email:

Site Information

Who owns the property the project is constructed upon? Blackleggs Creek Watershed Association

Driving Directions to the Project Site (from an easily identifiable reference point): Traveling East on Rte 286 from Saltsburg, go 4 miles and turn left on Parkwood Road. Go 0/5 mile and make first left onto Blackleggs Road. Go 1.5 miles and make first right onto Shrockman Road. Go one mile and turn right at stop sign. Kolb is straight ahead.

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

- Is there a perpetual access agreement for monitoring and O&M? Yes
Is the site readily accessible (by 2WD vehicle)? Yes
Was project completed as part of an overall watershed restoration plan? Yes
Is the plan available electronically? Yes

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Could you provide the DEP a copy of the plan? Yes

Is a copy of the plan attached? Yes

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

 Aeration fountain and two settling ponds.

Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically? Yes

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

Indicate how flow was measured: flow meters

Indicate laboratory that analyzed samples (or whether field kits were used) both, Kiski-Conemaugh Stream Team and PASEC and Western Pennsylvania Conservancy, Mahaffey labs

Could you provide this data to the DEP? Yes

Is a copy of the data attached? Yes

Pre-Construction Receiving Stream Flow and Monitoring Data

Is data available electronically? Yes

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

Indicate how flow was measured: flow meters

Indicate laboratory that analyzed samples field kits and Mahaffey labs

Were any biological or fish surveys completed? Yes

Could you provide this data to the DEP? Yes

Is a copy of the data attached? Yes

Treatment System Design Information and Criteria

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

 TERRY SCHMIDT
 SKELLY AND LOY
 7172320593

Are digital photographs of the site before, during and/or after construction available? Yes

Was there a Specific Restoration or Treatment Goal for this treatment system? Yes If yes, please describe the goal: reduce iron entering Blackleggs

Creek

What is the Design Flow Rate?

 1000gpm

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

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Does the treatment system take all of the flow or is some of the flow bypassed? _____ the system takes all flow

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Plans and Specifications:

As-Bid Project Drawings and Technical Specifications

Is this information available electronically? No
 Could you provide the DEP a copy of the plan? Yes
 Is a copy attached? No

As-Built Drawings

Is this information available electronically? No
 Could you provide the DEP a copy of the plan? Yes
 Is a copy attached? No

Construction and Project Funding Information

What year was the project constructed? 2001

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)

GrGuric Excavating

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	False	\$.00
PADEP Growing Greener	True	\$65,500.00
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	False	\$.00

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

Source	Amount
Heinze Foundation	\$ 15,000 .00
	\$.00

Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan? Yes

Is the plan available electronically? No

Is a copy of the plan attached? No

Is treatment system currently being sampled and monitored? Yes

If so, by whom? Kiski-Conemaugh Stream Team, and of PASEC

Approximately how many hours per year are spent doing O,M&M for this system? 20 _____

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

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

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

Comments on the treatment system: _____

Post- Construction Discharge Flow and Monitoring Data

Is the data available electronically? Yes
In what format? Microsoft Excel Access Database ___ Other(specify) _____

Indicate how flow was measured: ___ flow meters

Could you provide the DEP a copy of this information? Yes
Is a copy of the information attached? Yes

Post-Construction Receiving Stream Flow and Monitoring Data

Is the data available electronically? Yes
In what format? Microsoft Excel Access Database ___ Other(specify) _____

Indicate how flow was measured: ___ flow meters

Could you provide the DEP a copy of this information? Yes
Is a copy of the information attached? Yes
Were any biological or fish surveys that were completed on the receiving stream? Yes

Treatment System Maintenance and/or Rehabilitation

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

If yes, please list the rehabilitation activity. retention skirts added and pipe for inflow mended

If yes, please list the date of rehabilitation. Don't know

If yes, please list the rehabilitation cost. \$.00 Don't know

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

_____ only mending the pipe, no other maintenance.

How was maintenance work funded?

_____ volunteers _____

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

_____ none _____

Other Comments

Person(s) Completing this Form (Name, Address, Phone, email, Date Completed): _____
Anne Daymut, Watershed Specialist, Indiana County Conservation District, USDA Service
Center, 1432 RTE 286 HWY E., Indiana PA 15701 724-463-8547 ext 118,
a.daymut@iccdpa.org, completed 1-7-09

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): _____ For biological and water quality data
contact Missy Reckner of Kiski-Conemaugh Stream Team, and Alex Lezark of PASEC
