

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: BABB CREEK LICK CREEK DIVERSION WELLS PA-089
Location: Municipality and County: TIOGA
Watershed: BABB CREEK
USGS Quadrangle: CHERRY FLATS
Latitude and Longitude: 41.658332999999999 -77.156943999999996

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 (SR 2016) TAKE LANORUS ROAD AT WESTERN END OF VILLAGE. PROJECT IS ALONG ROAD ABOUT 2 1/2 MILES FROM ARNOT

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

NONE NEEDED

Is there a perpetual access agreement for monitoring and O&M? NOT NEEDED 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):

PROJECT CONSISTS OF A COLLECTION DAM IN LICK CREEK AND TWO LIMESTONE DIVERSION WELLS

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: UNKNOWN

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

DEP

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): _____

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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:

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?

ONLY TREATS A PORTION OF THE TOTAL STREAM FLOW EXCEPT DURING LOW WATER FLOWS

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Plans and Specifications:

As-Bid Project Drawings and Technical Specifications

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

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? 1990

When (specific date) did project construction begin? ~~1990~~ 10/09/90

When (specific date) was project construction completed? 10/20/90

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

When (specific date) did the treatment system go on-line? 10/20/90

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	False	\$.00

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

Source	Amount
Babb Creek Trust Fund; volunteer labor; NG	\$ 500.00
	\$.00

Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan? 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? EMPLOYEES OF BABB CREEK WATERSHED ASSN

Approximately how many hours per year are spent doing O,M&M for this system? 100

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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?

BABBCREEK/BABO CREEK WATERSHED PROJECT
MONITORING POINT ID#'s 1, 2, 3

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 DEP SIS

Is the data available electronically? Yes or No
In what format? Microsoft Excel ___ Access Database ___ Other(specify) ___
Indicate how flow was measured: ESTIMATED
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

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

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. ^{CONSTRUCTED} NEW DAMAT PIPE LINES BURIED

If yes, please list the date of rehabilitation. 8 JUNE 1991

If yes, please list the rehabilitation cost. \$.00 UNKNOWN

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

PIPE LINE INTAKES CONTINUOUSLY GET PLUGGED
AFTER FLOOD EVENTS. WELLS MUST BE FILL
EVERY WEEK. LANDRUS ROAD MUST BE PAVED IN WINTER.

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How was maintenance work funded?

BY BOBB CREEK WATERSHED ASSN

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

REPLACE NOZZLES EVERY YEAR OR TWO.

Other Comments

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

SAME AS CONTACT PERSON

12/15/2019

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):