

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

Project Name and or No.: OLD NEVER SWEAT MINE SHOUPS RUN  
PA-234

Location: Municipality and County: CARBON TWP, HUNTINGDON

Watershed: SHOUPS RUN

USGS Quadrangle: SAXTON

Latitude and Longitude: 40.218333000000001 -78.180833000000007

**Contact Information**

Contact Organization: HUNTINGDON COUNTY CONSERVATION DISTRICT

Contact Person: ANDY PATTERSON

Contact Address: 10605 RAYSTOWN ROAD SUITE A

HUNTINGDON

PA

16652

Contact Telephone Number: 8146271627

Contact Email: hccd@papower.net

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

Is this organization different from Contact Organization? True

Organization Name: HUNTINGDON COUNTY CONSERVATION DISTRICT

Organization Contact Name: ANDY PATTERSON

Organization Contact Address: 10605 RAYSTOWN RD, HUNTINGDON, Pa 16652

Organization Telephone Number: 0 814-627-1627

Organization Email: hccd@papower.net

**Site Information**

Who owns the property the project is constructed upon?

ROSENBERG LUMBER CO.

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

ACCESS FROM ROAD TO THE CATHOLIC CEMETERY IN  
BARNETS TOWN - STATE ROUTE 913 BETWEEN DUDLEY & COALMONT

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

WILL EVENTUALLY OWNED - WATERSHED ASSOCIATION  
WILL HAVE ACCESS

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? NOT SURE

Yes or No

Could you provide the DEP a copy of the plan? - JOE ALLISON

☒ Yes or No

Is a copy of the plan attached?

DEP-CAMBRIA  
OFFICE

Yes or ☒ No

**Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet**  
Project Description (Describe the treatment system including each individual component):

LIMESTONE BED WITH DOSING SYPHON, SMALL POLISHING POND  
WITH LIMESTONE CHANNEL OUTLET DESIGNED TO TREAT AN AMD  
MINE DISCHARGE

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

Is data available electronically?

☒ Yes or No

In what format? Microsoft Excel ☐ Access Database ☐ Other(specify) NOT SURE

Indicate how flow was measured: WATERSHED ASSOCIATION - 1/4LY MONITORING

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

DEP LAB - HARRISBURG

Could you provide this data to the DEP? JOE ALLISON - DEP

☒ Yes or No

Is a copy of the data attached?

Yes or ☒ No

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

Is data available electronically?

☒ Yes or No

In what format? Microsoft Excel ☐ Access Database ☐ Other(specify) ASK JOE ALLISON

Indicate how flow was measured: FLOW METER

Indicate laboratory that analyzed samples

HARRISBURG LAB

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): BRADLEY SHULTZ

SKELLY AND LOY

0

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? SKELLY & LOY - BRAD SHULTZ

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) SKELLY & LOY - BRAD SHULTZ

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

TAKES ALL OF THE FLOW

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## Plans and Specifications:

### As-Bid Project Drawings and Technical Specifications

Is this information available electronically? NOT SURE Yes or No  
 Could you provide the DEP a copy of the plan? JOE ALLISON ☒ Yes or ☐ No  
 Is a copy attached? Yes or ☒ No

### As-Built Drawings

Is this information available electronically? NOT SURE Yes or No  
 Could you provide the DEP a copy of the plan? JOE ALLISON Yes or ☐ No  
 Is a copy attached? Yes or ☒ No

## Construction and Project Funding Information

What year was the project constructed? 2007

When (specific date) did project construction begin? DON'T KNOW

When (specific date) was project construction completed? DON'T KNOW

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

KRIEGER EXCAVATING, RR #1, Box 232, Saxton, Pa. 16678

SUSAN KRIEGER - 814-658-2832

When (specific date) did the treatment system go on-line? NOT SURE

### 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	True	\$151,500.00
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? - NA -

Source	Amount
	\$ .00
	\$ .00

## Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan? BEING DEVELOPED ☒ Yes or ☐ No

Is the plan available electronically? (NOT YET) 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? CELINA SEFTAS, HUNTINGDON COUNTY WATERSHED SPECIALIST & SRWA

Approximately how many hours per year are spent doing O,M&M for this system? 36

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

DEP LAB - HARRISBURG (MENNIS) pH & ALKALINITY - ONE SIDE

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

JOE ALLISON - DEP CAMBRIA OFFICE

Is there an Operation and Maintenance Plan? (BEING DEVELOPED) Yes or ☒ No  
Is the plan available electronically? (NOT YET) Yes or ☒ No  
Could you provide the DEP a copy of this information? WHEN FINISHED ☒ Yes or No  
Is a copy of the information attached? Yes or ☒ No

Comments on the treatment system: MAY BE A MALFUNCTION WITH THE DOSING

**Post- Construction Discharge Flow and Monitoring Data**

Is the data available electronically? JOE ALLISON ☒ Yes or No  
In what format? Microsoft Excel \_\_\_ Access Database \_\_\_ Other(specify) NOT SURE  
Indicate how flow was measured: \_\_\_  
Could you provide the DEP a copy of this information? JOE ALLISON ☒ 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) JOE ALLISON  
Indicate how flow was measured: NOT SURE - BY WATERSHED ASSOCIATION  
Could you provide the DEP a copy of this information? JOE ALLISON ☒ 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. \_\_\_\_\_

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 online?

VALUE PROBLEM IN THE DOSING SYSTEM

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**How was maintenance work funded?**

EXISTING GRANT - CONTRACTOR OBLIGATION

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

WATER QUALITY MONITORING TO TRACK TREATMENT  
SYSTEM EFFECTIVENESS

**Other Comments**

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

ANDY PATTERSON, MANAGER

HUNT. CO. CORR. DIST.

10605 RAYSTON RD

HUNTINGDON, PA. 16652

**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):

JOE ALLISON - DEPT CAMBRIA DISTRICT OFFICE

ERIC

- YOUR BEST SOURCE OF INFO. ON THESE PROJECTS IS PROBABLY JOE ALLISON SINCE HE SERVED AS PROJECT ADVISOR FOR ALL OF THEM.
- I WOULD ANTICIPATE THAT THE HUNTINGDON COUNTY CONSERVATION DISTRICT WILL EVENTUALLY BE ASSUMING RESPONSIBILITY FOR THE O.M&R FOR THESE PROJECTS BUT AS OF NOW WE ARE PARTNERING WITH THE SHOPS AND WATERSHED ASSOCIATION (SRWA).
- OUR WATERSHED SPECIALIST IS DOING MONTHLY PH AND ALKALINITY MONITORING AT (18) SITES IN THE SHOPS AND WATERSHED AND THE WATERSHED GROUP IS SENDING SAMPLES TO THE DED LAB FOR ANALYSIS TWICE A YEAR.
- JOE ALLISON HAS COPIES OF ALL THE TECHNICAL SPECIFICATIONS FOR THESE PROJECTS AND CAN PROBABLY PROVIDE YOU WITH AN ELECTRONIC COPY OF MOST OF THE INFO YOU NEEDED.

HOPE THIS INFO IS  
HELPFUL.

ANDY