General Project Information PINE FOREST Project Name and or No.: _ PA-225 Location: Municipality and County: _____ SCHUYLKILL Watershed: MILL CREEK USGS Quadrangle: POTTSVILLE Latitude and Longitude: 40.722222000000002 -76.175556 **Contact Information** SCHUYLKILL HEADWATERS ASSOCIATION Contact Organization: Contact Person: BILL REICHERT 1206 AG CENTER DRIVE Contact Address: POTTSVILLE PA 17901 Contact Telephone Number: 5703852122 Contact Email: breichert5@verizon.net Organization Currently Responsible For Project Operations, Monitoring and Maintenance Is this organization different from Contact Organization? ____True__ Organization Name: SCHUYLKILL COUNTY CONSERVATION DISTRICT **Organization Contact Name:** BILL REICHERT Organization Contact Address: 1206 AG CENTER DRIVE **POTTSVILLE** PA 17901 Organization Telephone Number: 5706223742 Organization Email: breichert5@verizon.net **Site Information** Who owns the property the project is constructed upon? READING ANTHRACITE 200 MAHANJONGO STREET Pottsville PA 17901 Driving Directions to the Project Site (from an easily identifiable reference point): FROM POTTSVILLE - NORTH ON RT 61 TO SAINT CLAIR - TURN RIGHT ONTO HANCOCK STREET - TRAVEL APPREX . 7 mile TO DIRT HAVE ROAD ON Right - TURN ONTO HAVE ROAD - TRAVEL APPROX IMILE TO SITE Special instructions for entry to the site (gates, keys, notifications or permissions, etc.): None Is there a perpetual access agreement for monitoring and O&M? or No Is the site readily accessible (by 2WD vehicle)? Suggest 4WD Yes or NO Was project completed as part of an overall watershed festoration plan? Yes or No Is the plan available electronically? Yes> or No No Could you provide the DEP a copy of the plan? es) or Is a copy of the plan attached? or No

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

Publicly Funded Mine Drainage Treatment or Abatement Project Into	mation	Snee	et
roject Description (Describe the treatment system including each individual co	omponen	t):	
- 11 CT C- 12-12-12-C O.O. EXTENDS 2 Balow WATER LEVEL IN DISCHARGE.	- watgr	1400	ws THRU
HAMBERS - EACH CHAMBER HAS 2 OUTLETS - WATER THEN FLOWS OND BEFORE PLOWING THRU 3 SHAILOW WETGAND COILS. WATER	INTO A	N AL	LD WITH 2
HAMBERS - EACH CHAMBER HAS 2 OUTLETS - WATER LEAVING ALD F	· Lows	TH 12	<u>Lu a </u> Sgtti
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INTO ORIGINAL DISCHARLE CHANNEL			
re-Construction Discharge Flow and Monitoring Data			
s data available electronically?	(Tes)	or	No
n what format? Microsoft Excel Access Database <a> Other(specify)		<u> </u>	
ndicate how flow was measured:	<u> </u>		
ndicate laboratory that analyzed samples (or whether field kits were used)			
UNKNOWN			
			·
Could you provide this data to the DEP?	y y	or	No
s a copy of the data attached?	(Yes)	or	No
re-Construction Receiving Stream Flow and Monitoring Data			
s data available electronically?	Yes	or	
n what format? Microsoft Excel Access Database Other(specify)			<u> </u>
ndicate how flow was measured:			
ndicate laboratory that analyzed samples			
		:	
Were any biological or fish surveys completed?	Yes		=
Could you provide this data to the DEP?	Yes		_
s a copy of the data attached?	Yes	or	AD)
Freatment System Design Information and Criteria	mail and	cont	act
Who or what firm completed project design? (Include name, address, phone, en	man and	COIII	acı
person, if available): CLAYTON BUBECK RETTEW ASSOCIATES			
5703852270			
			<u> </u>
Are digital photographs of the site before, during and/or after construction available.	ilable? Y	es o	r No
Was there a Specific Restoration or Treatment Goal for this treatment system?	· (Yes)	or	No
f ves please describe the goal:			
REMOVE IRON LARDING TO STILL CREEK			
What is the Design Flow Rate? 1360 9nL/min			
Out 1 anitomia (notantian tima goidity loading or removal rate metals lo	ading or	remo	oval
rate, alkalinity generation rate, etc.) Designed For 4.6 14n De	TENTIC	7 1	TIME IN!
other design criteria (retention time, actionly loading of removal rate, metals to rate, alkalinity generation rate, etc.) PESI GNED FOR Y.6 / Y. DE PETAL DE PROPERTION TIME APPROX 8 HAS THRU WETHAND CG/15	SIN A	120	BND
APPROX 8 HAS THRU WETHAND CGILS		7	<u>.</u>
			
Does the treatment system take all of the flow or is some of the flow bypassed PARTIAL FLOW DEPENDENS ON DISCHARGE FLOW	?		

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

Plans and Specifications:				
As-Bid Project Drawings and Technical Specifications				
Is this information available electronically?		Yes or		
Could you provide the DEP a copy of the plan?		Yes or (M)		
Is a copy attached?		Yes or		
As-Built Drawings				
Is this information available electronically?		or No		
Could you provide the DEP a copy of the plan?	•	Yes or Nov		
Is a copy attached?	•	Yes or 🗺		
Construction and Project Funding Information				
What year was the project constructed? 2007				
When (specific date) did project construction begin?				
When (specific date) was project construction complet	ed?			
Who was the Construction Contractor? (Name, Address	ss. Phone, email, con	itact person)		
LLoyd AUNGST 420 ROCK ROAD DI	NE GROVE PA	17963		
contact Lloyd Aungst 570	345 867.6			
When (specific date) did the treatment system go on-li	ne?			
when (specific date) and the acadinent system go on h				
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	\$538,844.00		
OSM Watershed Cooperative Assistance Program	True	\$125,000.00		
NRCS	False	\$.00		
EPA Watershed Protection	False	\$.00		
	False	\$.00		
USCOE	False	\$.00		
University	False	\$.00		
Private/Foundation	raise	Ψ00		
How or by whom was treatment system construction fable?	funded or other fund	ing not included in the		
Source		Amount		
USGS, EPA, Reading Anthracite		\$.00		
Obob, El 11, iteating i interest		\$.00		
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Day County of an Onevation Manitaring and Mai	ntenance			
Post Construction Operation, Monitoring and Mai	Мснансс	Yes or No		
Is there a Sampling and Monitoring Plan?	•	Yes or Wo		
Is the plan available electronically?		Yes or No		
Is a copy of the plan attached?	itamad?	Yes or		
Is treatment system currently being sampled and mon	norea?	TON OIL		
If so, by whom? Sch. Conservation DISTRIC	1			

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

Sthere an Operation and Maintenance Plan? Being Seample Information System (SIS) sthere an Operation and Maintenance Plan? Being Formulated Yes or No the plan available electronically? Sould you provide the DEP a copy of this information? When Completed Yes or No No Note Construction Discharge Flow and Monitoring Data Sthe data available electronically? In what format? Microsoft Excel Access Database Other(specify) Indicate how flow was measured: Could you provide the DEP a copy of this information? Is a copy of the information attached? Yes or No Yes or No Yes or No Yes or No No No Note Construction Receiving Stream Flow and Monitoring Data Is the data available electronically? In what format? Microsoft Excel Access Database Other(specify) In wh				
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TYPE de la companyation maintenance issues have arisen since system was nut online?	If yes, please list the rehabilitation cost. \$.00			
What routine or non-routine maintenance issues have arisen since system was put online? SYSTEM HAS NEEDED FLUSHING DURING IST 9 MONTHS OF OPERA				
SYSTEM HAS NEEDED FLUSHING WURING IST YMONTHS OF OPERA	What routine or non-routine maintenance issues have arisen since system was p	out onlir	ie!	en
, , , , , , , , , , , , , , , , , , , 	Custon 1101 Alterted Fly (Hins DURING 1ST & MONTH	LS OF	ope	:1LB

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sneet
How was maintenance work funded?
VOLUNTEER EFFORT
What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years?
Mon, Toring - Possible Flushing - Unsure About BACTERIA
Other Comments
Person(s) Completing this Form (Name, Address, Phone, email, Date Completed):
Bill Reichers
51 N 4th ST
CRESSONA PA 17929
CRESSONA PA 17929 570 385 2122 BREICHERTS @ VERIZON. NET
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):
(Include Mana, Man