

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: BABB CREEK ARNOT NO. 2 PA-088
Location: Municipality and County: TIOGA
Watershed: BABB CREEK
USGS Quadrangle: CHERRY FLATS
Latitude and Longitude: 41.66666699999997 -77.14361100000007

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 TRUE
Organization Name: BABB CREEK WATERSHED ASSOCIATION ARNOT
Organization Contact Name: STEVEN SCHLESING RONALD SIBNICK
Organization Contact Address: 2051 REED STREET PO BOX 89, WILLIAMSPORT ARNOT, PA 17704 16911
Organization Telephone Number: 5703220740 5706382985
Organization Email:

SPORTSMEN'S CLUB

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 ARNOT ROAD (SR 2016) NORTH TOWARDS WELLSBORO. AFTER LEAVING VILLAGE (ABOUT 1/4 MILE) ACCESS ROAD IS FIRST GATED ROAD ON LEFT

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

GET PERMISSION AND KEY FROM LANDOWNER @ 570-722-2867

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):

TWO SEQUENTIAL VERTICAL FLOW WETLANDS FOLLOWED BY
AN OXIDATION/PRECIPITATION BASIN AND THEN A
MANGANESE/OXIDIZING BACTERIA SYSTEM CELL

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):

GANNETT FLEMING 814 765 4320
800 LEONARD ST. SUITE 1
CLEMMFIELD, PA 16830 F. ROY ZUG, III

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: UNKNOWN

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?

BYPASSES EXCESS FLOW DURING PERIOD OF HIGH MINE
DISCHARGE

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

DEP LAB UNTIL 1/1/07 THEN G+C 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?

REPORT FOR BABBCREEK / BABBCREEK WATERSHED PROJECT
MONITORING POINT ID #'S 0.4 AND 0.4A

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: HAS PROVIDED EXCELLENT RESULTS WITH VERY FEW MAINTENANCE PROBLEMS

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? NONE 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. _____

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?

COMPOST LAYERS ON VERTICAL FLOW WETLANDS STIRRED IN 2006

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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

DONT KNOW

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? 2002

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)

SIGNOR BROTHERS CONTRACTING EDWARD SIGNOR
ARNOT, PA 16911 570-638-2773

When (specific date) did the treatment system go on-line? MAY 2002

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	False	\$.00
PADEP Growing Greener	True	\$388,837.00
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
	\$.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? 30

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How was maintenance work funded?

PAID BY ARNOT SPORTSMEN'S CLUB

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

NONE

Other Comments

~~Two VFP systems treating two separate discharges~~ ONLY ONE DISCHARGE IS PRESENT
AND BEING TREATED

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

SAME AS CONTACT PERSON 12/5/08

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):