

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: AUDENREID TUNNEL PA-238
Location: Municipality and County: SCHUYLKILL
Watershed: CATAWISSA CREEK
USGS Quadrangle: CONYNGHAM
Latitude and Longitude: 40.898333000000001 -76.079443999999995

Contact Information

Contact Organization: SCHUYLKILL COUNTY CONSERVATION DISTRICT
Contact Person: WAYNE LEHMAN
Contact Address: 1206 AG CENTER DRIVE
POTTSVILLE
PA
17901
Contact Telephone Number: 5706223742
Contact Email: wlehman@co.schuykill.pa.us

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: wlehman@co.schuykill.pa.us

Site Information

Who owns the property the project is constructed upon?
Butler Enterprises, Inc Blue Knob Rod & Gun Club
15 East Broad St 237 N. White St P.O. Box 135
Hazleton, PA 18201 Shenandoah, PA 17976
(Property of Treatment System Site) (Own access road to site)

Driving Directions to the Project Site (from an easily identifiable reference point):
From I-81 North or South take Exit 143 for PA-924; Take PA-924
South to Shepton; Turn left onto East Brandon St; turn left at
second gated dirt road.

Special instructions for entry to the site (gates, keys, notifications or permissions, etc.):
Contact Wayne Lehman @ (570) 622-3742 ext 120 for access to site

- 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):

Attached CD under "Audenreid OMR Plan" folder.

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

Is data available electronically?  Yes or No

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

Indicate how flow was measured: contact Todd Wood with BAMR

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

contact Todd Wood with BAMR

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**

Is data available electronically?  Yes or No

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

Indicate how flow was measured: contact Todd Wood with BAMR

Indicate laboratory that analyzed samples

contact Todd Wood with BAMR

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):

CLAYTON BUBECK  
RETTEW ASSOCIATES  
5703852270

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:

Reduce Iron 20%, Manganese 73%, Aluminum 95%, and Acidity 99% from the Audenreid Mine Tunnel

What is the Design Flow Rate? 8,000 gpm

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) see attached CD "OMR" folder

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

during periods of high flow excess water bypasses the treatment system.

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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? 2006

When (specific date) did project construction begin? March 2005

When (specific date) was project construction completed? December 2005

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

James T O'Hara, Inc; RR 9 Box 9433; Moscow, PA 18444

When (specific date) did the treatment system go on-line? January 2006

Primary Funding Partners, and funding provided: See attached CP

Source	True or false	Amount
Title IV, Appalachian Clean Streams	True	\$100,000.00
PADEP Growing Greener	False	\$ .00
10% AMD Set Aside Funds	False	\$ .00
EPA Section 319	True	\$1,796,805.00
OSM Watershed Cooperative Assistance Program	True	\$150,000.00
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
In-Kind	\$ .00
Catawissa Creek Restoration Alliance	\$ .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? system being repaired after 6/2006 flood damage

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

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

not currently due to system repairs

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?  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: see "Admitted O&M Plan folder" in attached CD

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

Is the data available electronically? contact Todd Wood (BAMR) 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

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

Is the data available electronically? contact Todd Wood (BAMR) 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. Repairs currently on going to treatment system intake.

If yes, please list the date of rehabilitation. o ongoing

If yes, please list the rehabilitation cost. \$ .00 \$1,510,303.77

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

Flushing of limestone treatment tanks

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How was maintenance work funded?

*in-kind services by CCRA members, Conservator District staff*

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

*Flushing of limestone treatment tanks*

**Other Comments**

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

*Wayne G. Lehman  
1206 AB Center Drive  
Pottsville, PA 17901*

**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):

*Todd Wood DEP BARR  
570 830-3174*