

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: CLOVER RUN # 1 (BARRETT) PA-271
Location: Municipality and County: Gaskill Twp., JEFFERSON
Watershed: MAHONING CREEK
USGS Quadrangle: MCGEES MILLS
Latitude and Longitude: 40.93305600000001 -78.848889

Contact Information

Contact Organization: PADEP BAMR
Contact Person: SCOTT HORRELL
Contact Address: 286 INDUSTRIAL PARK ROAD
EBENSBURG
PA
15931
Contact Telephone Number: 814472-1800
Contact Email: pshah@state.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:

Site Information

Who owns the property the project is constructed upon?
Dean M. Barrett
R.R. #2, Box 217
Punxsutawney, Pa. 15767
814-427-2999

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

Near Bowersville from the intersection of SR 2003 (Milling Road) with S.R. 26 go ~
.6 miles north on SR 2003 (Milling Road), turn right onto Barnett Lane (there is a machine
shop on the right) Travel on Barnett Lane east for ~ 1 mile you will go past Dean
Barrett house.

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

Fairman Corporation has numerous gas wells + gas lines an they have a gate but I
have never seen it locked. The contact is John Robertson at 814-371-8410 Ext. 20

- Is there a perpetual access agreement for monitoring and O&M? Yes or (No)
Is the site readily accessible (by 2WD vehicle)? Most of the time - NO 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):

The project involved the excavation + backfilling of an abandoned vertical coal mine shaft, which has an artesian flow and place L.S. in the existing channel. The project also included modifying an existing sedimentation pond to create a wetland environment + divert numerous AMD to it. → with L.S. a portion of

Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically? Yes or No
In what format? Microsoft Excel Access Database ___ Other(specify) SIS
Indicate how flow was measured: Weirs
Indicate laboratory that analyzed samples (or whether field kits were used)
H-burg 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

Is data available electronically? Yes or No
In what format? Microsoft Excel ___ Access Database ___ Other(specify) SIS
Indicate how flow was measured: Weirs
Indicate laboratory that analyzed samples
Harrisburg Lab (DEP)

Were any biological or fish surveys completed? Pam M. + Kay S. Conducted Yes or No
Could you provide this data to the DEP? it on Clover Run 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): STEVE FISANICK DEP/BAMR Cambria Office
0 286 Industrial Park Rd.
Ebensburg, Pa. 15931

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: Artesian flow - vertical shaft ~240 GPM - acidic, with slightly elevated metals predominantly Al. AMD near the sediment pond - one avg. ~80 GPM + the other ~20 GPM - highly alkaline with elevated metals, mostly iron, NO Al, some Mn.
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?
Should take all the flow - should field verify to see if there is any leakage from the modified sediment pond.

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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? 2004

When (specific date) did project construction begin? Circa 5/18/04

When (specific date) was project construction completed? Circa 8/17/04

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

Neiswanger Construction, Inc.

17592 Rt. 322 Strattonville, Pa. 16258

When (specific date) did the treatment system go on-line? The project was completed around 8/17/04

Primary Funding Partners, and funding provided:

| Source | True or false | Amount |
|--|---------------|--------------|
| Title IV, Appalachian Clean Streams | True | \$145,721.00 |
| 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 |
|--------|--------|
| | \$.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? By BAMR inspector Mitch Smith

Approximately how many hours per year are spent doing O,M&M for this system? None

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

Harrisburg Lab (DEP)

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

PA 33(2992)
S1, BDI, BDIT, S2, S3, RDZ, BD2T, BD2F, + S4 LOOK on Server 04

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

P.J. Shah

Comments on the treatment system:

Post- Construction Discharge Flow and Monitoring Data

Is the data available electronically?

Yes or No

In what format? Microsoft Excel ___ Access Database ___ Other(specify) SIS

Indicate how flow was measured: Estimate

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) SIS

Indicate how flow was measured: Estimate

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

I believe Pam + Kay did one during design process.

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. N/A

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?

None

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How was maintenance work funded?

N/A

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

N/A

Other Comments

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

Steve Fisquick
DEP/BAMR Cambria Office
286 Industrial Park Rd.
Ebensburg, Pa. 15931

Sfisquicki@state.pa.us

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):

P.J. Shah
Same as above