

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

Project Name and or No.: FOXHEAD INDUSTRIAL PARK PA-298
Location: Municipality and County: ELK
Watershed: ELK CREEK
USGS Quadrangle: KERSEY
Latitude and Longitude: 0 41.35743 0 78.58483

Contact Information

Contact Organization: FOX TOWNSHIP
Contact Person: KATHLEEN M. MOSIER RANDY GRADIZZI
Contact Address: P.O. BOX 184

KERSEY

PA

15846

Contact Telephone Number:

8148858450

Ext. 5

Contact Email:

foxtwp@ncnetral.com

rgradizzi-foxtwp@ncnetral.com

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? ~~True~~ NO

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?

FOX TOWNSHIP

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

SEE ATTACHMENT #1

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?

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):

SEE ATTACHMENT #2

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: KELLER ENGINEERING DID FLOW

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

DONT KNOW

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: _____

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): KELLER ENGINEERS

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? _____

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?

ALL FLOW

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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 NOT YET

Could you provide the DEP a copy of the plan?

Yes or No WE WILL

Is a copy attached?

Yes or No

Construction and Project Funding Information

What year was the project constructed? -2008- WILL BE DONE IN 2009 (ATTACH #2)

When (specific date) did project construction begin? NOT STARTED YET

When (specific date) was project construction completed? _____

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

FOX TOWNSHIP WILL BE DOING THE WORK. ROADS & OTHER DRAINAGE WERE INSTALLED IN 2008

When (specific date) did the treatment system go on-line? WILL GO ON-LINE IN 2009

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	False	\$.00
PADEP Growing Greener	True	\$50,000.00
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	True	\$142,000.00

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? DEP DOES SAMPLING NOW Yes or No NOT YET

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?

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

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

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 NOT YET

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:

Post- Construction Discharge Flow and Monitoring Data

Is the data available electronically?

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?

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?

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How was maintenance work funded?

MAINTENANCE WORK will BE FUNDED BY TOWNSHIP

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

Other Comments

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

RANDY GRADIZZI 12-17-08
PO Box 184
KERSEY PA 15846
885-8450 Ext. 5 RGRADIZZI-FOXTWP@NCENTRAL.COM

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):

KELLER ENGINEERS (814) 696-7430