

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

Project Name and or No.: Indian Head Passive Treatment AMD54(3024)102.1
Location: Municipality and County: Fraily Twp. Schuylkill
Watershed: Swatara Creek
USGS Quadrangle: Tremont
Latitude and Longitude: 40.640556 -76.379167

Contact Information

Contact Organization: PADEP BAMR
Contact Person: MIKE KORB
Contact Address: 2 PUBLIC SQUARE, 5TH FLOOR
WILKES-BARRE
PA
18711
Contact Telephone Number: 570-826-2371
Contact Email: mkorb@state.pa.us

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? No
Organization Name: _____
Organization Contact Name: _____
Organization Contact Address: _____

Organization Telephone Number: _____
Organization Email: _____

Site Information

Who owns the property the project is constructed upon? _____
William and Susan Mindler

Driving Directions to the Project Site (from an easily identifiable reference point): _____
Travel 0.4 miles on Clay St. from it's intersection with Rt. 209 to Maple Creek Dr. Turn right onto Maple Creek Drive. Travel for 0.7 miles on Maple Creek Rd which turns into Mashfield Rd. Pull off road in the vacinity of an old RR grade. Turn right, walk through the woods, cross Middle Creek and the treatment system will be in front.

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

Is there a perpetual access agreement for monitoring and O&M? ☒ Yes ☐ No
Is the site readily accessible (by 2WD vehicle)? ☒ Yes ☐ No
Was project completed as part of an overall watershed restoration plan? ☒ Yes ☐ No
Is the plan available electronically? ☒ Yes ☐ No
Could you provide the DEP a copy of the plan? ☒ Yes ☐ No
Is a copy of the plan attached? ☒ Yes ☐ No

Project Description (Describe the treatment system including each individual component): _____
The project consisted of constructing five wetland cells. One of the cells ponds the Marshfiel No.1 slope

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and another ponds the Marshfield No. 2 Slope. Water from the two slopes join and meander through the remaining wetland cells and discharge into Middle Creek.

Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically? ☒ Yes ☐ No

In what format? Microsoft Excel ☒ Access Database ☐ Other (specify) _____

Indicate how flow was measured: Weir

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

PA-DEP

Could you provide this data to the DEP? ☒ Yes ☐ No

Is a copy of the data attached? ☒ Yes ☐ No

Pre-Construction Receiving Stream Flow and Monitoring Data

Is data available electronically? ☒ Yes ☐ No

In what format? Microsoft Excel ☒ Access Database ☐ Other (specify) _____

Indicate how flow was measured: _____

Indicate laboratory that analyzed samples _____

PA-DEP

Were any biological or fish surveys completed? ☐ Yes ☐ No

Could you provide this data to the DEP? ☒ Yes ☐ No

Is a copy of the data attached? ☒ Yes ☐ No

Treatment System Design Information and Criteria

Who or what firm completed project design? (Include name, address, phone, email and contact person, if available): PA DEP - Dennis Palladino

2 Public Sq. 5th Flr., Wilkes-Barre, PA 18711

(570)-830-3190

dpalladino@state.pa.us

Are digital photographs of the site before, during and/or after construction available? ☐ Yes ☐ No

Was there a Specific Restoration or Treatment Goal for this treatment system? ☐ Yes ☒ 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? _____

The treatment system treats all of the flow.

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Plans and Specifications:

As-Bid Project Drawings and Technical Specifications

Is this information available electronically?

☒ Yes ☐ No

Could you provide the DEP a copy of the plan?

☒ Yes ☐ No

Is a copy attached?

☒ Yes ☐ No

As-Built Drawings

Is this information available electronically?

☐ Yes ☒ No

Could you provide the DEP a copy of the plan?

☐ Yes ☒ No

Is a copy attached?

☐ Yes ☒ No

Construction and Project Funding Information

What year was the project constructed? 2000

When (specific date) did project construction begin? May 25, 2000

When (specific date) was project construction completed? January 12, 2001

Who was the Construction Contractor? (Name, Address, Phone, email, contact person) Arlington Bridge, Inc.

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

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	_____	_____
PADEP Growing Greener	<u>True</u>	<u>\$203,534</u>
10% AMD Set Aside Funds	_____	_____
EPA Section 319	_____	_____
OSM Watershed Cooperative Assistance Program	_____	_____
NRCS	_____	_____
EPA Watershed Protection	_____	_____
USCOE	_____	_____
University	_____	_____
Private/Foundation	_____	_____

How or by whom was treatment system construction funded or other funding not included in the table?

Source	Amount
_____	_____
_____	_____
_____	_____

Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan?

☒ Yes ☐ No

Is the plan available electronically?

☐ Yes ☒ No

Is a copy of the plan attached?

☐ Yes ☒ No

Is treatment system currently being sampled and monitored?

☒ Yes ☐ No

If so, by whom? PA-DEP-BAMR

Approximately how many hours per year are spent doing O,M&M for this system? 16

Where are samples being analyzed? (Name, Address, Phone, email, contact person) PA-DEP Lab

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

see attached

Is there an Operation and Maintenance Plan? ☐ Yes ☒ No

Is the plan available electronically? ☐ Yes ☐ No

Could you provide the DEP a copy of this information? ☐ Yes ☐ No

Is a copy of the information attached? ☐ Yes ☐ No

Comments on the treatment system: _____

Post- Construction Discharge Flow and Monitoring Data

Is the data available electronically? ☒ Yes ☐ No

In what format? Microsoft Excel ☒ Access Database ☐ Other(specify) _____

Indicate how flow was measured: Weir

Could you provide the DEP a copy of this information? ☒ Yes ☐ No

Is a copy of the information attached? ☒ Yes ☐ No

Post-Construction Receiving Stream Flow and Monitoring Data

Is the data available electronically? ☒ Yes ☐ 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 ☐ No

Is a copy of the information attached? ☒ Yes ☐ No

Were any biological or fish surveys that were completed on the receiving stream? ☐ Yes ☒ No

Treatment System Maintenance and/or Rehabilitation

Has rehabilitation work been performed at the site? ☐ Yes ☒ No

True(yes) or false(no): _____

If yes, please list the rehabilitation activity. _____

If yes, please list the date of rehabilitation. _____

If yes, please list the rehabilitation cost. _____

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

How was maintenance work funded? _____

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): _____

Todd Wood

2 Public Sq., 5th Flr., Wilkes-Barre, PA 18711

(570)-830-3171

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): _____

