

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

Project Name and or No.: MINERSVILLE AEROBIC WETLANDS PA-143  
Location: Municipality and County: SCHUYLKILL  
Watershed: WEST BRANCH SCHUYLKILL RIVER  
USGS Quadrangle: MINERSVILLE  
Latitude and Longitude: 40.693610999999997 -76.254444000000007

**Contact Information**

Contact Organization: SCHUYLKILL HEADWATERS ASSOCIATION  
Contact Person: BILL REICHERT  
Contact Address: 1206 AG CENTER DRIVE P o Box 1385  
POTTSVILLE  
PA  
17901  
Contact Telephone Number: 570 385 2122  
Contact Email: breichert5@verizon.net

**Organization Currently Responsible For Project Operations, Monitoring and Maintenance**

Is this organization different from Contact Organization? True FALSE  
Organization Name: SCHUYLKILL HEADWATERS ASSOCIATION INC  
Organization Contact Name: BILL REICHERT  
Organization Contact Address: PO BOX 1385 POTTSVILLE PA 17901  
Organization Telephone Number: 0 570 385 2122  
Organization Email: BREICHERT5@VERIZON.NET

**Site Information**

Who owns the property the project is constructed upon?  
READING BLUE MOUNTAIN & NORTHERN RAILROAD  
1 NORTH 4<sup>th</sup> STREET  
HAMBURG PA 19526  
LEASED TO SCHUYLKILL HEADWATERS ASSOCIATION

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

FROM POTTSVILLE - TRAVEL NORTH ON 901 TO MINERSVILLE  
TURN RIGHT ON SEITZER ROAD - CROSS RAILROAD TRACKS - PARK ON  
LEFT SIDE OF ROAD - WALK ALONG RAILROAD NORTH TO WETLAND

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?  
Is the site readily accessible (by 2WD vehicle)?  
Was project completed as part of an overall watershed restoration plan?  
Is the plan available electronically?  
Could you provide the DEP a copy of the plan?  
Is a copy of the plan attached?

☒ Yes or ☐ No  
Yes or ☐ No  
Yes or ☐ No  
Yes or ☐ No  
Yes or ☐ No  
Yes or ☐ No

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Project Description (Describe the treatment system including each individual component):

THE CONSTRUCTED WETLAND SYSTEM CONSISTS OF A WATER INTAKE STRUCTURE ON THE RIVER (UPSTREAM), A SETTLING POND, A SHALLOW WATER WETLAND CELL, A WATER LEVEL CONTROL STRUCTURE, AND AN OUTFALL STRUCTURE (DOWNSTREAM).

### 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: \_\_\_\_\_

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

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):

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 TOTAL IRON CONCENTRATION IN THE RIVER

What is the Design Flow Rate? 1 CFS

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) APPROXIMATE 2 HR RETENTION

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

SMALL PORTION OF FLOW - MAJORITY OF FLOW IS BYPASSED

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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? 2002

When (specific date) did project construction begin? UNKNOWN

When (specific date) was project construction completed? UNKNOWN

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

ARTHUR "PAT" AUGUST CONSTRUCTION 45 TREMONT ROAD PINE GROVE PA 17963  
570-345-8101 CONTACT PERSON RON AUGUST

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	False	\$ .00
PADEP Growing Greener	True	\$149,869.00
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?

Approximately how many hours per year are spent doing O,M&M for this system? 20

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

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

NA

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

NA

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: SIMPLE WETLAND SYSTEM ALLOWS PORTION OF RIVER TO FLOW THRU - SLOW DOWN - GIVES IRON TIME TO PRECIPITATE OUT OF WATER COLUMN.

### 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?

INLET STRUCTURE REQUIRES CLEANING OUT ESPECIALLY DURING FALL AND EARLY WINTER ALSO AFTER HIGH WATER HEAVY FLOW IN RIVER

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How was maintenance work funded?

VOLUNTEER EFFORTS

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

PERIODIC CLEANING/OPENING OF INLET STRUCTURE.

**Other Comments**

Portion of River diverted through wetland for AMD treatment. Effectiveness unknown. Excellent natural area has been established.

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

BILL REICHERT

51 N 4<sup>TH</sup> ST CRESSONA PA 17929

570 622 3742 EXT 118 ~~B~~ WREICHERT@CO.SCHUYLK.11.PA.US

12-05-2008

**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):**