

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: Newkirk Mine AMD54(1813)101.1
Location: Municipality and County: Walker Township Schuylkill
Watershed: Wabash Creek
USGS Quadrangle: Tamaqua
Latitude and Longitude: 40.791111000000001 -75.985833

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? _____
Reading Anthracite

Driving Directions to the Project Site (from an easily identifiable reference point): _____
From the intersection of Rts. 209 and 309 in Tamaqua turn right onto Rt. 209. Travel on Rt. 209 for approximately 1 mile and then turn left onto dirt access road. Project will be on the right just after following the dirt access road for approximately 100 or 200 ft.

Special instructions for entry to the site (gates, keys, notifications or permissions, etc.): _____
General access to the site is ungated; however, a gate installed by BAMR limits vehicular access to the treatment system. BAMR has keys to open up gate.

- 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 an intake pond, a flushable oxic limestone drain and a wetland area. The intake pond is created by damming the Newkirk discharge. Five 12" by-pass pipes are in the dam breast to allow

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by-pass flow during high flow events. The Oxid Limestone drain measures 300 ft long, 15 ft. wide, and 3 ft. deep. The wetland area is about 6 in. to 1 ft. deep and contains catails. Water from the wetland area flows back into the by-pass flow channel. The combined water goes under Rt. 209 and flows into Wabash Creek

Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically? Yes No
In what format? Microsoft Excel Access Database Other (specify) Operation Scarlift Report
Indicate how flow was measured: Flow meter
Indicate laboratory that analyzed samples (or whether field kits were used) _____
DEP Lab _____
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) Operation Scarlift Report
Indicate how flow was measured: Flow meter
Indicate laboratory that analyzed samples _____
DEP Lab _____
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 - Todd Wood
2 Public Sq. 5th Flr., Wilkes-Barre, PA 18711
(570)-830-3190
twood@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? 300 gpm
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 a portion 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? 2002

When (specific date) did project construction begin? May 8, 2002

When (specific date) was project construction completed? September 11, 2002

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

Dudash Pipeline Company, Inc. 318 Spring Garden Street, Pottsville, PA 17901-1658

When (specific date) did the treatment system go on-line? September 2002

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	___	___
PADEP Growing Greener	True	1.00
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
AMLACP	155,691.37

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

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

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

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: There may be a "short-cirrcuting" issue with the oxic limestone drain and the quality of the limestone may not contain 90% calcium carbonate content

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: Flow meter
- 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? _____
Intake pipes have been restricted by iron accumulation in the intake pipes
How was maintenance work funded? _____

What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years?
Flushing of the intake pond to an elevation below the intake pipe

Other Comments

Person(s) Completing this Form (Name, Address, Phone, email, Date Completed): _____
Todd Wood
2 Public Sq., 5th Flr., Wilkes-Barre, PA 18711

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(570)-830-3171

twood@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): _____

