

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: OAK HILL BOREHOLES PA-120
Location: Municipality and County: SCHUYLKILL
Watershed: SCHUYLKILL RIVER WATERSHED
USGS Quadrangle: MINERSVILLE
Latitude and Longitude: 40.702778000000002 -76.251389000000003

Contact Information

Contact Organization: SCHUYLKILL CONSERVATION DISTRICT
Contact Person: BILL REICHERT
Contact Address: 1286 AG CENTER DRIVE PO BOX 1385
POTTSVILLE PA 17901
Contact Telephone Number: 570 385 2122
Contact Email: breichert5@verizon.net

HEADWATERS ASSOCIATION, INC.

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

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

Site Information

Who owns the property the project is constructed upon?
READING ANTHRACITE
200 MAHANTONGO STREET
POTTSVILLE PA 17901

Driving Directions to the Project Site (from an easily identifiable reference point):
ROUTE 901 TO MINERSVILLE - TURN NORTH ONTO VALLEY ROAD
JUST PAST INTERSECTION OF SCHAEFFER'S HILL ROAD AND VALLEY ROAD
TURN RIGHT ONTO OAK LANE.

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):

PROJECT CONSISTS OF A MEANDERING STREAM CHANNEL DIVIDED
By FLOW WEIRS THAT SLOW AND BACK UP THE WATER FLOW.
THIS SLOWING OF THE WATER ALLOWS THE IRON PARTICLES
TO PRECIPITATE OUT

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: NA
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: NA
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): READING ANTHRACITE
0 200 MAHANATONGA ST
POTTSVILLE PA 17901

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 IRON LOADING TO WEST BRANCH SCHUYLKILL RIVER

What is the Design Flow Rate? UNKNOWN

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) UNKNOWN

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

ENTIRE 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

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 2002

When (specific date) was project construction completed? UNKNOWN 2002

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

LOVE EAGLE COAL Co PO Box 210 SELTZER PA 17974 570 544 5420
BOB BOWERS

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	\$63,640.00
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

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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: TREATMENT SYSTEM WAS AN EARLY EFFORT FOR WATERSHED GROUP. SHA TRIED A PASSIVE SYSTEM BUT THE AVAILABLE FOOTPRINT FOR A SYSTEM IS VERY SMALL. SITE SHOULD BE RE-VISITED FOR A DIFFERENT IDEA TO TREAT DISCHARGE.

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?

ROUTINE VISIT TO OBSERVE DISCHARGE - NO REAL MAINTENANCE HAS OCCURRED

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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?

Other Comments *SITE NEEDS TO BE RE-EVALUATED FOR A DIFFERENT TYPE TREATMENT SYSTEM*

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

Bill Reichert
PO Box 1385
Pottsville PA 17901 570 385 2122
BREICHERT5@VERIZON.NET 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):

