

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: PINE GLEN EAST AMD14(6816) PA-295
Location: Municipality and County: CENTRE
Watershed: STERLING RUN
USGS Quadrangle: KARTHUS
Latitude and Longitude: 0 0

Contact Information

Contact Organization: PADEP BAMR
Contact Person: SCOTT HORRELL
Contact Address: 286 INDUSTRIAL PARK ROAD
EBENSBURG
PA
15931
Contact Telephone Number: 814472-1800
Contact Email: ribeam@state.pa.us

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?
PA GAME COMMISSION

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

FROM INTERSECTION SR 879 & SR 144 FOLLOW SR 879 NORTH APPROXIMATELY
3 MILES, ON RIGHT IS STATE GAME LAND #100 ACCESS ROAD, FOLLOW ACCESS
ROAD 100 yds, GO RIGHT - THIS GAS WELL ACCESS ROAD WILL LEAD TO TREATMENT SITE.

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

STATE GAME LAND ACCESS KEY IS NEEDED

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

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

LIMESTONE BEDS

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)

DEP

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: GAGE

Indicate laboratory that analyzed samples

DEP

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):

MARK KLEMAN

PADEP BAMR

8144721800

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 ACID LOAD IN BOAKE RUN - HELP CLEAN UP STERLING RUN

What is the Design Flow Rate? 5.00 gal/min

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) 18 HR RETENTION TIME

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

DURING HIGH WATER STORM EVENTS WATER BYPASSES

TREATMENT FACILITY

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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? 2005

When (specific date) did project construction begin? 7-22-04

When (specific date) was project construction completed? 9-30-05

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

E.M. BROWN, INC Box 767 Cleated Pa

814 765-7519 Bob Brown, or Dennis Morrow

When (specific date) did the treatment system go on-line? 9-30-05

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	False	\$.00
PADEP Growing Greener	False	\$.00
10% AMD Set Aside Funds	True	\$698,613.00
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
BF Funds	\$158,062.00
	\$.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? DEP

Approximately how many hours per year are spent doing O,M&M for this system? 50

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

DEP

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

AMD14(6816)1 - BPO/85159 BR1/85148 BR2/85149 SR03/102685
BR2A/85150, BR3/85151, BR4/85152, BR5/85153, BTPO/104869
CPD/85154, FPI/85157, FP0/85158, SPO/85156, SR01/102683, SR02/102684, TP0/85155

UDO/85203

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: Flush pond

Post- Construction Discharge Flow and Monitoring Data

Is the data available electronically? Yes or No
In what format? Microsoft Excel X Access Database ___ Other(specify) ___
Indicate how flow was measured: ESTIMATE & TIME & BUCKET
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): True

If yes, please list the rehabilitation activity. BD crew will be increasing the size of the flush pond

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?

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):

mark. kleman
Tim Molecky

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):
