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

Project Name and or No.: Whit	e Ash #3 - Tunnel C	AMD 57(072)	7)101.1	
Location: Municipality and County:	Cherry Twp.	Sullivan		
Watershed: Loyalsock Creek				
USGS Quadrangle: Lopez				
Latitude and Longitude: 41.45944			1	
<u> </u>				
Contact Information				
Contact Organization:	PADEP BAMR			
Contact Person:	MIKE KORB			
Contact Address:	2 PUBLIC SQUARE, 5TH FLOOR			
•	10711			
Contact Telephone Number:				
Contact Email:		S		
Contact Email.	mikorb@state.pa.a	<u> </u>		
Organization Currently Responsib	la For Project Oper	ations Monitoring a	nd Maintananca	
Is this organization different from Co				
Organization Name:	_			
Organization Name:				
Organization Contact Name. Organization Contact Address:	,			
Organization Contact Address.				
O : :: T.1.1 N. 1	<u></u>			
Organization Telephone Number:				
Organization Email:				
Ct. T. A.				
Site Information	1			
Who owns the property the project is constructed upon? White Ash Land Assoc. of Mildred, PA, Inc Treatment Sites, Joan Conway Comerford Estate - Access				
white Ash Land Assoc. of Mildred, PA, Ir	<u>ic Treatment Sites, J</u>	oan Conway Comertord	Estate - Access	
Duining Directions to the Duning City	(C:1:1	4: C: -1-1 C :	۵.	
Driving Directions to the Project Site (from an easily identifiable reference point):				
From sharp turn on Rt. 487 in Lopez travel 0.9 miles to the dirt access road. Turn left onto dirt access road and travel 2.0 miles to another dirt road. Make a sharp left turn onto dirt access road and travel 0.1				
mile.				
Special instructions for entry to the site (gates, keys, notifications or permissions, etc.):				
Is there a perpetual access agreement	for monitoring and (O&M?	\square Yes \boxtimes No	
Is the site readily accessible (by 2WD vehicle)? \square Yes \boxtimes N			\square Yes \boxtimes No	
			\boxtimes Yes \square No	
Is the plan available electronically? \boxtimes Yes \square No			\boxtimes Yes \square No	
1			\boxtimes Yes \square No	
Is a copy of the plan attached			⊠Yes □ No	
15 F			. •	
Project Description (Describe the trea	ntment system includ	ing each individual co	mponent):	
The treatment system consists of an intake pond, a vertical flow pond, and a settling pond. The vertical				
flow pond consist of a layer of limeston, mushroom compost, and standing water. They system was				

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet designed to treat a portion of the flow and the by-pass water is to mix with the treated water before entering the receiving stream.

Pre-Construction Discharge Flow and Monitoring Data Is data available electronically? In what format? Microsoft Excel ⊠ Access Database □ Other (specify)	⊠Yes □ No			
Indicate how flow was measured: Flow meter				
Indicate laboratory that analyzed samples (or whether field kits were used)				
PA DEP Laboratory				
Could you provide this data to the DEP?	\boxtimes Yes \square No			
Is a copy of the data attached?	\boxtimes Yes \square No			
Pre-Construction Receiving Stream Flow and Monitoring Data				
Is data available electronically?	\boxtimes Yes \square No			
In what format? Microsoft Excel ⊠ Access Database □ Other (specify)				
Indicate how flow was measured:				
Indicate laboratory that analyzed samples				
PA DEP Laboratory Were any biological or fish surveys completed?	\boxtimes Yes \square No			
Could you provide this data to the DEP?	\boxtimes Yes \square No			
Is a copy of the data attached?	\boxtimes Yes \square 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. 5 th FIr., Wilkes-Barre, PA 18711				
(570)-830-3171				
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?				
If yes, please describe the goal: <u>Treat 300 gpm</u>				
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.) 250 mg/l of alkalinity generation				
Does the treatment system take all of the flow or is some of the flow bypassed? _ Some of the flow is bypassed				

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Plans and Specifications:				
As-Bid Project Drawings and Technical Specifications				
Is this information available electronically?		\boxtimes Yes \square No		
Could you provide the DEP a copy of the plan?		\boxtimes Yes \square No		
Is a copy attached?	\boxtimes Yes \square No			
As-Built Drawings				
Is this information available electronically?	\square Yes \boxtimes No			
Could you provide the DEP a copy of the plan?	\square Yes \boxtimes No			
Is a copy attached?		\square Yes \boxtimes No		
Construction and Project Funding Information				
What year was the project constructed?1999				
When (specific date) did project construction begin?				
When (specific date) was project construction complet	_			
Who was the Construction Contractor? (Name, Addres	s, Phone, email, cont	tact person)		
E.M. Brown Incorporated				
When (specific date) did the treatment system go on-lin	no?			
when (specific date) did the treatment system go on-in	ne!			
Primary Funding Partners, and	funding provided:			
Source	True or false	Amount		
	Truc or raise	Amount		
Title IV, Appalachian Clean Streams				
PADEP Growing Greener		<u>——</u> 291409		
10% AMD Set Aside Funds	<u>True</u>	<u> 291409</u>		
EPA Section 319				
OSM Watershed Cooperative Assistance Program				
NRCS				
EPA Watershed Protection				
USCOE				
University				
Private/Foundation				
How or by whom was treatment system construction for table?	unded or other funding	ng not included in the		
Source		Amount		
Dest Construction Occupies Manitesian and Main	.4			
Post Construction Operation, Monitoring and Mair	itenance	⊠Yes □ No		
Is there a Sampling and Monitoring Plan?				
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 as, by whom? PA DEP BAMB.				
If so, by whom? PA DEP BAMR Approximately have many hours per year are great doing O M&M for this gystem? 16				
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)				
INDEL EUDOTALOTY				

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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? \square Yes \boxtimes No Is the plan available electronically? \square Yes \square No Could you provide the DEP a copy of this information? \square Yes \square No Is a copy of the information attached? \square Yes \square No Comments on the treatment system:____ **Post- Construction Discharge Flow and Monitoring Data** Is the data available electronically? \boxtimes Yes \square 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? \boxtimes Yes \square No **Post-Construction Receiving Stream Flow and Monitoring Data** Is the data available electronically? \boxtimes Yes \square 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? \boxtimes Yes \square No Is a copy of the information attached? \boxtimes Yes \square No Were any biological or fish surveys that were completed on the receiving stream? \square Yes \square No **Treatment System Maintenance and/or Rehabilitation** Has rehabilitation work been performed at the site? \boxtimes Yes \square No True(yes) or false(no): If yes, please list the rehabilitation activity. <u>Clean out intake pond and costruct berm around pond</u> 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 pluging with leaves and alge. During 2006 storm event the emergency spill way eroded and material washed into intake pond from access road. How was maintenance work funded? AD project What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years? Cleaning of intake pipes **Other Comments** Person(s) Completing this Form (Name, Address, Phone, email, Date Completed): Todd Wood 2 Public Sq., 5th Flr., Wilkes-Barre, PA 1871

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet (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):