

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: Little Schuylkill River Diversion Wells AD 567 AD 627
Location: Municipality and County: Kline Twp. Schuylkill
Watershed: Little Schuylkill River
USGS Quadrangle: Delano
Latitude and Longitude: 40..87333 -76.00472

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? Yes
Organization Name: Northeastern Power Co.
Organization Contact Name: _____
Organization Contact Address: P.O.Box 7
McAdoo, PA 18237

Organization Telephone Number: 570-929-3242
Organization Email: _____

Site Information

Who owns the property the project is constructed upon?
Northeastern Power Co

Driving Directions to the Project Site (from an easily identifiable reference point):
Travel south on Rt. 309 from the McAdoo Exit ramp 0.5 mile to the entrance road for the Northeast Power Company Co-generation facility. Turn left onto the entrance road and travel approximately 100 to 200 feet to a gated dirt road on the right. Turn right onto the gated dirt road and travel approximately 500 ft to the diversion wells.

Special instructions for entry to the site (gates, keys, notifications or permissions, etc.):
The gate is typically left open by Northeast Power Company

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

Project Description (Describe the treatment system including each individual component):
The project consisted of two diversion wells. One diversion well is on the Little Schuylkill River and consists of an oak weir/dam, piping, and a manhole section. The second diversion well is located on the Silverbrook Discharge and consists of the same materials as the well on the Little Schuylkill River

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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: _____

Indicate laboratory that analyzed samples (or whether field kits were used) _____

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: _____

Indicate laboratory that analyzed samples _____

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: Increase the alkalinity loading to the Little Schuylkill River

What is the Design Flow Rate? _____

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? _____

When (specific date) did project construction begin? _____

When (specific date) was project construction completed? AD 567-6/3/97 AD 627-10/5/98

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

WB-BAMR AD Crew

When (specific date) did the treatment system go on-line? AD 567-6/3/97 AD 627-10/5/98

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	_____	_____
PADEP Growing Greener	_____	_____
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
<u>AD 567 was constructed by the in-house construcion crew</u>	<u>\$19,476</u>
<u>AD 627 was constructed by the in-house construcion crew</u>	<u>\$6,800</u>
_____	_____

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)

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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: Northeast Power Company maintains the diversion wells and often overfills the wells with fine limestone limiting the treated flow rate

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: Flow meter

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 leaves and debris and limestones wells are often overfilled

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):

Todd Wood

2 Public Sq., 5th Flr., Wilkes-Barre, PA 18711

(570)-830-3171

twood@state.pa.us

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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):
