

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

Project Name and or No.: ROCK RUN PA-302
Location: Municipality and County: TIOGA
Watershed: BABB CREEK
USGS Quadrangle: ANTRIM
Latitude and Longitude: 41 38 N 77 15 W

Contact Information

Contact Organization: BABB CREEK WATERSHED ASSOCIATION
Contact Person: WILLIAM BEACOM
Contact Address: 35 DARTT SETTLEMENT ROAD
WELLSBORO
PA
16901
Contact Telephone Number: 5707247564
Contact Email: stargazr@ptd.net

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? True FALSE
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?
DANZER FORESTLAND INC PHOENIX RESOURCES INC
444 HIGH STREET 782 ANTRIM ROAD
PO BOX 369 WELLSBORO, PA 16901
BRADFORD, PA 16701

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

FROM VILLAGE OF ANTRIM GO NORTH ON ANTRIM ROAD ABOUT
ONE MILE TO PHOENIX RESOURCES LANDFILL. STOP AT OFFICE
FOR APPROVE ACCESS ROAD LOCATION + PERMISSION

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

MUST OBTAIN PERMISSION FROM RON WILSON AT PHOENIX
RESOURCES TO ACCESS SITE 570-353-2406

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

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

NOT YET DESIGNED

Pre-Construction Discharge Flow and Monitoring Data *MONITORING IN PROGRESS*

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) _____

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 *NO YET COMPLETED*

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 _____

Were any biological or fish surveys completed? Yes or No

Could you provide this data to the DEP? *BY PA FISH & BOAT COMMISSION 2005* 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): _____

0

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: _____

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? _____

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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? 2009 2010 PROJECTED COMPLETION

When (specific date) did project construction begin? _____

When (specific date) was project construction completed? _____

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

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	\$290,000.00
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	True	\$43,500.00

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? _____

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

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

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: _____

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): <u>False</u>	

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?

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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):

SAME AS CONTACT PERSON 12-4-08

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):
