Publicly Funded Mine Drainage	e Treatment or Abatement F	roject Information Sheet
General Project Information		·
Project Name and or No.: WO	ODS CORNERS, OSM61(2906)	PA-299
Location: Municipality and County:		VENANGO
Watershed: WILLIAMS RUN		
USGS Quadrangle: POLK		
Latitude and Longitude: 41.2661	-79.973	31
	-	
Contact Information		
Contact Organization:	PADEP BAMR	
Contact Person:	GEORGE STEINER	
Contact Address:	400 MARKET STREET P.O.	BOX 8476
	HARRISBURG	
	PA	
Control Talantana Namban	17105	
Contact Telephone Number:	717-783-5645	
Contact Email:	gsteiner@state.pa.us	
Organization Currently Responsib	le For Project Operations, M	lonitoring and Maintenance
Is this organization different from Co		
Organization Name:	PADEP BAMR CAMBRIA O	FFICE
Organization Contact Name:	P.J. Shah	<u> </u>
Organization Contact Address:	286 INDUSTRIAL PARK RO	<u>AD</u>
	EBENSBURG PA	· · · · · · · · · · · · · · · · · · ·
	EA	
Organization Telephone Number:	814-472-1800	
Organization Email:	3.1.1.2.1000	
Site Information		
Who owns the property the project is	constructed upon?	
Charles R. Woods, Scott & Sheida Fle		

Driving Directions to the Project Site	(from an easily identifiable re	eference point):
From Barkeyville, follow Rt. 8 north 1.9	miles. Turn left onto Old Rt. 8 (\$	SR 6008). Continue on Old Rt. 8
for 2.0 miles. Turn left onto Georgetown	Road (SR 3003). Follow George	town Road for 1.6 miles. Turn
right onto Hells Kitchen Road (SR 3011).	Follow Hells Kitchen Road for 2	.25 miles to project site.
Cussial instructions for autor to the ci	4. (1	
Special instructions for entry to the si		
DEPARTMENT (CAMBRIA OFFICE) S	mould have key(s) if there is a lo	ck on the concrete vault.
Is there a perpetual access agreement	for monitoring and O&M?	∏Yes ⊠ No
Is the site readily accessible (by 2WD		Yes No
Was project completed as part of an o	•	
Is the plan available electronic		Yes No
Could you provide the DEP a		
Is a copy of the plan attached?		☐Yes ☐ No
is a copy of the plan attached		∐Yes ⊠ No
Project Description (Describe the trea	tment system including each i	ndividual component)
Limestone Bed		ndividual componenty.
Day County at District	136 4 4 5	···
Pre-Construction Discharge Flow a	na Monitoring Data	
Is data available electronically?		☐Yes ⊠ No
	Page 1 of 5	PA-«PROJID»

Publicly Funded Mine Drainage Treatment or Abatement Project Inform	ation Sheet
In what format? Microsoft Excel Access Database Other (specify)	
Indicate how flow was measured: weir	
Indicate laboratory that analyzed samples (or whether field kits were used) unknown	
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)	
Indicate how flow was measured: not known	<u> </u>
Indicate laboratory that analyzed samples unknown	
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, emai	l and contact
person, if available): PADEP BAMR CENTRAL OFFICE	
400 MARKET STREET P.O. BOX 8476, HARRISBURG, PA 17	<u>105</u>
MICHAEL LAZORCIK	
717-783-7927, mlazorcik@state.pa.us Are digital photographs of the site before, during and/or after construction available?	[Z]37 37 -
Was there a Specific Restoration or Treatment Goal for this treatment system?	
If yes, please describe the goal: <u>Increase the Ph from the existing seep.</u>	⊠Yes ☐ No
What is the Design Flow Rate? 200 GPM	
Other design criteria (retention time, acidity loading or removal rate, metals loading	
rate, alkalinity generation rate, etc.) 24-hr retention time.	ig of femoval
Does the treatment system take all of the flow or is some of the flow bypassed? System treats upto 200 GPM, anything above that is bypassed	

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

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?	1	□Yes ⊠ No		
Is a copy attached?		□Yes ⊠ No		
Complementary and Description II. I. C.		·		
Construction and Project Funding Information				
What year was the project constructed? 2008		<u> </u>		
When (specific date) did project construction begin?				
When (specific date) was project construction complet	ed? <u>10/27/2008</u>	· <u>· · · · · · · · · · · · · · · · · · </u>		
Who was the Construction Contractor? (Name, Address		ntact person)		
Quality Aggregates, Inc., 200 Neville Road, Neville Island Jeffrey A. Ankrom	, PA 15225			
When (specific date) did the treatment system go on-lin	no9Pon	<u></u>		
when (specific date) did the treatment system go on-in	ne? <u>unknown</u>			
Primary Funding Partners, and	funding provided:			
Source Source	True or false	Amount		
Title IV, Appalachian Clean Streams	True	\$150,000.00		
PADEP Growing Greener	<u>True</u>	\$502,867.00		
10% AMD Set Aside Funds	<u>False</u>	<u>\$302,007.00</u>		
EPA Section 319	<u>False</u>			
OSM Watershed Cooperative Assistance Program	<u>False</u>			
NRCS	<u>False</u>			
EPA Watershed Protection	<u>False</u>			
USCOE	<u>False</u>			
University	<u>False</u>			
Private/Foundation	<u>False</u>			
How or by whom was treatment system construction funded or other funding not included in the table?				
Source		Amount		
NOTE: THE PARTY OF				
Post Construction Operation, Monitoring and Main Is there a Sampling and Monitoring Plan? Is the plan available electronically? Is a copy of the plan attached? Is treatment system currently being sampled and monit If so, by whom? P. J. Shah		☐Yes ☑ No ☐Yes ☑ No ☐Yes ☑ No ☑Yes ☐ No		
Where are samples being analyzed? (Name, Address, P				

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

If DEP Lab is being used, what is the project ID and the Sample Information System (SIS) monitoring point IDs? unknown 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: 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: 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: 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? How was maintenance work funded? What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years? **Other Comments** N/A Person(s) Completing this Form (Name, Address, Phone, email, Date Completed): Michael S. Lazorcik, BAMR, RCSOB, PO Box 8476, 400 Market, Harrisburg, PA 17105 7177837927, mlazorcik@state.pa.us, 1/20/09

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

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):	
P.J. Shah, Cambria Office, (814)472-1800	
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