

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: ARNOT SAPS REHABILITATION PA-230
Location: Municipality and County: TIOGA
Watershed: BABB CREEK
USGS Quadrangle: CHERRY FLATS
Latitude and Longitude: 41.668056 -77.14361100000007

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? 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? PA DCNR Bureau of Forestry, Tioga State Forest, One Nessmuk Lane, Wellsboro, PA 16901

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

FROM VILLAGE OF ARNOT TAKE LANDRUS ROAD AT WESTERN END OF VILLAGE. GO ABOUT 1/3 MILE TO FIRST GATED ROAD ON RIGHT. FOLLOW ACCESS ROAD TO SITE

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

ACCESS ROAD GATED + LOCKED. OBTAIN KEY + PERMISSION FROM LANDOWNER @ 570-724-2868

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

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

ORIGINAL PROJECT CONSISTED OF ONE SAPS POND AND
ONE A.L.D. A.L.D. CONVERTED TO A LIMESTONE RAMP
IN 2008

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) _____

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: _____

Indicate laboratory that analyzed samples _____

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): ERIC ROBERTSON

PACD

8144454465

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?

DURING PERIODS OF HIGH FLOW SOME OF MINE DISCHARGE
BY PASSES SYSTEM

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Plans and Specifications:

As-Bid Project Drawings and Technical Specifications

NONE PREPARED

- 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

NONE PREPARED

- 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? 1996

When (specific date) did project construction begin? SEPTEMBER 1996

When (specific date) was project construction completed? ~~SEPTEMBER 1996~~ APRIL 1997

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

SIGNOR BROTHERS CONTRACTING EDWARD SIGNOR
AKNOT, PA 16911 570-638-2773

When (specific date) did the treatment system go on-line? DECEMBER 1996

Primary Funding Partners, and funding provided:

2005 REHABILITATION COSTS

Source	True or false	Amount
Title IV, Appalachian Clean Streams	True	\$102,603.00
PADEP Growing Greener	True	\$21,731.00
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	\$3,260.00

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? EMPLOYEES OF BABBS CREEK WATERSHED ASSN

Approximately how many hours per year are spent doing O,M&M for this system? 40

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

DEP LAB UNTIL 11/1/07 THEN GAC COAL ANALYSIS LAB
SUMMERVILLE, PA 15864 814 849-2559

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

BABOCREEK / BABO CREEK WATERSHED PROJECT
MONITORING POINT ID#S 05, 05B, 05B1

Is there an Operation and Maintenance Plan? INCLUDED WITH OPER. Yes or No
Is the plan available electronically? MONITORING, + MAINT. PLAN 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 ATTACHED OR IN DEP SIS

Is the data available electronically? _____ Yes or No
In what format? Microsoft Excel _____ Access Database _____ Other(specify) _____
Indicate how flow was measured: ESTIMATED
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 NONE

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. ALD was replaced with an inclined limestone ramp in 2008 that the VFP discharges into. \$24,991 added to rehabilitation. VFP rehabilitated in 2005 at a cost of \$102,603. Initial cost of VFP unknown. INITIAL COST OF VFP AND ALD - \$207,627 (EPA \$120,000, PA DEP \$25,000, PEDF \$49,627, W. PA WATERSHED PROTECTION PROGRAM \$10,000)

If yes, please list the date of rehabilitation. 6/30/2005 7/31/2008

If yes, please list the rehabilitation cost. \$127,594.00

What routine or non-routine maintenance issues have arisen since system was put online?
SHORT CIRCUIT DEVELOPED ^{THRU} COMPOST LAYER IN 2/2008. REQUIRED IMMEDIATELY.

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How was maintenance work funded?

BCWA FUNDS

What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years?

Other Comments

Rehab work consists of removal of limestone and compost installed in original 1995 project. Also adds settling/flush pond to Klondike SAP.

Person(s) Completing this Form (Name, Address, Phone, email, Date Completed):

SAME AS CONTACT PERSON

12/15/08

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):