

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: CESSNA RUN PA-003
Location: Municipality and County: INDIANA
Watershed: LITTLE MAHONING CREEK
USGS Quadrangle: ROCHESTER MILLS
Latitude and Longitude: 40.83888900000002 -78.919721999999993

Contact Information

Contact Organization: PENN'S CORNER CONSERVANCY CHARITABLE TRUST
Contact Person: ~~BOBBY BAILEY~~ Sherene Hess
Contact Address: RR 12 BOX 202C
GREENSBURG
PA
15601
Contact Telephone Number: 7248349063
Contact Email: _____

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? False
Organization Name: INDIANA COUNTY CONSERVATION DISTRICT
Organization Contact Name: ~~THOMAS CLARK~~ Anne Daymut
Organization Contact Address: 750 EAST PIKE 1432 Rte 286 Hwy E.
INDIANA
PA
15701
Organization Telephone Number: 7244659319
Organization Email: ~~clark00@hotmail.com~~ a.daymut@iccdpa.org

Site Information

Who owns the property the project is constructed upon?

PA Game Commission

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

Rochester Mills go east on Millstone Road for
5 miles, once you make a sharp left on Road go 1/2 mile
+ enter State game lands. 1 mile back dirt road through gate

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

gate, ~~key~~ combination.

Is there a perpetual access agreement for monitoring and O&M?

Is the site readily accessible (by 2WD vehicle)?

Was project completed as part of an overall watershed restoration plan?

Is the plan available electronically?

Could you provide the DEP a copy of the plan?

Is a copy of the plan attached?

☒ Yes

or ☐ No

☒ Yes

or ☐ No

Yes

or ☒ No

Yes

or ☐ No

Yes

or ☐ No

Yes

or ☐ No

some time

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet
Project Description (Describe the treatment system including each individual component):

2 system to treat 3 Discharges, one is an Oxic limestone
channel, the other an Oxic limestone Drain and
self-flushing bed.

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: flowmeter + wiers

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: flowmeter

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):

TERRY SCHMIDT

SKELLY AND LOY

7172320593

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? 250 gpm

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?

all

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 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? 2006

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)

Mandi Excavating, 9031 RTE 286 Hwy W, Homer City PA 15748

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	\$50,000.00
10% AMD Set Aside Funds	False	\$.00
EPA Section 319	False	\$.00
OSM Watershed Cooperative Assistance Program	True	\$100,000.00
NRCS	False	\$.00
EPA Watershed Protection	False	\$.00
USCOE	False	\$.00
University	False	\$.00
Private/Foundation	False	\$.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? ZCCD FACTS Program

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

36 hrs

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

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

Mahaffey Laboratory LTD., P.O. Box L Main Street,
Granfian PA 16838

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) Datashed

Indicate how flow was measured: buckets

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: wasn't 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): False

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?

none - only clearing leaves from intakes

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

How was maintenance work funded?

ICCD in-kind
TV Volunteers
PASEC Volunteers

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

Other Comments

This contract funds the construction of 2 treatment systems that treat 3 different discharges. The 2 treatment systems are an oxic limestone channel and limestone flushing bed. D1 will be treated in an open limestone drain. D2 and d3 will be treated.

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

Anne Daymut, ICCD, 1432 Rte 286, Hwy E,
Indiana PA 15701, 724-463-8547 ext 118,
a.daymut@iccdpa.org, 12/16/08

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):