

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: NUMINE - WHITE LAKE PA-074
Location: Municipality and County: ARMSTRONG
Watershed: COWANSHANNOCK
USGS Quadrangle: RURAL VALLEY
Latitude and Longitude: 40.788888999999998 -79.276667000000003

Contact Information

Contact Organization: PADEP BAMR
Contact Person: SCOTT HORRELL
Contact Address: 286 INDUSTRIAL PARK ROAD
EBENSBURG
PA
15931
Contact Telephone Number: 814472-1800
Contact Email: pmilavec@state.pa.us

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? True
Organization Name: COWANSHANNOCK CREEK WATERSHED ASSOC.
Organization Contact Name: PAM MEADE
Organization Contact Address: P.O. Box 307, RURAL VALLEY, PA 16249
Organization Telephone Number: 0 412-783-6692
Organization Email:

Site Information

Who owns the property the project is constructed upon?
COWANSHANNOCK CREEK WATERSHED ASSOCIATION

Driving Directions to the Project Site (from an easily identifiable reference point):
ALONG SR 85 @ THE TOWN OF NUMINE GO SOUTH ON T767 TO FIFTH STREET, TURN LEFT-GO TO LOCKED GATE, FOLLOW ACCESS ROAD TO WHITE LAKE

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

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):

PROJECT CONSIST OF COLLECTION POND, WETLAND, LIMESTONE TREATMENT POND, SETTLING BASIN

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: WEIR AND ESTIMATES

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

DEP

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):

MARK KLEMAN

PADEP BAMR

8144721800

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:

REDUCE ALUMINUM DISCHARGE INTO COWANSHANNOCK CREEK

What is the Design Flow Rate? 52 gal/min

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) 24 HOUR RETENTION - 25 YR LIFE

Does the treatment system take all of the flow or is some of the flow bypassed?

ALL

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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? 2003

When (specific date) did project construction begin? JUNE 2002

When (specific date) was project construction completed? JUNE 2003

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

HOTCHISON EXCAVATING, BOX 153, ARMAGH, PA 15920
412-289-6324, Eugene Hutchison

When (specific date) did the treatment system go on-line? 2003

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	True	\$204,490.00
PADEP Growing Greener	False	\$.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	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? COWANSHANNOCK CREEK WATERSHED ASSOC.

Approximately how many hours per year are spent doing O,M&M for this system? 100

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

DEP

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

AMD 03 (0743)1 - MPI/73012, MP2/73013, MP3/73014, MP4/73015, MP5/73017, WLBOT/78143

- 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: WORKING SUFFICIENTLY

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: ESTIMATE
- 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): 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?

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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):

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):
