

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: OTTO DISCHARGE PA-179
Location: Municipality and County: SCHUYLKILL
Watershed: SCHUYLKILL RIVER
USGS Quadrangle: MINERSVILLE
Latitude and Longitude: 40.66749999999997 -76.31999999999993

Contact Information

Contact Organization: SCHUYLKILL HEADWATERS ASSOCIATION
Contact Person: BILL REICHERT
Contact Address: 1206 AG CENTER DRIVE
POTTSVILLE
PA
17901
Contact Telephone Number: 5706223742
Contact Email: breichert5@verizon.net

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? True
Organization Name: SCHUYLKILL COUNTY CONSERVATION DISTRICT
Organization Contact Name: BILL REICHERT
Organization Contact Address: 1206 AG CENTER DRIVE
POTTSVILLE
PA
17901
Organization Telephone Number: 5706223742
Organization Email: breichert5@verizon.net

Site Information

Who owns the property the project is constructed upon?
REILLY TOWNSHIP
Municipal Building
PO BOX 1
BRANCHDALE PA 17923

Driving Directions to the Project Site (from an easily identifiable reference point):
From Pottsville - TAKE RT 209 TO BRANCHDALE - TURN LEFT
ONTO SPRUCE STREET Follow SPRUCE TO DIRT LANE -
TAKE DIRT LANE TO MAINTENANCE SHED - TREATMENT SYSTEM IS NORTH OF SHED

Special instructions for entry to the site (gates, keys, notifications or permissions, etc.):
NONE

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):

DISCHARGE WATER IS DIVERTED FROM ORIGINAL CHANNEL VIA AN INLET STRUCTURE THAT LEADS TO A LARGE 10 FEET DEEP OXIDATION POND. WATER FLOW THRU THAT POND INTO 2 SHALLOW WETLAND CELLS BEFORE FLOWING BACK INTO ORIGINAL STREAM CHANNEL

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: UNKNOWN

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

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? PFBC 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):

CLAYTON BUBECK
RETTEW ASSOCIATES
5703852270

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 Iron Loading to Muddy Run

What is the Design Flow Rate? 6 CFS

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 OF THE FLOW WHEN DISCHARGE < 6 CFS EXCESS WILL BYPASS SYSTEM ABOVE TREATMENT

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Plans and Specifications:

As-Bid Project Drawings and Technical Specifications

- Is this information available electronically?
- Could you provide the DEP a copy of the plan?
- Is a copy attached?

Yes or ~~No~~
 Yes or ~~No~~
 Yes or ~~No~~

As-Built Drawings

- Is this information available electronically?
- Could you provide the DEP a copy of the plan?
- Is a copy attached?

Yes or ~~No~~
 Yes or ~~No~~
 Yes or ~~No~~

Construction and Project Funding Information

What year was the project constructed? 2005

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)

LLOYD AUNGST 420 ROCK ROAD PINE GROVE PA 17963
CONTACT LLOYD AUNGST 570-345-8626

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	False	\$.00
10% AMD Set Aside Funds	False	\$.00
EPA Section 319	True	\$457,220.00
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? _____

Approximately how many hours per year are spent doing O,M&M for this system? 30

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

NA

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

NA

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: SYSTEM CURRENTLY BEING EVALUATED FOR ENHANCEMENT WITH AERATION.

Post- Construction Discharge Flow and Monitoring Data

Is the data available electronically? USGS Yes or No
In what format? Microsoft Excel Access Database ___ Other(specify) ___
Indicate how flow was measured: FLOW WEIRS
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?

NONE. WE ARE CURRENTLY EVALUATING SYSTEM TO SEE IF IT WOULD OPERATE MORE EFFICIENTLY WITH ADDITIONAL AERATION

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How was maintenance work funded?

VOLUNTEER EFFORTS

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

UNKNOWN

Other Comments

Project Completed in 2004/2005 - evaluating aeration options

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

Bill REICHERT

P.O. Box 1385

Pottsville PA 17901 BREICHERT5@VERIZON.NET

DEC 9 2008

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):