

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: PINE FOREST PA-225
Location: Municipality and County: SCHUYLKILL
Watershed: MILL CREEK
USGS Quadrangle: POTTSVILLE
Latitude and Longitude: 40.722222000000002 -76.175556

Contact Information

Contact Organization: SCHUYLKILL HEADWATERS ASSOCIATION
Contact Person: BILL REICHERT
Contact Address: 1206 AG CENTER DRIVE
POTTSVILLE
PA
17901
Contact Telephone Number: 5703852122
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?
READING ANTHRACITE
200 MAHANTONGO STREET
POTTSVILLE PA 17901

Driving Directions to the Project Site (from an easily identifiable reference point):
FROM POTTSVILLE - NORTH ON RT 61 TO SAINT CHAIR - TURN RIGHT ONTO
HANCOCK STREET - TRAVEL APPROX 0.7 mile TO DIRT HAUL ROAD ON
RIGHT - TURN ONTO HAUL ROAD - TRAVEL APPROX 1 mile TO SITE

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)? SUGGEST 4WD 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):

INLET STRUCTURE (PIPE) EXTENDS 3' BELOW WATER LEVEL IN DISCHARGE - WATER FLOWS THRU PIPE TO CONCRETE SEPTIC TANK TO CAPTURE SOLIDS - WATER THEN FLOWS INTO AN ALD WITH 2 CHAMBERS - EACH CHAMBER HAS 2 OUTLETS - WATER LEAVING ALD FLOWS THRU A SETTLING POND BEFORE FLOWING THRU 3 SHALLOW WETLAND CELLS. WATER LEAVES SYSTEM FLOWING INTO ORIGINAL DISCHARGE 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? 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:

REMOVE IRON LEADING TO MILL CREEK

What is the Design Flow Rate? 1360 GAL/MIN

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) DESIGNED FOR 4.6 HR DETENTION TIME IN ALD ACTUALLY MEASURED AT 1.5 HR DETENTION TIME IN ALD AND APPROX 8 HR THRU WETLAND CELLS

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

PARTIAL FLOW DEPENDS ON DISCHARGE FLOW

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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 ~~Yes~~
 Yes or ~~Yes~~
 Yes or ~~Yes~~ 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? 2007

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 August 420 Rock Road Pine Grove PA 17963
CONTACT Lloyd August 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	\$538,844.00
OSM Watershed Cooperative Assistance Program	True	\$125,000.00
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
USGS, EPA, Reading Anthracite	\$.00
	\$.00

Post Construction Operation, Monitoring and Maintenance

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 monitored?

If so, by whom? ScN CONSERVATION DISTRICT

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

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

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

PA DEP BAMR

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? BEING FORMULATED Yes or No
Is the plan available electronically? Yes or No
Could you provide the DEP a copy of this information? WHEN COMPLETED Yes or No
Is a copy of the information attached? Yes or No

Comments on the treatment system: WATER QUALITY GREATLY IMPROVED -
SA EVALUATING INSTALLING AERATION - COULD BE SOME ISSUES
WITH BACTERIA

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: ___
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?
SYSTEM HAS NEEDED FLUSHING DURING 1ST 9 MONTHS OF OPERATION
APPEARS TO BE WORKING WITHOUT FLUSHING CURRENTLY

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How was maintenance work funded?

VOLUNTEER EFFORT

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

MONITORING - POSSIBLE FLUSHING - UNSURE ABOUT BACTERIA

Other Comments

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

Bill REICHERT

51 N 4th ST

CRENSHAW PA 17929

570 385 2122 BREICHERT5@VERIZON.NET

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):