

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: BABB CREEK MITCHELL DISCHARGE PA-102
Location: Municipality and County: TIOGA
Watershed: BABB CREEK
USGS Quadrangle: MORRIS
Latitude and Longitude: 41.624721999999998 -77.301111000000006

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? True 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): (3.1 MILES)
From MORRIS TAKE RT 287 NORTH TO ANNA S ROAD (T-345). TURN LEFT, GO 0.6 MILES AND BEAR LEFT WHEN ANNA S ROAD MAKES A SHARP RIGHT TURN. SITE IS 0.4 MILES IN THE ACCESS ROAD

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

ACCESS ROAD IS GATED + LOCKED. GET PERMISSION + KEY 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):

TWO MINE DISCHARGE COLLECTION SITES, ONE LIMESTONE CELL (50' DIA BY 8' DEEP CONCRETE TANK) WITH SIPHON, AND ONE SETTLING POND.

Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically?

Yes or No

In what format? Microsoft Excel ___ Access Database ___ Other(specify) DEP DATA BASE SIS

Indicate how flow was measured: UNKNOWN

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

DEP LAB

BASS CREEK/BASS CREEK WATERSHED PROJECT MP ID 46.5

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 NONE

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):

BOB HEDIN

HEDIN ENVIRONMENTAL

4125712204

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? 40 GPM

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) RETENTION TIME OF ABOUT 16 HOURS BEFORE FLUSHING

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

NO, MOST IS BYPASSED. THIS IS AN EXPERIMENTAL SYSTEM & IF IT WORKS, 3 MORE LIMESTONE CELLS WILL BE CONSTRUCTED.

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Plans and Specifications:

As-Bid Project Drawings and Technical Specifications *ATTACHED*

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? NONE 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? 2005
 When (specific date) did project construction begin? 9/16/2005
 When (specific date) was project construction completed? 11/22/05
 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? 11/23/05

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	False	\$.00
OSM Watershed Cooperative Assistance Program	True	\$150,000.00
NRCS	False	\$.00
EPA Watershed Protection	False	\$.00
USCOE	False	\$.00
University	False	\$.00
Private/Foundation <u>W. PA. WATERSHED PROGRAM</u>	False	\$ 10 /0,000

How or by whom was treatment system construction funded or other funding not included in the table?

Source	Amount
Babb Creek Watershed Association	\$42,359.00
	\$.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 BABB 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 11/10, NOW GYC COAL ANALYSIS LAB
1341 HOFFMAN HOLLOW RD 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?

BABO CREEK/BABO CREEK WATERSHED PROJECT
MONITORING POINT IDS 46.5 ; 46.5A

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: EXPERIMENTAL SYSTEM - RESULTS LESS THAN EXPECTED, REQUIRES EXPENSIVE MAINTENANCE TO KEEP SYSTEM OPERATING

Post- Construction Discharge Flow and Monitoring Data MP. ID# 46.5A

Is the data available electronically? Yes or No
In what format? Microsoft Excel ___ Access Database ___ Other(specify) DEP DATA BASE
Indicate how flow was measured: FLOW FROM DISTRIBUTION BOX RESTRICTED TO 40 GPM
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): 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?

LIMESTONE MUST BE CLEANED EVERY YEAR TO KEEP SYSTEM WORKING. COST ABOUT \$3,000 EACH TIME

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How was maintenance work funded?

BOBB CREEK WATERSHED ASSOCIATION FUNDS

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

LIMESTONE WILL HAVE TO BE CLEANED AT LEAST ONCE
A YEAR AT A COST OF ABOUT \$5,000 EACH.

Other Comments

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

WILLIAM C BEACON 12/6/08
35 ORRIT SETTLEMENT ROAD
WELLSBORO, PA 16901
stargozr@ptd.net 570-724-7564

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):

