

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: Coal Hollow PA 221
Location: Municipality and County: FOX TOWNSHIP ELK COUNTY
Watershed: LITTLE TOBY CREEK
USGS Quadrangle: KERSEY
Latitude and Longitude: 41.33638899997 78.622358

Contact Information

Contact Organization: TOBY CREEK WATERSHED ASSOCIATION
Contact Person: WILLIAM SABATOSE
Contact Address: RD 2 BOX 282
BROCKWAY
PA
15824
Contact Telephone Number: 8142658749
Contact Email: analytical@windstream.net

Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? _____
Organization Name: _____
Organization Contact Name: _____
Organization Contact Address: _____

Organization Telephone Number: _____
Organization Email: _____

Site Information

Who owns the property the project is constructed upon?
Joe Largey

Driving Directions to the Project Site (from an easily identifiable reference point):
FROM KYLERS CORNER FOLLOW TOBY ROAD 0.75 MILE TO COAL HOLLOW ROAD. FOLLOW COAL HOLLOW ROAD 0.9 MILES.

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 No
Is the site readily accessible (by 2WD vehicle)? Yes No
Was project completed as part of an overall watershed restoration plan? Yes No
Is the plan available electronically? Yes No
Could you provide the DEP a copy of the plan? Yes No
Is a copy of the plan attached? Yes No

Project Description (Describe the treatment system including each individual component):
SETTLING POND AND AEROBIC WETLAND.

Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically? Yes No

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

In what format? Microsoft Excel Access Database Other (specify) _____

Indicate how flow was measured: WEIR

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

Ph 5.58 Iron 10.1 mg/l aluminum 0.1 mg/l acidity 8 mg/l alkalinity 3.0mg/l

Could you provide this data to the DEP? Yes No

Is a copy of the data attached? Yes No

Pre-Construction Receiving Stream Flow and Monitoring Data

Is data available electronically? Yes No

In what format? Microsoft Excel Access Database Other (specify) _____

Indicate how flow was measured: WEIR

Indicate laboratory that analyzed samples

ANALYTICAL SERVICES, INC. BROCKWAY, PA. 15824

Were any biological or fish surveys completed? Yes No

Could you provide this data to the DEP? Yes No

Is a copy of the data attached? Yes No

Treatment System Design Information and Criteria

Who or what firm completed project design? (Include name, address, phone, email and contact person, if available): ED STOCKLEY /GARY SWOPE STOCKLEY RETIRED

USDA NRCS
478 JEFFERS STR. BLDG 3, SUITE D
DUBOIS, PA 15801-2438

Are digital photographs of the site before, during and/or after construction available? Yes No

Was there a Specific Restoration or Treatment Goal for this treatment system? Yes No

If yes, please describe the goal: SEE ATTACHED

What is the Design Flow Rate? 55GPM -179GPM

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 No

Could you provide the DEP a copy of the plan? Yes No

Is a copy attached? Yes No

As-Built Drawings

Is this information available electronically? Yes No

Could you provide the DEP a copy of the plan? Yes No

Is a copy attached? Yes No

Construction and Project Funding Information

What year was the project constructed? 1980

When (specific date) did project construction begin? 9/8/1980

When (specific date) was project construction completed? 10/28/1980

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

Delta Excavating&Trucking

R.D.4 , Boix 369 Tyrone, Pa 16686

When (specific date) did the treatment system go on-line? 10/28/1980

Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	<u>False</u>	<u>0.00</u>
PADEP Growing Greener	<u>False</u>	<u>0.00</u>
10% AMD Set Aside Funds	<u>False</u>	<u>0.00</u>
EPA Section 319	<u>True</u>	<u>\$40,000.00</u>
OSM Watershed Cooperative Assistance Program	<u>False</u>	<u>0.00</u>
NRCS	<u>False</u>	<u>0.00</u>
EPA Watershed Protection	<u>False</u>	<u>0.00</u>
USCOE	<u>False</u>	<u>0.00</u>
University	<u>False</u>	<u>0.00</u>
Private/Foundation	<u>False</u>	<u>0.00</u>

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

Source	Amount
_____	<u>0.00</u>
_____	<u>0.00</u>
_____	_____

Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan? Yes No

Is the plan available electronically? Yes No

Is a copy of the plan attached? Yes No

Is treatment system currently being sampled and monitored? Yes No

If so, by whom? _____

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

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

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

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 No
- Is the plan available electronically? Yes No
- Could you provide the DEP a copy of this information? Yes No
- Is a copy of the information attached? Yes No

Comments on the treatment system: _____

Post- Construction Discharge Flow and Monitoring Data

- Is the data available electronically? Yes 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 No
- Is a copy of the information attached? Yes No

Post-Construction Receiving Stream Flow and Monitoring Data

- Is the data available electronically? Yes 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 No
- Is a copy of the information attached? Yes No
- Were any biological or fish surveys that were completed on the receiving stream? Yes No

Treatment System Maintenance and/or Rehabilitation

- Has rehabilitation work been performed at the site? Yes 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. \$0.00

What routine or non-routine maintenance issues have arisen since system was put online?

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):

BILL SABATOSE ANALYTICAL SERVICES, INC.
FERMANTOWN ROAD
BROCKWAY, PA. 15824
8142658749

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

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):

<u>Gary Miller NRCS Clarion</u>	<u>Gary Swope</u>
<u>265 Holiday Inn Road</u>	<u>USDA, NRCS</u>
<u>Suite 3 Clarion, Pa.16214 8142268160ext.123</u>	<u>478 JOFFERS STREET BLD3, SUITE D</u>
<u>gary.miller@pa.usda.gov</u>	<u>DUBOIS, PA 15801 2438</u>
	<u>gary.swope@pa.usda.gov</u>