

Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

General Project Information

Project Name and or No.: BEAR RUN LARGE PA-092
Location: Municipality and County: TIOGA
Watershed: BABB CREEK
USGS Quadrangle: CHERRY FLATS
Latitude and Longitude: 41.654167000000001 -77.204999999999998

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? False
Organization Name: BABB CREEK WATERSHED ASSOCIATION
Organization Contact Name: STEVEN SCHLESING
Organization Contact Address: 2051 REED STREET
WILLIAMSPORT
PA
17701
Organization Telephone Number: 5703220749
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):

FROM VILLAGE OF ARNOT GO NORTH ON ARNOT ROAD (SR. 2016) ABOUT 5.5
MILES. AFTER PASSING SOUTH ELK RUN ROAD, TURN LEFT ON FIRST
GATED ROAD, FOLLOW ACCESS ROAD ABOUT 3 MILES TO SITE

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

ACCESS ROAD GATED & LOCKED. OBTAIN PERMISSION & KEY FROM
LANDOWNER @ 570-724-2869

Is there a perpetual access agreement for monitoring and O&M?	Yes	or	<input checked="" type="radio"/> No
Is the site readily accessible (by 2WD vehicle)?	Yes	or	<input checked="" type="radio"/> No
Was project completed as part of an overall watershed restoration plan?	<input checked="" type="radio"/> Yes	or	No
Is the plan available electronically?	Yes	or	<input checked="" type="radio"/> No
Could you provide the DEP a copy of the plan?	<input checked="" type="radio"/> Yes	or	No
Is a copy of the plan attached?	<input checked="" type="radio"/> Yes	or	No

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Project Description (Describe the treatment system including each individual component):

ONE SAPS POND

Pre-Construction Discharge Flow and Monitoring Data DEP SIS MONITORING POINT 17.6

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 (or whether field kits were used) _____

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): _____
0

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:

SEE DEP CONSENT ORDER WITH STOTTS COAL CO.

What is the Design Flow Rate? _____

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?

DURING PERIOD OF HIGH FLOW, EXCESS IS BYPASSED

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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

NONE PREPARED

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? 2000

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)

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	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
Reclamation in lieu of penalty	\$250,000.00
	\$.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 BABY CREEK WATERSHED ASSN.

Approximately how many hours per year are spent doing O,M&M for this system? 20

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

DEP LAB PRIOR TO 1/1/2007. NOW GTC COAL ANALYSIS LAB
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?

BABB CREEK / BABB CREEK WATERBED PROJECT
MONITORING POINT ID #'S 17.6 AND 17.6A

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: _____

Post- Construction Discharge Flow and Monitoring Data DEP SIS + ATTACHED

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 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?

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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):

SAME AS CONTACT PERSON 12/16/2008

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):

