

## Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet

### General Project Information

Project Name and or No.: White Ash #3 - Tunnel B AMD 57(0727)101.1  
Location: Municipality and County: Colley Twp. Sullivan  
Watershed: Loyalsock Creek  
USGS Quadrangle: Lopez  
Latitude and Longitude: 41.458610999999998 -76.348056

### Contact Information

Contact Organization: PADEP BAMR  
Contact Person: MIKE KORB  
Contact Address: 2 PUBLIC SQUARE, 5TH FLOOR  
WILKES-BARRE  
PA  
18711  
Contact Telephone Number: 570-826-2371  
Contact Email: mkorb@state.pa.us

### Organization Currently Responsible For Project Operations, Monitoring and Maintenance

Is this organization different from Contact Organization? No  
Organization Name: \_\_\_\_\_  
Organization Contact Name: \_\_\_\_\_  
Organization Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Organization Telephone Number: \_\_\_\_\_  
Organization Email: \_\_\_\_\_

### Site Information

Who owns the property the project is constructed upon?  
White Ash Land Assoc. of Mildred, PA, Inc. - Treatment Sites, Joan Conway Comerford Estate - Access

Driving Directions to the Project Site (from an easily identifiable reference point):  
From sharp turn on Rt. 487 in Lopez travel 0.9 miles to the dirt access road. Turn left onto dirt access road and travel 1.0 mile to another dirt road. Make a sharp left turn onto dirt access road and travel 0.3 mile. Turn right to access project site.

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

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

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

The treatment system consists of an intake pond and three buried limestone drains with flushing capacities. They system was designed to treat a portion of the flow and the by-pass water channel was lined with R-5 limestone rip-rap.

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### Pre-Construction Discharge Flow and Monitoring Data

Is data available electronically? ☒ Yes ☐ No

In what format? Microsoft Excel ☒ Access Database ☐ Other (specify) \_\_\_\_\_

Indicate how flow was measured: Flow meter

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

PA DEP Laboratory

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: \_\_\_\_\_

Indicate laboratory that analyzed samples

PA DEP Laboratory

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): PA DEP - Todd Wood

2 Public Sq. 5<sup>th</sup> Flr., Wilkes-Barre, PA 18711

(570)-830-3171

twood@state.pa.us

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: Treat 1000 gpm

What is the Design Flow Rate? 1000 gpm

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) 250 mg/l of alkalinity generation

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

Some of the flow is bypassed

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### 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? 1999

When (specific date) did project construction begin? May 10, 1999

When (specific date) was project construction completed? November 10, 1999

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

E.M. Brown Incorporated

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          | _____         | _____         |
| PADEP Growing Greener                        | _____         | _____         |
| 10% AMD Set Aside Funds                      | <u>True</u>   | <u>291409</u> |
| EPA Section 319                              | _____         | _____         |
| OSM Watershed Cooperative Assistance Program | _____         | _____         |
| NRCS   | _____         | _____         |
| EPA Watershed Protection                     | _____         | _____         |
| USCOE  | _____         | _____         |
| University                                   | _____         | _____         |
| Private/Foundation                           | _____         | _____         |

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

| Source | Amount |
|--------|--------|
| _____  | _____  |
| _____  | _____  |
| _____  | _____  |

### 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? PA DEP BAMR

Approximately how many hours per year are spent doing O,M&M for this system? 16

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

PA DEP Laboratory

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

see attached

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: Flow meter

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): \_\_\_\_\_

If yes, please list the rehabilitation activity. \_\_\_\_\_

If yes, please list the date of rehabilitation. \_\_\_\_\_

If yes, please list the rehabilitation cost. \_\_\_\_\_

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

Intake pipes plugging with leaves and algae

How was maintenance work funded?

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

Cleaning of intake pipes

### Other Comments

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

Todd Wood

2 Public Sq., 5<sup>th</sup> Flr., Wilkes-Barre, PA 18711

(570)-830-3171

twood@state.pa.us

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**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):

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