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pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CONSERVATION AND RESTORATION

AMD Treatment System Form for Datashed

AML/AMD Remediation Projects

Project Name: AMD Remediation Project for the Silver Creek Discharge AMLIS #: _____

Latitude: 40d 43' 40.52" N Longitude: 76d 07 21.51" W' Determined by GPS? Y ☐ N ☒

Watershed Name: Schuylkill River Receiving Stream: Silver Creek

USGS Quadrangle: Orwigsburg, PA County: Schuylkill

Township/City: Blythe Township

Contact Person/Organization:	
Name:	**Address:**
Bill Reichert	P.O. Box 1385
Telephone Number + Area Code:	Pottsville PA 17901
570-622-3742 EXT 118	
Email Address:	
WREICHERT@CO.SCHUYLKILL.PA.US	

Organization responsible for operation/maintenance of project if different than above:	
Name:	**Address:**
Schuylkill Headwaters Association Inc.	P.O. Box 1385
Telephone Number + Area Code:	Pottsville PA 17901
570-622-3742 EXT 118	
Email Address:	
WREICHERT@CO.SCHUYLKILL.PA.US	

Source of AMD:							
Underground	☒	**Surface**	☐	**Refuse**	☐	**Oil-Gas well**	☐

Treatment System Information:							
Year Constructed:	2010			**Total Capital Cost:**	**$** 853,402.00		
Was this a Rehabilitation Project?	**Y** ☐	**N** ☒	**Date of Original System:**		**Costs Of Rehabilitation:**	**$**	

Describe Rehabilitation Activities:

If this project includes land reclamation as more than 50% of the total cost, what is the estimated cost of the land reclamation? $ _____

Primary Funding Partners and Funding Provided	
Source	**Amount**
Title IV, Appalachian Clean Streams	
PADEP Growing Greener	
PADEP Other	
PADCNR	
AMD Set Aside Funds	
EPA Section 319	853,402.00
OSM Watershed Cooperative Assistance Program	
NRCS	
EPA Watershed Protection	
USCOE	
University	
Bond Forfeiture	
Reclamation in Lieu of Penalty	
Consent Order	
Foundation for PA Watersheds	
Private/Foundation	
In-kind Contributions	
Other Funding Partner (Please note)	

Treatment Technology: Select all that apply at the site.

Treatment System	# of Treatment Cells	Contain Siphon Automatic Flushing Y	Contain Siphon Automatic Flushing N	Comments
Typical methods		☐	☐	
Aerobic Wetland	2	☐	☒	Wetland Cell 1.72 Ac, Variable Level Pond 2.21 Ac
Anaerobic Wetland		☐	☐	
ALD		☐	☐	
Limestone Sand Dosing		☐	☐	
Diversion Well/Mechanical Limestone Addition		☐	☐	
Oxic Limestone Drain (OLD)		☐	☐	
Oxic Limestone Channel (OLC)	5	☐	☒	All spillways between ponds are Limestone lined
Low pH Fe Oxidation Channel		☐	☐	
Limestone Pond *(Specify UP, DF or HF under comments)*		☐	☐	
SAP *(Specify UP, DF or HF under comments)*		☐	☐	
Bio-Reactor *(Specify UP, DF or HF under comments)*		☐	☐	
VFP *(Specify UP, DF or HF under comments)*		☐	☐	
Manganese Removal Bed		☐	☐	
Pyrolusite Bed		☐	☐	
Settling/oxidation Pond	3	☐	☒	Scour Pool (Limestone Lined) 0.14 Ac, Aeration Basin 1.50 Ac 10 ft deep, Settling Basin 1.95 Ac 13 ft deep, Aeration Basin was designed for mechanical aeration equipment but equipment was not installed, currently acting as settling pond.

UF = Upflow DF = Downflow (like in a traditional SAP) HF = Horizontal Flow

Other Methods	Comments
Well Plugging	
Steel Slag	
Land Reclamation to cover toxic material or prevent water infiltration.	
In-Situ Treatment *(Include type under comments)*	
Chemical Addition Treatment Plant *(Include Chemical used under comments)*	
Lime Doser *(Include Chemical used under comments)*	
Mechanical Aeration *(Include type under comments)*	Designed with future equipment addition in mind
Others *(discuss in comments)*	

UF = Upflow DF = Downflow (like in a traditional SAP) HF = Horizontal Flow

Project Designer:	
Christine Haldeman, PE	
Organization:	**Telephone Number + Area Code:**
RETTEW Associates, Inc.	717-394-3721

Water Information:

	Inflow	Outflow	Load Reductions (lbs/day)
Flow (gpm)	233 - 2827	1245	
pH	5.5	6.2	
Total Iron (mg/L)	24 to 27	1 to 5	
Ferrous Iron (mg/L)			
Hot Acidity (mg/L)		5 to -37	
Alkalinity (mg/L)	-1 to - 49	11 to 46	
Total Aluminum (mg/L)	<0.2 to 0.5	<.2 to .6	
Total Manganese (mg/L)	3.4 to 3.6	1.1 to 3.2	
Date of Collection			

If more detailed water quantity and quality data is available, please provide the following:	
Contact:	
Telephone:	
Email:	

If receiving stream or macroinvertebrate information is available please provide the following:	
Contact:	
Telephone:	
Email:	

Comments: *(specific to O&M; performance; impact on receiving stream. Include date of inspection and name and telephone number of person making comment)*

Date	Name	Telephone Number + Area Code

Comment: Design Flow 1,500 gpm High Flow Design 5,000 gpm

Any links specific to this watershed that should be included?	
Web Address	

Send to your DEP Project Advisor with your Final Report Paperwork: One digital copy of Operational, Maintenance and Repair/Replacement (O, M & R) Plan that includes the "as-built" drawings and site schematics in PDF, and any water quality information in EXCEL format.

After DEP Project Advisor has approved your Final Report Paperwork, send to the Bureau of Conservation and Restoration: One digital copy of the Datashed form in Word, the Operational, Maintenance and Repair/Replacement (O, M & R) Plan that includes the "as-builts" drawings and site schematics in PDF, and any water quality information in EXCEL format to the address under Final Report Guidelines.