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

Project Name and or No.:	Swamp Area Passive Treatment System	30 1	
Location: Municipality and Cou	nty: Leidy & Noyes Townships, Clinton County		
Watershed: Kettle Creek Water	ershed		
USGS Quadrangle: Renovo	West		
	itude: 41.34388 Longitude: -77.85052		
Contact Information			
Contact Organization:	Trout Unlimited		
Contact Person:	Amy Malfa		
Contact Address:	18 E. Main St, Suite 3		
Contact Fractions.	Lock Haven, PA 17745		
Contact Telephone Number:	(570) 748-4901		
Contact Email:	awolfe@tu.org		
	onsible For Project Operations, Monitoring and Maintena m Contact Organization? <u>no</u>	ance	
Organization Telephone Numbe Organization Email: Site Information			
Who owns the property the projection DCNR Bureau of Forestry	ect is constructed upon?		
From Rt 120, turn right onto Kettl bridge that spans Twomile Run. Ta (will have to almost double-back or Follow access road short distance	t Site (from an easily identifiable reference point): e Creek Road. Turn right into state forest lands immediately past ake right at first intersection. Stay straight on forestry road and tur a this road) onto newer access road for gas pipeline construction. to end where gas pipeline construction staging area is located. Paced right across pipeline where area has been clearcut.	n left	
	the site (gates, keys, notifications or permissions, etc.):		
Is the site readily accessible (by	f an overall watershed restoration plan? Itronically? EP a copy of the plan? Yes Yes Yes Yes	No No No No No No	

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

As of this time 3/20/2009, work on the full design has not yet started due to issues with the DCNR

Bureau of Forestry. However, conceptual plans for the system are as follows. The Swamp Area passive treatment system will consist of a clean-water by-pass channel, a flow control vault, two parallel vertical flow ponds, a settling/mixing pond, and a polishing wetland. On average, 240 pounds per day of acidity will be removed. The system will be capable of removing up to 650 pounds per day of acidity under high flows, which represents the 95th percentile loading from the site.

Due Construction Dischause Ellewand Nation D	
Pre-Construction Discharge Flow and Monitoring Data	<u> </u>
Is data available electronically?	⊠Yes ∐ No
In what format? Microsoft Excel Access Database Other (specify)	·
Indicate how flow was measured: Bucket and stopwatch	
Indicate laboratory that analyzed samples (or whether field kits were used)	
DEP and G&C Laboratory, HACH field kits used for field pH and alkalinity	
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 \(\sum \) Access Database \(\sum \) Other (specify)	
Indicate how flow was measured: Flow meter	
Indicate laboratory that analyzed samples	
DEP and G&C 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
is a copy of the data attached:	☐ I es ☐ No
Treatment System Design Information and Criteria	
Who or what firm completed project design? (Include name, address, phone, email	il and contact
person, if available): Hedin Environmental	ii wiid oolitact
195 Castle Shannon Blvd.	
Pittsburgh, PA 15228	
Bob Hedin - bhedin@hedinenv.com, (412) 571-2208	
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: The specific goal for this treatment system is to abate	the first major
source of AMD pollution to Twomile Run. Other sources of AMD to Twomile Run that car	n be collected
and treated are already being treated. Following construction of this treatment sytsem, the	ne only
remediation activities that remain for the Twomile Run watershed are remining and reclar	nation activities
in order to address baseflow contamination.	
What is the Design Flow Rate?	
Other design criteria (retention time, acidity loading or removal rate, metals loading	ng or removal
rate, alkalinity generation rate, etc.)	
Does the treatment system take all of the flow or is some of the flow bypassed?	

Plans and Specifications:					
As-Bid Project Drawings and Technical Specifications	5				
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?					
When (specific date) did project construction begin? _					
When (specific date) was project construction complet					
Who was the Construction Contractor? (Name, Address	s, Phone, email, co	ontact person)			
When (specific date) did the treatment system go on-lin	n o ?				
when (specific date) did the treatment system go on-in	ne:				
Primary Funding Partners, and	funding provided:				
Source	True or false	Amount			
Title IV, Appalachian Clean Streams	true	30,383			
PADEP Growing Greener	true	595,000			
10% AMD Set Aside Funds	false	200,000			
EPA Section 319	false				
OSM Watershed Cooperative Assistance Program	true	100,000			
NRCS	<u>false</u>	100,000			
EPA Watershed Protection	false				
USCOE	false				
University	false				
Private/Foundation		29.052			
1 IIvate/1 oundation	<u>true</u>	38,052			
How or by whom was treatment system construction futable?	anded or other fund				
Source Source		Amount			
Office of Surface Mining Cooperative Agreement with Tro Hedin Environmental (reduced consulting fees)	out Unlimited	14,100			
DCNR Bureau of Forestry (in-kind construction)	10,795				
BOTT Bareau of Forestry (III-Kina construction)		10,485			
Post Construction Operation, Monitoring and Main	tenance				
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 monit	☐Yes ☐ No				
If so, by whom?					
Approximately how many hours per year are spent doir	ng O.M&M for this	s system?			
Where are samples being analyzed? (Name, Address, P	hone, email. contact	ct person)			

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
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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:	
	DY. DY.
Could you provide the DEP a copy of this information? Is a copy of the information attached?	Yes No
Were any biological or fish surveys that were completed on the receiving stream?	Yes No
were any biological of hish 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 mouting an array working it is	
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):	,

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 Na	ame, Address, Pho	one, email, etc):			•	