

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

**General Project Information**

Project Name and or No.: HAYES RUN PA-220  
Location: Municipality and County: FOX TOWNSHIP ELK COUNTY  
Watershed: LITTLE TOBY CREEK  
USGS Quadrangle: KERSEY  
Latitude and Longitude: 41.326667 78.64527800000005

**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? True  
Organization Name: \_\_\_\_\_  
Organization Contact Name: \_\_\_\_\_  
Organization Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Organization Telephone Number: 0  
Organization Email: \_\_\_\_\_

**Site Information**

Who owns the property the project is constructed upon?  
\_\_\_\_\_

Driving Directions to the Project Site (from an easily identifiable reference point):  
FROM KYLERS CORNER 0.54 MILES NORTH ON RIDGE ROAD.

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

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):  
Large pond with baffle in the middle.

**Pre-Construction Discharge Flow and Monitoring Data**

Is data available electronically?  Yes  No  
In what format? Microsoft Excel  Access Database  Other (specify) \_\_\_\_\_

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Indicate how flow was measured: Wier 80-150 gal per minute

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

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

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): Gary Swope

NRCS

478 JEFFERS STREET, BLD 3, SUITE D

DUBOIS, PA. 15801-2438 (814)3752125 ext.3 gary.swope@pa.usda.gov.

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: Iron Removal

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?

System takes all flow.

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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? 1997

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	<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>False</u>	<u>\$0.00</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
Reclamation in Lieu of Civil Penalty	<u>\$25,000.00</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)

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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): True

If yes, please list the rehabilitation activity. Placement of turbidity curtains to slow movement down and increase precipitation. EPA 319 Grant.

If yes, please list the date of rehabilitation. 6/30/2002

If yes, please list the rehabilitation cost. \$44,100.00

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

How was maintenance work funded?

What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years?  
Cleaning of pipes at water control structure.

### Other Comments

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

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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):

Gary Miller NRCS Clarion

265 Holiday Inn Road

Suite 3 Clarion, Pa. 16214 8142268160 ext.123

[gary.miller@pa.usda.gov](mailto:gary.miller@pa.usda.gov)