**AMD Treatment System Form for Datashed**

AML/AMD Remediation Projects

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name: | |  | | | | | | | | | | | | | | | | | | | | | AMLIS #: | |  | | | |
| Latitude: |  | | | | | | | Longitude: | | |  | | | | | | | | | | Determined by GPS? | | | | | | Y | N |
| Watershed Name: | | | |  | | | | | | | | | Receiving Stream: | | | | | | |  | | | | | | | | |
| USGS Quadrangle: | | | |  | | | | | | | | | | | | County: | | | |  | | | | | | | | |
| Township/City: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Organization:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | Address: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Telephone Number + Area Code: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Organization responsible for operation/maintenance of project if different than above:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | Address: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Telephone Number + Area Code: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Source of AMD: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Underground | | |  | | Surface | | | |  | | | | Refuse | | | |  | | | | | Oil-Gas well | | | |  | | |
| Treatment System Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year Constructed: | | | |  | | | | | | | | Total Capital Cost: | | | | | | | **$** | | | | | | | | | |
| Was this a Rehabilitation Project? | | | | | | Y | N | | | Date of  Original System: | | | | |  | | | Costs Of Rehabilitation: | | | | | | **$** | | | | |
| 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?  $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **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 | | | |  | |
| 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** | | | **Comments** |
|  |  | **Y** | **N** | |  |
| **Typical methods** |  |  |  | |  |
| Aerobic Wetland |  |  |  | |  |
| Anaerobic Wetland |  |  |  | |  |
| ALD |  |  |  | |  |
| Limestone Sand Dosing |  |  |  | |  |
| Diversion Well/Mechanical Limestone Addition |  |  |  | |  |
| Oxic Limestone Drain (OLD) |  |  |  | |  |
| Oxic Limestone Channel (OLC) |  |  |  | |  |
| 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 |  |  |  | |  |

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)* |  |
| Others *(discuss in comments)* |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Designer: | | | | |
|  | | | | |
| Organization: | | | Telephone Number + Area Code: | |
|  | | |  | |
| Water Information: | | | | |
|  | Inflow | Outflow | | Load Reductions (lbs/day) |
| Flow (gpm) |  |  | |  |
| pH |  |  | |  |
| Total Iron (mg/L) |  |  | |  |
| Ferrous Iron (mg/L) |  |  | |  |
| Hot Acidity (mg/L) |  |  | |  |
| Alkalinity (mg/L) |  |  | |  |
| Total Aluminum (mg/L) |  |  | |  |
| Total Manganese (mg/L) |  |  | |  |
| Date of Collection |  |  | |  |

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| --- | --- |
| 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: | | | |

|  |  |
| --- | --- |
| **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 the AMD Treatment System Form for Datashed, the 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.**