**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?  $        |

|  |
| --- |
| **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 |        |        |        |

|  |
| --- |
| 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.**