

## Mining Water Management Checklist

#### **Water Source Assessment**

Evaluate the quality and quantity of water sources used in mining operations.

Water Source Flow Rate (m³/hr)	
Enter a number	
Water Source Type	
River	
Groundwater Well	
Reservoir	
Stormwater	
Other	
Water Source Depth (m)	
Enter a number	
Water Quality Category	
Excellent	
Good	
Fair	
Poor	

Enter date		
Observations and Notes  Write something	on Water Source	
write something		

Track and analyze the impact of mining activities on surface water bodies.

# **Date of Monitoring** Enter date...

**Time of Sampling** 

#### **Discharge Point GPS Coordinates** Set My Current Location New Haven OBridgeport 476 oStamford White Plainso ONew Rochelle Long Island Newark<sup>o</sup> New York Allentown 287 476 Princeton Google Map data @2025 Google

#### pH Level

Enter a number...

#### **Turbidity (NTU)**

Enter a number...

#### Total Suspended Solids (TSS) (mg/L)

Enter a number...

#### Electrical Conductivity (µS/cm)

Enter a number...

Clear	
☐ Slightly Cloudy ☐ Cloudy	
☐ Milky	
Oily	
Additional Observations/Comments	
Write something	
Groundwater Monitoring	
Monitor groundwater levels, quality, and potential contamination	n.
	n.
Monitor groundwater levels, quality, and potential contamination  Well Static Water Level (m)	n.
	n.
Well Static Water Level (m)	n.
Well Static Water Level (m)	n.
Well Static Water Level (m)  Enter a number	n.
Well Static Water Level (m)  Enter a number  Well Pumping Rate (m³/hr)	n.
Well Static Water Level (m)  Enter a number  Well Pumping Rate (m³/hr)	n.
Well Static Water Level (m)  Enter a number  Well Pumping Rate (m³/hr)	n.
Well Static Water Level (m)  Enter a number  Well Pumping Rate (m³/hr)  Enter a number	

Enter a number	
Temperature (°C)	
Enter a number	
Water Appearance	
Clear	
Cloudy	
Milky	
Oily	
Monitoring Date	
Enter date	
Monitoring Time	
Comments/Observations	
Write something	

## **Sediment and Erosion Control**

Assess the effectiveness of sediment and erosion control measures.

Enter a number	
Vegetation Cover Type	
Sparse	
Moderate	
Dense	
Absent	
Slope Gradient (Degrees)	
Enter a number	
Observations of Erosion Features (Rills Write something	, Gullies)
	, Gullies)
Write something	, Gullies)
Write something  Silt Fence Condition	, Gullies)
Write something  Silt Fence Condition  Intact	, Gullies)
Write something  Silt Fence Condition  Intact  Minor Damage	, Gullies)

Sediment Pond Depth (meters)	
Enter a number	
Vater Treatment & Recycling	
erify proper functioning and efficiency of water treatment and recycling systems	ems.
Influent pH (units)	
Enter a number	
Effluent pH (units)	
Enter a number	
Turbidity (NTU)	
Enter a number	
Total Suspended Solids (TSS) (mg/L)	
Enter a number	
Treatment Method Used  Chamical Procipitation	
☐ Chemical Precipitation ☐ Reverse Osmosis	
Filtration	
Other	

Enter date	
Fime of Treatment Process Monitori	ng
Any unusual observations during tre	eatment process
Write something	
am Safety Inspection	
pect tailings dams and other water stor	rage facilities for structural integrity and safet
pect tailings dams and other water stor	rage facilities for structural integrity and safet
nspection Date  Enter date	rage facilities for structural integrity and safet
nspection Date	rage facilities for structural integrity and safet
nspection Date  Enter date  Dam Height (meters)	rage facilities for structural integrity and safet

Enter a number	
Visible Cracks Observed?  Yes  No Uncertain	
Seepage Observed?  Yes  No  Uncertain	
Additional Observations	
Write something	
nspector Signature	
Supporting Photos/Documents	

## **Spill Prevention & Response**

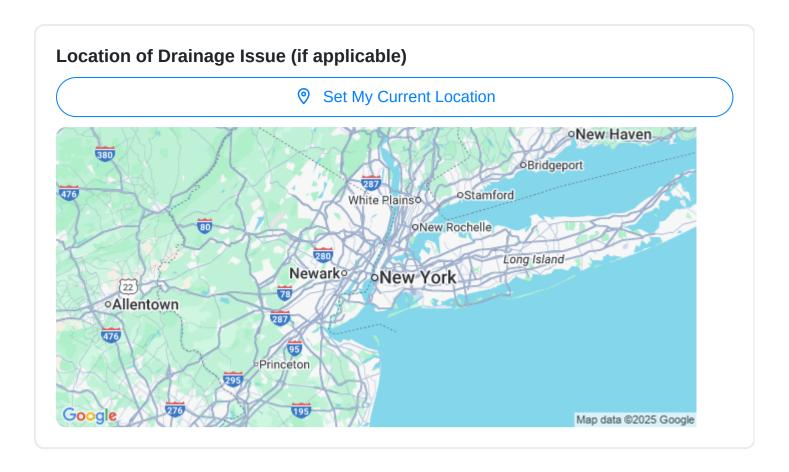
Chemical Storage Tank Volume (Gallons)  Enter a number  Secondary Containment Present?  Yes  No N/A  Last Spill Prevention Plan Review Date  Enter date  Time of Last Leak Test Performed  Description of Spill Prevention Measures in Place  Write something	andling.
Secondary Containment Present?  Yes No No N/A  Last Spill Prevention Plan Review Date  Enter date  Time of Last Leak Test Performed  Description of Spill Prevention Measures in Place	Chemical Storage Tank Volume (Gallons)
□ Yes   □ No   □ N/A     Last Spill Prevention Plan Review Date   Enter date     Time of Last Leak Test Performed     Description of Spill Prevention Measures in Place	Enter a number
□ Yes   □ No   □ N/A     Last Spill Prevention Plan Review Date   Enter date     Time of Last Leak Test Performed     Description of Spill Prevention Measures in Place	
No N/A  Last Spill Prevention Plan Review Date  Enter date  Time of Last Leak Test Performed  Description of Spill Prevention Measures in Place	Secondary Containment Present?
Last Spill Prevention Plan Review Date  Enter date  Time of Last Leak Test Performed  Description of Spill Prevention Measures in Place	
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Time of Last Leak Test Performed  Description of Spill Prevention Measures in Place	
Time of Last Leak Test Performed  Description of Spill Prevention Measures in Place	
Time of Last Leak Test Performed  Description of Spill Prevention Measures in Place	Last Spill Prevention Plan Review Date
Description of Spill Prevention Measures in Place	Enter date
Description of Spill Prevention Measures in Place	
	Time of Last Leak Test Performed
Write something	Description of Spill Prevention Measures in Place
	Write something
Attach MSDS/SDS for Hazardous Chemicals	Attach MSDS/SDS for Hazardous Chemicals
♣ Upload File	
Opioad File	Spidad File

Review spill prevention plans and response procedures for chemical storage and

Employee Training Records Up-to-Date?  Yes  No  N/A
Summary of any recent near-miss or spill incidents
Write something
Water Licensing & Permits  Confirm compliance with water licenses, permits, and reporting requirements.
Permit Expiration Date
Enter date
Permit Status (Active/Expired/Suspended)
Active
Expired
Suspended
Permit Volume Allocation (m3/day)
Enter a number

( ) A ( ) in the control of the cont	
Write something	
Copy of Water License/Permit	
♣ Upload File	
Reporting Frequency (as per perr	mit)
Daily	
Weekly	
Monthly	
Quarterly	
Last Permit Compliance Report S	ubmission Date
Enter date	1
Enter date	
Enter date	
Enter date	
Drainage Managemen	nt .
Drainage Managemen	inage to prevent environmental impact.
Drainage Managemen	
Drainage Managemen	
Drainage Management of mine drainage Water Flow Rate (m³/s)	
Drainage Management of mine drain	
Drainage Management of mine drainage Water Flow Rate (m³/s)	
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Orainage Management of mine drainage Water Flow Rate (m³/s)	

Drainage System Condition    Excellent   Good   Fair   Poor
Observations on Drainage System Performance  Write something
Last Maintenance Date  Enter date
Time of Peak Flow (if applicable)
Time of Fear Flore (in applicable)
Potential Contributing Factors to Drainage Issues  Heavy Rainfall
Geological Conditions
Equipment Failure
Poor Design Other (Specify in Long Text)



### **Rehabilitation and Closure**

Assess water management strategies for rehabilitation and closure of mining sites.

#### **Planned Completion Date of Water Treatment System Removal**

Enter date...

#### Volume of Water to be Treated Post-Closure (m³)

Enter a number...

#### **Description of Long-Term Water Monitoring Plan**

Write something...

Which of the following water management strategies are incorporated into the closure plan?  Passive Treatment  Active Treatment  Natural Attenuation  Groundwater Containment
Water Quality Modeling Report  L Upload File
Is the area deemed stable for long-term water management?  Yes  No Uncertain
Describe any potential risks associated with long-term water management.  Write something