# **U.S. Department of Labor**

Mine Safety and Health Administration 1100 Wilson Boulevard Arlington, Virginia 22209-3939



December 02, 2008

MEMORANDUM FOR	RICHARD STICKLER Acting Assistant Secretary for Mine Safety and Health Administration
FROM:	CHARLES J. THOMAS Charles J. Shomes  Director of Accountability for  Mine Safety and Health Administration
	ARLIE A. WEBB (. J. Shoron for Accountability Specialist
SUBJECT:	MSHA Office of Accountability Audit, Vansant, Virginia, Field Office,
Introduction	
enforcement, Field Activity mine plans, and the condit the weeks of	arizes the Office of Accountability audit of the subject mine and included the Uniform Mine File, MSHA field activities, level of Reviews (FARs), MSHA supervisory and managerial oversight, ions and practices at the mine. The audit was conducted during by Charles J. Thomas and Arlie A. Webb. Is requiring attention are included in this audit report.
Overview	
The audit schedule was more potentially explosive atmost was conducted on underground portion of the	sphere behind a set of underground seals. The field office review the impoundment was examined on and the emine was delayed until
Accompanying the auditor	s at various times during the audit were
advancing sections, primar	e examined during this audit included the longwall section, y and alternate escapeways, belt conveyors, ERP supplies, and the eces of equipment underground and on the surface were

The audit revealed positive findings in several categories, including the following:

1. Inspector time distribution for the Vansant field office during the previous 12-month period is admirable.

	% Travel	% Pit/MMU	% Outby	% On-Site	% Other
Surface Facilities	12.4		erio.	72.1	15.5
Surface Mines	17.7	59.5		65.9	16.4
<b>Underground Mines</b>	13.5	20.1	20.7	64.6	21.7
Buchanan Mine # 1	11.4	11.8	24.8	70.2	19.3

- 2. The supervisor, the Assistant District Manager (Inspection), and the District Manager have visited numerous mines during the time period covered by this audit.
- 3. With few exceptions, the level of enforcement appears commensurate with the conditions and practices observed.
- 4. Inspection documentation indicated thorough and complete inspections.
- 5. The 104(d) tracking system is well maintained and up to date.
- 6. District-level Peer Reviews (Accountability Reviews) are thorough, detailed, and document root causes, corrective actions, and timelines for correction.

The audit also revealed several issues that require corrective actions, including the following:

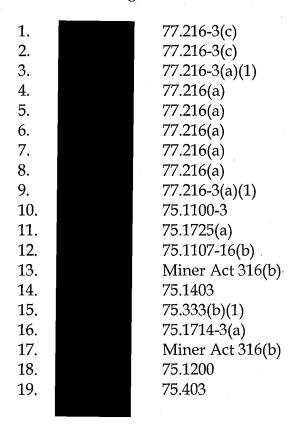
- 1. Inspection Event Calendars and Time and Activity sheets were not always adequately reviewed and compared to identify conflicts in shifts and inspection days.
- 2. Repetitive errors that resulted in citations being modified or vacated, or where multiple violations were documented on a single citation, were not always identified and corrected.
- 3. Observed deficiencies during Field Activity Reviews, Accompanied Activities, and 2<sup>nd</sup> level reviews, were not always identified, documented or corrected.
- 4. Spot inspections conducted under 103(i) of the Mine Act were not always conducted at irregular intervals, some were conducted on consecutive days of the week and not as set forth by the Mine Act and MSHA policy.

### **Audit Results**

The attached checklist addresses the findings of the audit. Positive issues as well as issues requiring action are covered in detail in the checklist.

# **Attachments**

- A. Office of Accountability Checklist, with comments, recommendations, and references
- B. Results of inspection at High-hazard impoundment
- C. Citations issued during this audit



D. Photos of High-Hazard Impoundment

District Coal Dist 5 Field Office Vansant, VA Mine ID
Evaluate supervisory review of inspection reports and documentation for completeness.
Adequate Inadequate X Not Applicable Comments Below
Event Not contained the following errors relative to the event calendar:
<ul> <li>Both the 2<sup>nd</sup> and 3<sup>rd</sup> shift boxes where marked for recorded for the 3<sup>rd</sup> shift</li> <li>Although Time and Activity information indicates the 1<sup>st</sup> and 2<sup>nd</sup> shift were worked on the 2<sup>nd</sup> and 3<sup>rd</sup> shift is marked.</li> <li>Both the 2<sup>nd</sup> and 3<sup>rd</sup> shift boxes where marked for recorded for the 3<sup>rd</sup> shift</li> <li>Both the 2<sup>nd</sup> and 3<sup>rd</sup> shift boxes where marked for although no time was recorded for the 3<sup>rd</sup> shift boxes where marked for although Time and Activity information indicates the 1<sup>st</sup> and 2<sup>nd</sup> shifts were worked.</li> <li>Action Required – Supervisors must review inspection reports and time sheets to ensure there are no conflicts. The FAR report may aid in this review and comparison of activities.</li> <li>Reference – Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews</li> <li>Reference – Coal Mine Safety &amp; Health Supervisor's Handbook</li> </ul>
2. Determine if supervisors address report deficiencies immediately
Adequate Inadequate X Not Applicable Comments Below
Modified citations, vacated citations, and errors on time sheets and event calendars occurred repeatedly during the past 12 months, indicating that supervisors were not immediately addressing deficiencies nor conducting adequate following up.
Action Required – Observed deficiencies must be corrected immediately.
Reference – Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews. Reference – Coal Mine Safety & Health Supervisor's Handbook

District Coal Dist 5 Field Office Vansant, VA Mine ID
3. Determine if supervisors are visiting each assigned mine at least annually
Adequate X Inadequate Not Applicable Comments Below
Positive Comment: Supervisory mine visits are entered into the database provided by headquarters, as well as an information sheet maintained at the field office. The visit logs were up to date and contained all required information.
Evaluate the quality of Field Activity Review reports (FARs)
Adequate Inadequate X Not Applicable Comments Below
Eighteen FARs were examined during this audit. There was little or no documentation of observed deficiencies, corrective actions, or constructive criticism.
Action Required – All observed deficiencies, errors, and exceptional achievements should be documented during FARs and AAs.
Reference – Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews Reference – Coal Mine Safety & Health Supervisor's Handbook
6. Evaluate the quality of Accompanied Inspections
Adequate Inadequate X Not Applicable Comments Below
Twenty-five AAs were examined during this audit. There was little or no documentation regarding the supervisor's observation of deficiencies relative to inspection activities. There were no corrective actions or constructive criticisms documented.
Action Required – All observed deficiencies, errors, and exceptional achievements should be documented during FARs and AAs.
Reference – Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews Reference – Coal Mine Safety & Health Supervisor's Handbook

District Coal Dist 5 Field Office Vansant, VA Mine ID
7. Determine if supervisors are thoroughly reviewing mine files at least annually
Adequate X Inadequate Not Applicable Comments Below
Uniform Mine File Reviews were documented by signature on the appropriate form.
Determine if ADMs and DMs are visiting mines with poor compliance at least monthly
Adequate X Inadequate Not Applicable Comments Below
Evaluate the location, workload, and availability of specialists (roof control, ventilation, electrical, etc.) within the district
Adequate X Inadequate Not Applicable Comments Below
Evaluate supervisory and management review of 103(i) (spot inspection) tracking system for compliance with time frames
Adequate Inadequate X Not Applicable Comments Below
<ul> <li>On 3 separate occasions, the spot inspections were conducted on consecutive Wednesdays</li> <li>On 1 occasion, the spot inspections were conducted on consecutive Tuesdays (</li> <li>On 2 separate occasions, the spot inspections were conducted on consecutive Thursdays</li> <li>On 1 occasion, the spot inspections were conducted on 3 consecutive Tuesdays</li> </ul>
Action Required – 103(i) Spot inspections must be conducted in accordance with the Mine Act.
Reference – The Mine Act states, in part, that 103(i) spot inspections are to be conducted, "during every 5 working days at <b>irregular intervals.</b> "

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection
Adequate X Inadequate Not Applicable Comments Below
Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector
Adequate X Inadequate Not Applicable Comments Below
An evaluation of inspector time distribution among shifts revealed almost 31% of the total inspection time was being spent on off shifts. However, inspection personnel failed to indicate which shift was being worked more than 15% of the time.
Inspection time distribution by day of the week indicated more than 16% of inspection work was conducted on Monday, and more than 11% was conducted on Fridays, and more than 6% was done on weekends.
Recommendation – Supervisors should ensure that inspection personnel are accurately documenting on Time and Activity forms which shift was being worked.
Determine if Standard Operating Procedures (SOPs) are in place, current, and in
18. compliance with MSHA policies and procedures
Adequate X Inadequate Not Applicable Comments Below
Standard Operating Procedures are in place, and are current. SOPs were also found in pertinent locations (i.e.: the 104(d) tracking SOP in each UMF book) to promote consistency.
Determine if supervisors are adequately evaluating the level of enforcement by
20. visiting each producing mine
Adequate X Inadequate Not Applicable Comments Below
Positive Comment: The number and scope of supervisory mine visits is commendable. With very few exceptions, the level of enforcement at this mine appears commensurate with inspection documentation and the conditions and practices in the mine.

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine if second level reviews and Peer Reviews are used to assess supervisory
23. review of enforcement actions
Adequate Inadequate _X Not Applicable Comments Below
See items 1, 2, 3, 4, 37, and 79.
Evaluate inspector/specialist knowledge of documentation required and process
25. for completing PKW Forms.
Adequate X Inadequate Not Applicable Comments Below
Determine if managers and supervisors are using required "standardized reports"
28. to review critical data relevant to inspections and investigations
Adequate X Inadequate Not Applicable Comments Below
Determine if complete and thorough inspections are being conducted and
29. adequately documented
Adequate X Inadequate Not Applicable Comments Below
A thorough review of the two most recently completed E01 reports, along with interviews
with inspectors and supervisors, indicate that inspection activities in this field office are in compliance with the Mine Act, and MSHA policy.
Compliance Will the Paris 1209 and 1121111 poriey.
Determine if inspection notes, air samples, rock dust samples, and tracking
30. map/diagram support the inspector's assertion that the mine was inspected in its
entirety
Adequate X Inadequate Not Applicable Comments Below

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine if all provisions of the MINER Act are evaluated during the inspection
Adequate X Inadequate Not Applicable Comments Below
Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals
Adequate X Inadequate Not Applicable Comments Below
Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement
Adequate Inadequate X Not Applicable Comments Below
During the period from May to July of 2008, there were at least 15 citations vacated by inspectors in the Vansant field office. Some examples are:
<ul> <li>Citation issued for inadequate on-shift examination, was vacated because there had not been any production on that shift.</li> <li>Citation issued for an inoperative spill switch, was vacated because there is no requirement in 30 CFR for installation of a spill switch.</li> <li>Citation issued for improper location of a CO sensor, was vacated after the inspector reviewed the CO Handbook.</li> <li>Citation issued for failure to provide a fire hose outlet at a belt conveyor tailpiece, was vacated after a second examination of the area revealed the valve had been overlooked.</li> </ul>
Note - Approximately 60% of inspection personnel at the Vansant field office have less than two years experience as Authorized Representatives.
Action Required – Inspection personnel should be more thorough in their examinations, observations and reviews. Supervisors should enhance efforts to mentor inspectors, and thus reduce the number of citations being vacated and or modified. FAR's are a useful tool to document deficiencies and reward improvement.
Reference – Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews Reference – Coal Mine Safety & Health Supervisor's Handbook

Accompany and evaluate inspector's imminent danger run  Adequate X Inadequate Not Applicable Comments Below
50.
Adequate X Inadequate Not Applicable Comments Below
The inspector's imminent danger runs were thorough. The inspector stopped and held a "mini" safety talk with each miner encountered during the IDR.
Check adequacy of preshift/onshift examinations
Adequate X Inadequate Not Applicable Comments Below
Evaluate inspector's observation of roof conditions
Adequate X Inadequate Not Applicable Comments Below
Miners were questioned on each section if they believed the current roof control plan was adequate and all interviewed replied that the current plan was adequate for current conditions.
Evaluate conditions on working section and observe work cycle
Adequate X Inadequate Not Applicable Comments Below
Conditions on the working sections were commendable. Rock dusting, roof control, and ventilation were well maintained. Rockdusting was outstanding throughout the mine.
Observe air quantity, quality, and gas checks by inspector
Adequate X Inadequate Not Applicable Comments Below

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine adequacy of Emergency Response Plan training (interview miners)
Adequate X Inadequate Not Applicable Comments Below
Interviews with numerous miners indicate that ERP training is thorough, and exhaustive. All miners interviewed were well acquainted with escape routes, lifelines, ERP sled location and contents, and SCSR locations.
Determine adequacy of training regarding roof, ventilation, and other plans (interview miners)
Adequate X Inadequate Not Applicable Comments Below
Interviews with at least 16 miners revealed an extraordinary level of familiarity with roof control, ventilation, and emergency response plans. Even miners who do not normally perform functions related to roof support or ventilation knew the roof control plan and ventilation plan requirements.
Evaluate Self-Contained, Self-Rescuer condition, storage, signage
Adequate X Inadequate Not Applicable Comments Below
SCSR locations were readily identified and easy to locate. SCSRs were found to be in
excellent condition.
D
Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training
Adequate X Inadequate Not Applicable Comments Below
Examine electrical cables on several pieces of equipment
Adequate X Inadequate Not Applicable Comments Below
Trailing cables and other cables were examined and found to be in very good condition.

District Coal Dist 5 Field Office Vansant, VA Mine ID
Evaluate several pieces of equipment for permissibility
Adequate X Inadequate Not Applicable Comments Below
Examine lifelines, mandoors, and related signage
Adequate X Inadequate Not Applicable Comments Below
Signage was accurately located, and easily understood.
Examine escapeway map for compliance with regulations
Adequate X Inadequate Not Applicable Comments Below
Escapeway maps were accurate, up to date, and legible. Maps were found at the "dinner hole" as well as in the ERP sled.
52. Evaluate integrity of primary and alternate escapeways
Adequate X Inadequate Not Applicable Comments Below
Stopping lines were intact, well installed, and plastered in accordance with regulations and plans.
Evaluate integrity of return side stopping line
Adequate X Inadequate Not Applicable Comments Below

District Coal Dist 5 Field Office Vansant, VA Mine ID
en e
Travel and evaluate condition and maintenance of section conveyor belt,
54. structures, and entries
Adequate X Inadequate Not Applicable Comments Below
Portions of several section conveyor belts and main line conveyor belts were examined and
found to be in excellent condition. Spot rock dust samples taken in 3 locations revealed the
incombustible content to be in compliance.
Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)
Adequate X Inadequate Not Applicable Comments Below
hose and nozzles were conducted at three separate locations. In each instance, all equipment performed as required. At each area selected by the audit team for the functional tests, mine personnel were asked to demonstrate their response to a fire. In each case, they succeeded in applying water to the belt in less than 3 minutes.
Evaluate cleanup of accumulations and application of rock dust
Adequate X Inadequate Not Applicable Comments Below
Only one violation related to rock dusting combustible content was issued during this audit. All belt conveyor entries examined during the audit were very well rock dusted. All working sections were well dusted. One spot sample on the active longwall tailgate travelway was found inadequate for incombustible content for a very short distance and that citation was abated. No action required.
59. Evaluate condition of conveyor belt drives, and fire suppression systems
Adequate X Inadequate Not Applicable Comments Below
<i>Positive Comment:</i> Belt conveyors audited were in excellent condition both mechanically and rock dusting is on a strict schedule and belts are routinely rock dusted on a continual basis.

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine if all required record books are adequately completed and in
60. compliance with applicable standards
Adequate X Inadequate Not Applicable Comments Below
The quite certainer to be a second of the property of th
Examine mine map for accuracy of workings and escapeway locations
Adequate X Inadequate Not Applicable Comments Below
Mine maps on the working sections and on the surface were frequently updated and very
accurate.
Examine mine bulletin board and evaluate adequacy of all required postings
Adequate X Inadequate Not Applicable Comments Below
Interview responsible person(s) and evaluate knowledge of emergency response,
63. evacuation procedures, and fire fighting processes
Adequate X Inadequate Not Applicable Comments Below
Examine and evaluate at least one set of seals, including methods for obtaining
65. samples from sealed area
Adequate X Inadequate Not Applicable Comments Below

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine if districts are conducting sufficient, in-depth Peer Reviews
Adequate X Inadequate Not Applicable Comments Below
A very thorough district-level accountability review, led by an ADM from a neighboring district, was conducted at the Vansant, Virginia field office in August of 2008.
Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews
Adequate Inadequate Not Applicable X Comments Below
Headquarters conducted the required four audits, but did not conduct a review in District 5 during CY 2008.
Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.
Adequate X Inadequate Not Applicable Comments Below
Adequate X Inadequate Not Applicable Comments Below  The district-level review conducted in August of 2008 identified root causes of deficiencies and listed proposed corrective actions along with time frames for completion.
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The district-level review conducted in August of 2008 identified root causes of deficiencies and listed proposed corrective actions along with time frames for completion.  Determine if Peer Reviews include a visit to the mine, and include observation of
The district-level review conducted in August of 2008 identified root causes of deficiencies and listed proposed corrective actions along with time frames for completion.  Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions
The district-level review conducted in August of 2008 identified root causes of deficiencies and listed proposed corrective actions along with time frames for completion.  Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions  Adequate X Inadequate Not Applicable Comments Below  Observations during the district-level review were well documented.
The district-level review conducted in August of 2008 identified root causes of deficiencies and listed proposed corrective actions along with time frames for completion.  Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions  Adequate X Inadequate Not Applicable Comments Below
The district-level review conducted in August of 2008 identified root causes of deficiencies and listed proposed corrective actions along with time frames for completion.  Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions  Adequate X Inadequate Not Applicable Comments Below  Observations during the district-level review were well documented.  Determine if approved plans and the Uniform Mine File books are addressed

Attachment A

District Coal Dist 5 Field Office Vansant, VA Mine ID
Evaluate approved training plan after discussion with miners
Adequate X Inadequate Not Applicable Comments Below
Miners were well aware of the provisions of the approved training plan.
Evaluate the two most current completed E01 (regular) inspection reports (two
77. quarters)
Adequate X Inadequate Not Applicable Comments Below
With the exceptions noted in item 37 above, the reports indicated thorough, complete
inspections.
78. Evaluate the ten most current completed E02 (103(i) spot) inspection reports
Adequate X Inadequate Not Applicable Comments Below
Recommendation – 103(i) spot inspections should include an examination of at least one area particular to that type of inspection, such as permissibility on one or more pieces of equipment on a section or in a return air course, i.e. check calibration of methane monitors, inspect trailing cables for ignition source, permissibility of face equipment such as the continuous mining machine, roof bolting machine, or a inspect permissible pump in a return.

District Coal Dist 5 Field Office Vansant, VA Mine ID
79. Citations, orders, and safeguards issued during previous two quarters
Adequate Inadequate X Not Applicable Comments Below
There were at least 9 instances where multiple violations were listed on a single citation. Some examples are:
<ul> <li>Citation The failure to maintain the 50/50 requirement for water pressure/flow rate at fire hose outlets along two separate belt conveyors was documented on a single citation.</li> <li>Citation Citation</li> <li>Citation</li> </ul>
<ul> <li>Each water line, lifeline, or belt flight is an individual entity. For example, each belt flight (the combination of a belt drive, belt conveyor flight, and tailpiece) is considered an independent, dust generation source and separate piece of equipment.</li> <li>Citation issued for 5 fire extinguishers not being maintained/inspected at three different distinct surface locations were "bundled" together and should have been 3 separate violations instead of one citation.</li> </ul>
Action Required – Each citation must describe, with particularity, the nature of the violation, and multiple violations must not be listed on a single citation.
Reference - Each citation or order must be in writing and shall describe with particularity the nature of the violation, including reference to the provision of the Mine Act, standard, rule, regulation, or order alleged to have been violated. — $\S104(a)$ , 1977 Mine Act
Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date
Adequate X Inadequate Not Applicable Comments Below
Each mine file in the Uniform Mine Files contains a 104(d) Tracking Systems SOP and tracking sheet behind the appropriate tab divider.

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine if all plans and documents in the Uniform Mine File are legible, and up to date
Adequate X Inadequate Not Applicable Comments Below
Uniform Mine File books contain (where applicable) an up-to-date summary of impoundment plans, including a map.
However, two issues corrected during the audit were a lack of mine ID, mine name and company name on four (4) 2000-137 forms. Two (2) Supervisor/Accountability Review Forms 2000-138, did not have mine name or company name. All these items have been corrected. The summary petition form MSHA form 2000-177 lack entries for mine ID, mine name, company name, section of law, or brief description for any of the petitions listed.
Action required: Train administrative assistants and supervisors on correct UMF maintenance. Reference: UMF Handbook.
Determine if all applicable plan reviews were performed within six months, or within the timeframes required
Adequate X Inadequate Not Applicable Comments Below
The supplements for the were reviewed and approved in a timely manner.
Determine if miners are adequately trained in the provisions of any new plan prior to its implementation
Adequate X Inadequate Not Applicable Comments Below
Onsite interviews with miners indicated they were very familiar with the provisions of
approved plans.
approved plans.
approved plans.  Determine if Standard Operating Procedures (SOPs) adequately address

District Coal Dist 5 Field Office Vansant, VA Mine ID
Determine if a copy of the most recent plan is provided for inclusion in the Uniform Mine File
Adequate X Inadequate Not Applicable Comments Below
Determine if the overall design of the mine plan was assessed to avoid future problems
Adequate X Inadequate Not Applicable Comments Below
Positive Comment: Separation of longwall panels into smaller manageable "districts" has greatly reduced problems related to spontaneous combustion and buildup of mine gases in mined areas and effectiveness of bleeders.
Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date
Adequate X Inadequate Not Applicable Comments Below
Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists
Adequate X Inadequate Not Applicable Comments Below
Determine if adequate close-out conferences are being conducted at the end of each inspection.
Adequate X Inadequate Not Applicable Comments Below

Attachment B

#### United States Department of Labor Mine Safety and Health Administration Office of Accountability

	Office of Accountability
District	Coal Dist 5 Field Office Vansant, VA Mine ID
	Inspection of the Impoundment
	ine's impoundment was visited on September 29, 2008, as a part of this audit. During spection, the following items were noted:
1.	The operator was not including all pertinent areas of the impoundment in the required examinations, and several of these examinations were not being properly recorded. (Citations
2.	It was also evident from the impoundment inspection notes taken by the weekly examiner ( that the examiner was not aware of the location and function of at least 3 French Drains. (
3.	Compaction tests were observed. The tests were properly conducted, and the results were recorded.
4.	Lift thickness was observed at several locations and found to be in compliance with the approved plan.
5.	There were no cracks or scarps on the crest or on the slopes of the impoundment.
6.	Decant trash racks were in place and maintained clear, and there were no depressions or sinkholes in the slurry surface?
7.	Approximately 6 to 10 inches of sediment had accumulated in a 100-foot long portion of the Uniform Section Mat (USM) used to line a diversion ditch on the impoundment. (Citation
8.	There was no evidence of erosion, deterioration, bulging, or sloughing of the slopes of impoundment, and there was no evidence of any surface movement evident in the valley bottom or on the hillsides.
9.	Several extensometers and piezometers were not being properly maintained. (Citation
10.	All underground mines adjacent to or beneath any portion of the impoundment are

monitoring areas were visited during the audit.

11. Inspectors from the field office, as well as specialists from the district office, are conducting thorough inspections and examinations of impoundment. Interviews with the specialist and several inspectors indicated they were adequately trained.

markers/flags. Water flow out of these mines is constantly monitored. Several

12. Supervisors regularly accompany inspectors/specialists during impoundment inspections.

plotted on the impoundment maps and located on the surface by survey

	al Dist 5	Field Office	Vansant, V	1711	ne ID	-		
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Mine Citat	ion/Order				epartment afety and H		istration	:4
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	ector's Evaluation			_ <u></u>		·	<del></del>	
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12. Type of A 14. Initial Act A. Citation 15. Area or E	Equipment  ion Due A. Dar mination Action	te Mo Da Yr	B. Time (24 Hr. C					
12. Type of A  14. Initial Act A. Citation  15. Area or E  16. Terminati  Section III—Ten  17. Action to	B. Order Caulpment  ion Due A. Da  mination Action  Terminate Th	e Company	B. Time (24 Hr. C		s and d	ischarg	e end o	f the decan
12. Type of A  14. Initial Act A. Citation  15. Area or E  16. Terminati Section III-Ten	B. Order Caulpment  ion Due A. Da  mination Action  Terminate Th	te Mo Da Yr	B. Time (24 Hr. C		s and d	ischarg	e end o	f the decan
12. Type of A  14. Initial Act A. Citation  15. Area or E  16. Terminati  Section III—Ten  17. Action to	Equipment  Son Due A. Da  mination Action  Terminate The	e Company	B. Time (24 Hr. C		s and d	ischarg	e end o	f the decan
12. Type of A  14. Initial Act A. Citation  15. Area or E  16. Terminate  Section III-Ten  17. Action to pipe or  18. Terminate  Section IV-Aut  Section IV-Aut	Equipment  Ion Due A. Da  Imination Action  Terminate The  In the  A. Date Mornated System Date	e Company cepo	B. Time (24 Hr. Cincluded trt.	he drain			e end or	f the decan
12. Type of A  14. Initial Act A. Citation  15. Area or E  16. Terminate  Section III-Ten  17. Action to pipe or  18. Terminate	ion Due A. Dai mination Action Terminate Th. n the  dd A. Date Management	e Company cepo	B. Time (24 Hr. Cincluded trt.	he drain	s and d		e end o	f the decan
12. Type of A  14. Initial Act A. Citation  15. Area or E  16. Terminate  Section III-Ten  17. Action to pipe or  18. Terminate  Section IV-Aut  19. Type of Ir	ion Due A. Dai mination Action Terminate Thi n the  ed A. Date Mornated System Data repection code)  E2	e Company cepo	B. Time (24 Hr. Cincluded trt.	he drain		lini	e end o	f the decan
12. Type of A  14. Initial Act A. Citation  15. Area or E  16. Terminate Section III-Ten  17. Action to pipe or  18. Terminate Section IV-Aut  19. Type of Ir (activity or	Equipment  Ion Due A. Da  mination Action  Terminate T.h.  n. the  ed A. Date March A.	e Company cepo	B. Time (24 Hr. Cincluded trt.	he drain	Primary or N     pullatory Entionica	IIII 25	i. AR Number	f the decan

D1 4 1 4	C IDLE	T: 110(f)				
District	Coal Dist 5	Field Office	Vansant, VA	Mine ID		
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Mine Cita	itation/Order			U.S. Department of Labor Mine Safety and Health Administration				
Section I-Vio	lation Data	· · · · · · · · · · · · · · · · · · ·		<u></u>	<del></del>			
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number				
4. Served T	o		5. Operator					
					·			
					(Contractor)			
8. Condition	or Practice			88	. Written Notice (103g)			

The Company did not include as part of the Weekly Impoundment Inspection the horizontal drains located adjacent to curve no. 2 as outlined in the Approved Construction Specifications.

						See C	ontinuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health  Safety	B. Section of Act		C. Part/Section of Title 30 CFR		77.	216(a)	<u>, de sal-abiticalitica di materialitica di materialitica</u>
Section II-Inspe	ctor's Evaluation	· · · · · · · · · · · · · · · · · · ·			<del>, _ • _ • _ •</del>			
10. Gravity: A. Injury o	'Iliness (has) (is):	No Likelihood	Unlikely 🕢	Reasonably Lik	ely [	Highly Like	ly [] Occu	rred 🗌
	iliness could rea- be expected to be		Lost W	forkdays Or Restricted	Duty 🗌	Permane	ently Disabling 🔲	Fatal [
C. Signific	ant and Substanti	<sup>al)</sup> Yes N	o <b>V</b>			D. Number	of Persons Affected	<sup>i:</sup> 002
11. Negligeno	e (check one)	A. None 🗌 💢 B	Low 🗸 🥠	C. Moderate 🔲	D, High		E. Reckless Disreg	erd []
12. Type of A	tion 104	(a)	13. Type of	issuance (check one)	c	Itation 📝	Order 🗌	Safeguard 🗍
14. Initial Acti A. Citation	on B. Order	C. Safeguard [ ] D.	Written Notice	E. Citation/ Order Numbe	or <sub>.</sub>		F. Dated	Mo Da Yr
15. Area or Ed		Mo Da Yr La	Time (24 Hr. Clo	· · · · · · · · · · · · · · · · · · ·	·	<u>, ji sarana ja</u>	؞ <i>ۻۼڿڿڿ</i> ڔۺڛؙڔڿۺڿڿڎ؆	
Section III-Tem	1		7 III (2.4 Fit. 515)	UN,		<del></del>	<del>,</del>	
17. Action to report.	ferminate The	e Company inc	luded t	he horizont	al dra	ins or	the	
18. Terminate	A. Date Mo	B. Time (2	4 Hr. Clock					·
Section IV-Auto	mated System Data							
19, Type of In (activity co		20. Event Number		21. Prima	ary or Mill			
22. Signature			<del></del>	<del></del>		23. A	R Number	
	2120, Washington,	DC 20416. Please note, ho	sman and ctivities an 3247), or v wever, that your righ		irds to receive sponsiveness t small Business se Ombudsma	comments from small busines Administration in la in addition	im small businesses at ess. If you wish to com in, Office of the Nationa i to any other rights you	out federal agency ment on the il Ombudsman, 409 3rd

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District	Coal Dist 5	Field Office	Vansant, VA	Mine ID	
Dibuict	Cour Dioes	1 icia Office	Valibality V21	I THINK ID	

Mine Cita	ation/Order			ment of Labor and Health Administration	
Section IVi	olation Data				
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served	Tő	——————————————————————————————————————	5 Operator		
		· · · · · ·	<del>V sand Street</del>		
					(Contractor)
8. Conditio	n or Practice			Sa W	Vitten Motice (103a)

French Drain No. 3 located near the refuse bin was not being monitored or results recorded on the Weekly Impoundment Inspection report.

						See Continuation F	orm (MSHA F	orm 7000-3a)
9. Violation	A. Health [ ] Safety 7 Other [ ]	B. Section of Act	To the second	Part/Section of Title 30 CFR	<del></del>	77,216(a)		
Section II-Insp	ector's Evaluation							
10. Gravity:	a sa tanàna na mandria dia dia dia dia dia dia dia dia dia d							
	r Iliness (has) (is):		Unlikely 🗸	Reasonably Likely	/ High	ly Likely 📋	Occurred	
	r illness could rea- be expected to be		ys 🗹 Lost Wo	kdays Or Restricted D	Duty ☐ Pe	ermanently Disabl	ing 📋	Fatal []
C. Signific	ant and Substantia	al: Yes 🛄	No 📝		D. N	umber of Persons	Affected:	002
11. Negligeno	e (check one)	A. None [_]	B. Low [] C.	Moderate 📝	D. High []	E. Reckles	ss Disregard	
12. Type of A	ction 104	(a)	13. Type of Is	suance (check one)	Citation	order ∣		Safeguard []
14, Initial Act		C Safeguard [ ] C	Written Notice	E. Citation/ Order Number		F.	Dated	Mo Da Yr
16. Terminati	on Due A. Date	Mo Da Yr	3. Time (24 Hr. Clock	)				
Section IIITerr	nination Action	<u></u>	<del></del>			<del></del>	<del></del>	<del>-,,</del>
17. Action to		<del>سنجدي خيد منيد.</del>	1 C	<del></del>				
·	Tomming.							
18. Terminate	A. Date Mo	Da Yr B, Time (	24 Hr. Clock					
Section IV-Auto	omated System Data							
19. Type of Ir (activity		20. Event Number		21. Primary	or Mill			
22, Signatur						23. AR Number		
enforcement ac Street, SW MC	tions of MSHA, you π 2120, Washington, i	ian annually evaluates em lay call 1-888-REG-FAIR ( DC 20416. Please note, hosed penalties and obtain	mbudsman and 10 mement activities and r 1-888-734-3247), or writ owaver, that your right to	e the Ombudsman at Sm ofile a comment with the	s to receive comm insiveness to smal all Business Admil Ombudsman is in	ents from small bus I business. If you wi ilstration, Office of the addition to any other	Inesses about sh to commen he National On	federal agency t on the nbudsman, 409 3rd

Coal Dist 5 Field Office Vansant, VA Mine ID
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Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	
Section I-Violation Data		
1. Date Ma Da Vr 12 Time (24 Hr. Clock)	3. Citation/ Order Number	
4. Served To	15 Operator	
		ور د دوخن د بسون
		(Contractor)
8. Condition or Practice	8a. Written Notic	e (103g)

A section of the Uniform Section Mat (USM) was not being properly maintained. A section approximately 100 feet long by approximately 10 feet wide needs to be cleaned due to sediment build-up in the right side diversion ditch adjacent to curve no. 2. The sediment varies from approximately 6"-10" thick.

							See (	Continuation Fo	orm (MSHA 1	Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act			n/Section of e 30 CFR	······································		.216(a)		
Section II-Insp	ector's Evaluation									
10. Gravity:										
-	or Iliness (has) (is):	144 244 1427 1477	Unlikely	<b>V</b>	Reasonably Likel	у 🗀	Highly Lik	ely 🗌	Occurre	d 🗍
	or illness could rea- the expected to be		Workdays 😿 Lo	st Workday	s Or Restricted I	Duty [_]	Perman	ently Disabli	ng 📋	Fatal [_]
C. Signific	ant and Substantia	<sup>ll:</sup> Yes [	No 🗸		•		D. Numbe	r of Persons	Affected:	002
11. Negligen	ce (check one)	A. None	B. Low 📋	C. Mod	erate 🕢	D. High		E. Reckles	s Disregar	<b>i</b> [].
12. Type of A	Action 104	(a)	13. Typ	e of Issuan	ce (check one)	Ci	tation 📝	Order [	]	Safeguard [
14, Initial Act A. Citation		C. Safeguard	D. Written Notice		Citation/ Order Number			F.1	Dated	Mo Da Yr
15. Area or E		Mo Da Yr	B. Time (24 Hr.	Clock)	- <u></u>	1	<del></del>	<del>- 1</del>	<del>,</del>	<del></del>
Section III-Ten	mination Action									
17. Action to										
18. Terminate	A. Date Mo	Da Yr	Time (24 Hr. Clock							
The second secon	omated System Data									
19. Type of It (activity o		20. Event N	umber		21. Primar	y or Mill				•
22. Signature							23.7	AR Number		
enforcement ac Street, SW Mi	la tions. The Ombiosin tions of MSHA, you in C 2120, Washington,	isy call 1-888 RE DC 20416 Pleas		and 10 Regk as and rates of or write the rright to file a	onal Fairness Board each agency's respo Ombudsman at Sir I comment with the	is to receive onsiveness to all Business Ombudsma	comments from small busin Administration is in additional transfer i	om small busir ess. If you wis gn, Office of th n to any other	esses abou in to comme	nt on the

Mine Citati	ion/Order				ment of Labor and Health Ad		
Section I-Viola							
1. Date	Mo Da Yr	2. Time (24 Hr.	. Clock)			Citation/ Order Number	
4. Served To	į.	_		5 Operator			***
			e. —				
	·			·			(Cont
8. Condition		dwarf Tak	l Deck and an	meter BX-3 and	والمراجع المراجع		en Notice (10:
proper]	ly mainta	ined. The	instrume	ent was not se ing properly.			
		,					
						See Continuation Form (MS	HA Form 7000-
9. Violation	A. Health Safety 🗸 Other	B. Section of Act		C: Parl/Section of Title 30 CFR		77.216(a)	
Section IL Inco	and the same of th	_L	,				
COCHOIT IS HIGH	ector's Evaluation						
10. Gravity:	.,	: No Likelihood [	T Unlikely	Reasonably Lik	elv □ Hlál	ify Likely [] Occ	aurred [
10. Gravity: A. injury o B. injury o	r Illness (has) (is) r Illness could rea	F Contract Direct			=	· · · · · · · · · · · · · · · · · · ·	urred [
10. Gravity: A. Injury o B. Injury o sonably	r Iliness (has) (is) r Iliness could rea r be expected to b	(* No Lost Wo	rkdays [☑] L	Reasonably Lik	d Duty 🔲 💮 P	ermanently Disabling	Fatal [
10. Gravity: A. Injury o B. Injury o sonably C. Signific	r Iliness (has) (is) r Iliness could rea be expected to b ant and Substant	e: No Lost Wo	rkdays [2] L No [2]	ost Workdays Or Restricted	Duty P	ermanently Disabling	Fatal [
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10. Gravity: A. Injury o B. Injury o sonably C. Signific	or Illness (has) (ie) or Illness could rea observed to b ant and Substanti ce (check one) action 104	No Lost World: Yes  A. None  H(a)	rkdays <table-cell> L No 🗹 B. Low 🗍 13, Ty</table-cell>	C. Moderate   Check one)  E. Citation/	D. High	ermanently Disabling number of Persons Affecti E. Reckless Disre	Fatal Ced: 002
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10. Gravity: A. Injury of B. Injury of Sonably C. Significa 11. Negligeno 12. Type of A 14. Initial Act A. Citation 15. Area or E	or Illness (has) (ie) or Illness could rea be expected to b eant and Substant ce (check one) cotton 104 lon B. Order  quipment on Due A. Dal	A. None	rkdays [2] L  No [2]  B. Low   13. Ty  D. Written Not	C. Moderate   C. Moderate   pe of Issuance (check one)  E. Citation/ Order Number	D. High	ermanently Disabiling  lumber of Persons Affects  E. Reckless Disre	Fatal [ ed: 002 egard [ Safegu
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10. Gravity: A. Injury of Sonably C. Signific  11. Negligeno 12. Type of A  14. Initial Act A. Citation 15. Area or E  16. Terminate Section III—Ten 17. Action to	r Illness (has) (ie) r Illness could rea r be expected to b ant and Substanti se (check one) sciton 104 lon B. Order [ quipment  on Due A. Dai miniation Action  Terminate  ad A. Date M conated System Data	No Lost World World Wes  A. None  A. None  A. None  Mo Da Yr  Mo Da Yr  B. Tile	B. Low 13. Ty D. Written Not  B. Time (24 Hi	C. Moderate   C. Moderate   pe of Issuance (check one)  ce   E. Citation/ Order Number  r. Clock)	D. High Citation	ermanently Disabiling  lumber of Persons Affects  E. Reckless Disre	Fatal [ ed: 002 egard [ Safegu
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10. Gravity: A. Injury of B. Injury of Sonably C. Significant 11. Negligent 12. Type of A 14. Initial Action 15. Area or E 16. Terminate Section III—Terminate 17. Action to 18. Terminate Section IV—Auti 19. Type of Ir	r Illness (has) (ie) r Illness could rea r be expected to b ant and Substanti ce (check one) cition 104 lon B. Order  quipment  on Due A. Dal ministion Action  Terminate  ad A. Date M consted System Date respection	No Lost World World Wes  A. None  A. None  A. None  Mo Da Yr  Mo Da Yr  B. Tile	B. Low 13. Ty D. Written Not  B. Time (24 Hi	C. Moderate   C. Moderate   pe of Issuance (check one)  ce   E. Citation/ Order Number  r. Clock)	D. High Citation	ermanently Disabiling  lumber of Persons Affects  E. Reckless Disre	Fatal [ ed: 002 egard [ Safegu

	al Dist 5 F	Field Office	Vansant, VA	Mine ID			
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Mine Citat	ion/Order			U.S. Department of Mine Safety and H		on.	<b>«</b>
Section I-Viola			<u> </u>				
1. Date	Mo Da Yr	2. Time (24 Hr. (	Jlock)		3, Citation/ Order Numl	oër	
4. Served To	):			5. Operator	<u> </u>		
						*******	·
							(Contract
8. Condition						8a. Written I	
	mpany has ly maintai			r BX-4 and the			
			operating	was not sealed properly.	ı and rığıd	at the c	oliar.
		r <b>e</b> e management	, <b>- 1</b>	Red de Red de la company de l			
		•					
		•					
. determine					See Continu	ation Form (MSHA	Form 7000-3a)
9. Violation	A. Health  Safety	B. Section	(	C. Part/Section of Title 30 CFR	77 512	Z.A.	
	Other [	of Act		(109 20:01:(/	77.216	(a)	
Section II→Insc 10. Gravity:	ector's Evaluation			· · · · · · · · · · · · · · · · · · ·			
	or illness (has) (is):	No Likelihood	Unlikely 🕢	Reasonably Likely	Highly Likely	Occume	od [
	or illness could rea		davs ☑ Lost Wc	orkdays Or Restricted Duty	Permanently	Disabling []	Fatal [
	y be expected to be cant and Substantia	A1.			<del></del>	ersons Affected:	<del></del>
	27	al. Yes □	No 🗹				002
<del>منگر دور ور</del>	ce (check one)	A. None 🔲	B. Low 🗌 C	. Moderate 🕢 D. F	ligh 🗀 E. F	teckless Disregar	d []
<del>منگر دور ور</del>						Order 🔲	Safeguard
<del>منگر دور ور</del>	Action 104	(a)	13. Type of it	ssuance (check one)	Citation 🗹 (	Ninga [1]	Saleguaru
11. Negligen 12. Type of A	lion		<del></del>	E. Citation/	Citation 🗹 (	F. Dated	Mo Da Y
11. Negligen 12. Type of A 14. Initial Ac A. Citation	tion B. Order		D. Written Notice	<u> </u>	Citation 🗹 (		<del>a aga a Sira '</del>
11. Negligen 12. Type of A	tion B. Order		<del></del>	E. Citation/	Citation [2]		<del>a aga a Sira '</del>
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11. Negligen 12. Type of A 14. Initial Ac A. Citation 15. Area or E	tion B. Order   Equipment	C. Safeguard	D. Written Notice	E. Citation/ Order Number	Citation 2		<del>,</del>
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11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminat Section III—Ter	tion B. Order   Equipment  Ion Due A. Date  Immination Action	C. Safeguard	D. Written Notice	E. Citation/ Order Number	Citation 2		<del>,</del>
11. Negligen 12. Type of A 14. Initial Ac A. Citation 15. Area or E	tion B. Order   Equipment  Ion Due A. Date  Immination Action	C. Safeguard	D. Written Notice	E. Citation/ Order Number	Citation 2		<del>,</del>
11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminat Section III—Ter	tion B. Order   Equipment  Ion Due A. Date  Immination Action	C. Safeguard	D. Written Notice	E. Citation/ Order Number	Citation 2		<del>,</del>
11. Negligen 12. Type of A 14. Initial Ac A. Citation 15. Area or E 16. Terminat Section III—Ter 17. Action to	tion B. Order   Equipment  Ion Due A. Date  Initiation Action  Terminate	C. Safeguard	D. Written Notice	E. Citation/ Order Number	Citation (		<del>,</del>
11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminat Section III—Ter	tion B. Order   Equipment  Ion Due A. Date  Initiation Action  Terminate	C. Safeguard	D. Written Notice	E. Citation/ Order Number	Citation 2		<del>,</del>
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MSHA Form 700

a Small Business Regulatory Enforcement Falmess Act of 1998, the Small Business Administration has a stabilished a Ni enforcement act of the Small Business about federal agency and 10 Regional Falmess Boards to receive comments from small business about federal agency and rates each agency ensponsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REU-PAIR (1-888-78-7247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  Section I—Violation Date  1. Date  Mo Da Yr		al Dist 5	Field Office	Vansant, V	A Mine ID	_	
Mine Safety and Health Administration							
Mine Safety and Health Administration							
Section I—Violation Date  1. Date	Mine Cital	tion/Order		·			1
Secondition or Practice  See Continuation Form (MSHA Form 7000- 9. Violation   A. Health   B. Section   of Act   Other   Sefective   Other   Section   Injury or Illness could reascribe   Section   Section   Section   Section   Section   Other   O							
8. Condition or Practice  8. Condition or Practice  8. Condition or Practice  8. Written Notice (103 The Company has installed Pneumatic Piezometer BV-5 and the instrument was read and recorded on the 9-23-08 Weekly Impoundment Inspection report. The instrument read properly and was recorded on the weekly report.  9. Violation A. Health B. Section of Title 30 CFR 77.216(a)  Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (bits) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Cocurred D. Nighty or Illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantial: Yes No W D. No W D. High E. Reckless Disregard 11. Negligence (check one) A. None B. Low C. Moderate D. D. High E. Reckless Disregard 11. Type of Action 104(a) 13. Type of Issuance (check one) Citation V F. Dated Mo Da 14. Initial Action E. Citation V F. Dated Mo Da 15. Initial Action F. Dated Mo Da	1. Date	Mo Da Yr	12. Time (24 Hr	; Clock)			
B. Condition or Practice  The Company has installed Pneumatic Piezometer BV-5 and the instrument was read and recorded on the 9-23-08 Weekly Impoundment Inspection report. The instrument read properly and was recorded on the weekly report.  See Continuation Form (MSHA Form 7000-09-10-10-10-10-10-10-10-10-10-10-10-10-10-	4. Served To	<u> </u>			- Converter		
B. Condition or Practice  The Company has installed Pneumatic Piezometer BV-5 and the instrument was read and recorded on the 9-23-08 Weekly Impoundment Inspection report. The instrument read properly and was recorded on the weekly report.  See Continuation Form (MSHA Form 7000-09-10-10-10-10-10-10-10-10-10-10-10-10-10-				<del> </del>			
read and recorded on the 9-23-08 Weekly Impoundment Inspection report. The instrument read properly and was recorded on the	8. Condition	or Practice					2.00
9. Violation A. Health  B. Section of Act  C. Part/Section of Title 30 CFR  77.216(a)  Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred   B. Injury or Illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatai   C. Significant and Substantial: Yes  No    13. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard    14. Initial Action  F. Dated  Mo Da	read a	nd record	ded on the	9-23-08 Wee	ekly Impoundmen	t Inspection	report. The
9. Violation A. Health  B. Section of Act  C. Part/Section of Title 30 CFR  77.216(a)  Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred   B. Injury or Illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatai   C. Significant and Substantial: Yes  No    11. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard    12. Type of Action  104(a)  13. Type of Issuance (check one)  Citation  Order  Safegue    14. Initial Action  F. Dated  Mo Da							
9. Violation A. Health  B. Section of Act  C. Part/Section of Title 30 CFR  77.216(a)  Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred   B. Injury or Illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatai   C. Significant and Substantial: Yes  No    11. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard    12. Type of Action  104(a)  13. Type of Issuance (check one)  Citation  Order  Safegue    14. Initial Action  F. Dated  Mo Da							
9. Violation A. Health B. Section of Act C. Part/Section of Title 30 CFR 77.216(a)  Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (has) (is): No Likelihood Unlikely P. Reaeonably Likely Highly Likely Occurred D. Permanently Disabiling Fatal C. Significant and Substantial: Yes No W. Lost Workdays Or Restricted Duty Permanently Disabiling Fatal D. Number of Persons Affected: 002  11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 1. Type of Action 104(a)  13. Type of Issuance (check one) Citation Order Safegue 14. Initial Action E. Citation/F. Dated Mo Da		·v					
9. Violation A. Health B. Section of Act C. Part/Section of Title 30 CFR 77.216(a)  Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (has) (is): No Likelihood Unlikely P. Reaeonably Likely Highly Likely Occurred D. Permanently Disabiling Fatal C. Significant and Substantial: Yes No W. Lost Workdays Or Restricted Duty Permanently Disabiling Fatal D. Number of Persons Affected: 002  11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 1. Type of Action 104(a)  13. Type of Issuance (check one) Citation Order Safegue 14. Initial Action E. Citation/F. Dated Mo Da							
9. Violation A. Health  B. Section of Act  C. Part/Section of Title 30 CFR  77.216(a)  Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred   B. Injury or Illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatai   C. Significant and Substantial: Yes  No    11. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard    12. Type of Action  104(a)  13. Type of Issuance (check one)  Citation  Order  Safegue    14. Initial Action  F. Dated  Mo Da							
Safety  of Act						See Continue	ion Form (MSHA Form 7000
Other   Section II-Inspector's Evaluation	9. Violation			and the state of t		77 2460	
10. Gravity:  A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred    B. Injury or Illness could reasonably be expected to be: No Lost: Workdays  Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatal    C. Significant and Substantial: Yes  No    11. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard    12. Type of Action  104(a)  13. Type of Issuance (check one)  Citation  Order  Safegue    14. Initial Action  F. Dated  Mo Da		Other 🗌			(1.0 50 57.11	77.210(	건. 
B. Injury or Illness could reasonably be expected to be:  No Lost Workdays V Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantial:  Yes No V D. Number of Persons Affected: 002  11. Negligence (check one) A. None B. Low C. Moderate V D. High E. Reckless Disregard 12. Type of Action 104(a)  13. Type of Issuance (check one) Citation V Order Safegur 14. Initial Action E. Citation/ F. Dated Mo Da				) <del>I - S Wuits ( )</del>			
soriably be expected to be: No Lost Workdays W Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantial: Yes No W D. Number of Persons Affected: 002  11. Negligence (check one) A. None B. Low C. Moderate W D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation V Order Safegur 14. Initial Action F. Dated Mo Da	A. Injury	23.3		Unfikely 🗸	Reasonably Likely	Highly Likely	Occurred [
11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation D. Order Safegur 14. Initial Action E. Citation/ F. Dated Mo Da	B Interve			xrkdays 🗹 Lost 🗸	Workdays Or Restricted Duty	Permanently D	
12. Type of Action 104(a) 13. Type of issuance (check one) Citation ☑ Order ☐ Safegur 14. Initial Action ☐ E. Citation ☑ F. Dated Mo Da	sonabl	ly be expected to				1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14. Initial Action E. Citation/ F. Dated Mo Da	sonabl	ly be expected to	Walt	No 🗹		D. Number of Per	sons Affected: 002
	sonabl C. Signifi	ly be expected to loant and Substan	ntial: Yes ∐		C. Moderate 🗹 D.	High [ E. Re	002
	Sonable C. Signification of August 12. Type of Augu	ly be expected to licant and Substan nce (check one)  Action 10	ntial: Yes ☐ A. None ☐	B, Low []		High [ E. Re	ckless Disregard
15. Area or Equipment	Sonable C. Signification 11. Negligen 12. Type of / 14. Initial Ac	ly be expected to cant and Substance (check one)  Action 10	A. None	B, Low []	of Issuance (check one)  E. Citation/	High [ E. Re	ckless Disregard   der   Safeg
	Sonable C. Signification 11. Negligen 12. Type of / 14. Initial Act A. Citation	ty be expected to cant and Substan nice (check one)  Action 10  stion B. Order	A. None	B, Low []	of Issuance (check one)  E. Citation/	High [ E. Re	ckless Disregard   der   Safeg
	Sonable C. Signiffi  11. Negligen 12. Type of A. Citation 15. Area or E	ly be expected to locant and Substance (check one)  Action 10  Idlon B, Order [ Equipment	A. None   34(a)   C. Safeguard	B, Low []	of Issuance (check one)  E. Citation/	High [ E. Re	ckless Disregard   der   Safeg
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)	Sonable C. Signiffi  11. Negligen 12. Type of A. Citation 15. Area or E	ly be expected to loant and Substan nice (check one)  Action 10  Ition B. Order [ Equipment	A. None   4(a) C. Safeguard	B, Low   13. Type o	of Issuance (check one)  E. Citation/ Order Number	High [ E. Re	ckless Disregard   der   Safeg
Section III—Termination Action	Soriable C. Signiffi 11. Negligen 12. Type of A. Citation 15. Area or E. 16. Terminat Section III—Terminat	ly be expected to locant and Substan noce (check one)  Action 10  Action B, Order Equipment  Ition Due A, Darmination Action	A. None	B, Low 13. Type o  13. Type o  D. Written Notice  B. Time (24 Hr. Cl	f issuance (check one)  E. Citation/ Order Number  ock)	High ☐ E. Re	ckless Disregard Safeg
Section III-Termination Action  17. Action to Terminate The Company monitored Piezometer BV-5 on and recorded	Social II-Terminat Section III-Terminat Section III-Terminat	ty be expected to locant and Substan noce (check one)  Action 10  Action B. Order Equipment  A. Da comination Action  Termination Action	A. None	B. Low   13. Type of D. Written Notice   B. Time (24 Hr. Cl	f Issuance (check one)  E. Citation/ Order Number  ock)  Piezometer BV-5	High ☐ E. Re Citation ☑ Or	ckless Disregard Safeg
Section III—Termination Action	Social II-Terminat Section III-Terminat Section III-Terminat	ty be expected to locant and Substan noce (check one)  Action 10  Action B. Order Equipment  A. Da comination Action  Termination Action	A. None	B. Low   13. Type of D. Written Notice   B. Time (24 Hr. Cl	f Issuance (check one)  E. Citation/ Order Number  ock)  Piezometer BV-5	High ☐ E. Re Citation ☑ Or	ckless Disregard Safeg
Section III—Termination Action  17. Action to Terminate The Company monitored Piezometer BV-5 on and recorded	Social So	ly be expected to locant and Substan nice (check one)  Action 10  Action B, Order [ Equipment  Ition Due A, Da  Immination Action The Sults on the Sults on the standard on the sults on the standard on the sults of the sults on the sults on the sults on the sults on the sults of	A. None   A. None   A. None   C. Safeguard   The Mo Da Yr  The Company  The Weekly	B. Low   13. Type of D. Written Notice   B. Time (24 Hr. Cl	f Issuance (check one)  E. Citation/ Order Number  ock)  Piezometer BV-5	High ☐ E. Re Citation ☑ Or	ckless Disregard Safeg
Section III—Termination Action  17. Action to Terminate The Company monitored Piezometer BV-5 on the results on the Weekly Impoundment Inspection Report.  18. Terminated A. Date MoDa Yr 3. Time (24 Hr. Clock  Section IV—Automated System Data	Social III-Tell 18. Terminat Section IV-Au	ly be expected to locant and Substan nice (check one)  Action 10  Ition B. Order [ Equipment   A. Date   Da	A. None   A. Non	B. Low   13. Type of 13. Type of 13. Type of 15. Time (24 Hr. Clock	fissuance (check one)  E. Citation/ Order Number  ock)  Piezometer BV-5  nt Inspection R	High E. Re Citation Or  i on Report.	ckless Disregard Safeg
Section III—Termination Action  17. Action to Terminate The Company monitored Piezometer BV-5 on the Weekly Impoundment Inspection Report.  18. Terminated A. Date MoDa Yr 3. Time (24 Hr. Clock	sonable C. Signiffi  11. Negligen 12. Type of / 14. Initial Ac A. Citation 15. Area or E  16. Terminat  Section III—Ter 17. Action to the rei 18. Terminat  Section IV—Au 19. Type of I	ly be expected to locant and Substan nice (check one)  Action 10  Action 10  Action B. Order [ Equipment  Ition Due A. Da  Immination Action The Sull ts On Ition	A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None  A. No	B. Low   13. Type of 13. Type of 13. Type of 15. Time (24 Hr. Clock	fissuance (check one)  E. Citation/ Order Number  ock)  Piezometer BV-5  nt Inspection R	High E. Re Citation Or  i on Report.	ckless Disregard Safeg
Section III—Termination Action  17. Action to Terminate The Company monitored Piezometer BV-5 on and recorded the results on the Weekly Impoundment Inspection Report.  18. Terminated A. Date Mo Da Yr 3. Time (24 Hr. Clock  Section IV—Automated System Date  19. Type of Inspection 20. Event Number 21. Primary or Mili	sonable C. Signiffi  11. Negligen 12. Type of / 14. Initial Ac A. Citation 15. Area or E  16. Terminat  Section III—Te 17. Action to the rei 18. Terminat  Section IV—Au  19. Type of I (activity of	ly be expected to locant and Substan nice (check one)  Action 10  Ition B. Order [ Equipment   A. Date   A	A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None  A. No	B. Low   13. Type of 13. Type of 13. Type of 15. Time (24 Hr. Clock	fissuance (check one)  E. Citation/ Order Number  ock)  Piezometer BV-5  nt Inspection R	High DE. Re Citation Or  i on Report.	ckless Disregard Safeg
Section III-Termination Action  17. Action to Terminate The Company monitored Piezometer BV-5 on the results on the Weekly Impoundment Inspection Report.  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Section IV-Automated System Data  19. Type of Inspection (activity code) T02  20. Event Number 21. Primary or Mill	sonable C. Signiffi 11. Negligen 12. Type of / 14. Initial Act A. Citation 15. Area or E 16. Terminat Section III-Ter 17. Action to the rei 18. Terminat Section IV-Au 19. Type of I (activity i 22. Signature MSHA Form 7	ly be expected to locant and Substan nee (check one)  Action 10  Ition B. Order Equipment  Ition Due A. Date Inspection Code)  To each of the code of	A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None   A. None  A. Non	B. Low   13. Type of  13. Type of  D. Written Notice  B. Time (24 Hr. Cl  monitored I  y. Impoundment  lime (24 Hr. Clock  wisions of the  visions of the	Fissuance (check one)  E. Citation/ Order Number  ock)  Piezometer BV-5  nt Inspection R  21. Primary or I	High E. Rec Citation Or Or Citation 2 Or Report.	ckless Disregard   der   Safegi F. Dated Mo D:  and recorded  the Small Business Administ

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section I-Violation Data	
1. Date Mo Da Yr 2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator
	<del></del>
	(Contra
8. Condition or Practice The Company has installed Preumatic	8a. Writen Notice (103) Piezometer BV-6 and the instrument was
read and recorded on the	ekly Impoundment Inspection report. The
instrument read properly on S	and was recorded on the weekly report.
	· · · · · · · · · · · · · · · · · · ·
	See Continuation Form (MSHA Form 7000-3
9. Violation A. Health B. Section	C. Part/Section of
Safety Of Act Other	Title 30 CFR 77,216(a)
Section II—Inspector's Evaluation	
10. Gravity: A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ▼	Reasonably Likely   Highly Likely   Occurred
B; injury or illness could rea-	t Workdays Or Restricted Duty Permanently Disabling Fatal
C. Clearifform and Cubatanitati	In management
Too L. NO V	002
11. Negligence (check one) A. None B. Low D	C. Moderate ☑ D. High ☐ E. Reckless Disregard ☐
The second secon	ranta a company talang a company and a company and a company a company and a company and a company a company a
	of Issuance (check one) Citation 🕢 Order 🗌 Safegue
12. Type of Action 104(a) 13. Type 14. Initial Action	E. Citation/ F. Dated Mo Da
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ F. Dated Mo Da
12. Type of Action 104(a) 13. Type 14. Initial Action	E. Citation/ F. Dated Mo Da
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ F. Dated Mo Da
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ F. Dated Mo Da Order Number
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. C	E. Citation/ F. Dated Mo Da Order Number
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr  Section III—Termination Action	E. Citation/ Order Number F. Dated Mo Da
12. Type of Action 104(a) 13. Type  14. Initial Action B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Coscion IIITermination Action  17. Action to Terminate The Company monitored	E. Citation/ Order Number F. Dated Mo Da
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Constitution of the Section III—Termination Action The Company monitored the results on the Weekly I	E. Citation/ Order Number F. Dated Mo Da  Clock)  Piezometer BV-6 on and recorded
12. Type of Action 104(a) 13. Type  14. Initial Action B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Coscion IIITermination Action  17. Action to Terminate The Company monitored	E. Citation/ Order Number F. Dated Mo Da  Clock)  Piezometer BV-6 on and recorded
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Constitution of the Section III—Termination Action The Company monitored the results on the Weekly I	E. Citation/ Order Number F. Dated Mo Da  Clock)  Piezometer BV-6 on and recorded
12. Type of Action 104(a) 13. Type  14. Initial Action B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Company monitored the results on the Weekly I  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Company monitored the results on the Weekly I  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Section IV-Automated System Data  19. Type of Inspection 20. Event Number	E. Citation/ Order Number F. Dated Mo Da  Clock)  Piezometer BV-6 on and recorded
12. Type of Action 104(a) 13. Type  14. Initial Action B. Order C. Safeguard D. Written Nolice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Company monitored the results on the Weekly I.  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Cock Section IV-Automated System Data	Clock)  Piezometer BV-6 on and recorded Impoundment Inspection Report.
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Coscion III—Termination Action  17. Action to Terminate The Company monitored the results on the Weekly I  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Section IV—Automated System Data  19. Type of Inspection (activity code) T02  20. Event Number (22. Signature)	Clock)  Piezometer BV-6 on and recorded Impoundment Inspection Report.

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Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	4
Section t-Violation Data		
1. Date Ma Da Yr 2. Time (24 Hr. Clock)	3. Citation/ Order Number	
4. Served To	E Operator	
	- Managarian	
8. Condition or Practice	(Con 8a. Written Notice (10	
Based upon review of the impoundmen	t inspection notes the weekly examiner	-
	for the weekly impoundment inspection did not examine French Drains (FD) Nos decant discharge and the French Drain	
	See Continuation Form (MSHA Form 7000	1-3a)
9. Violation A. Health Safety Other Other	C. Part/Section of Title 30 CFR 77.216-3(a)(1)	
Section II—Inspector's Evaluation  10. Gravity:		
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely Highly Likely Occurred O	
B. Injury or Illness could reasonably be expected to be: No Lost Workdays 🗹 Lost	Workdays Or Restricted Duty Permanently Disabling Fatal [	<u> </u>
C, Significant and Substantial: Yes ☐ No ☑	D, Number of Persons Affected: 002	
11. Negligence (check one) A. None B. Low D	C. Moderate ☑ D. High ☐ E. Reckless Disregard ☐	
Carrier and the second	C. Moderate ☑ D. High ☐ E. Reckless Disregard ☐  of issuance (check one). Citation ☑ Order ☐ Safes	luar
12. Type of Action 104(a) 13. Type 14. Initial Action	of Issuance (check one): Citation ☑ Order ☐ Safet	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action B. Order C. Safeguard D. Written Notice	of Issuance (check one): Citation ☑ Order ☐ Safet	ببب
12. Type of Action 104(a) 13. Type 14. Initial Action	of Issuance (check one): Citation ☑ Order ☐ Safet	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action B. Order C. Safeguard D. Written Notice	of Issuance (check one): Citation	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date B. Time (24 Hr. Co	of Issuance (check one): Citation	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date B. Time (24 Hr. C	of Issuance (check one): Citation	ببب
12. Type of Action 104(a) 13. Type  14. initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date  Mo Da Yr B. Time (24 Hr. Communication Action)  17. Action to Terminate	of Issuance (check one): Citation	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date  Mo Da Yr B. Time (24 Hr. Co	of Issuance (check one): Citation	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Co. Saction III—Terminated A. Date Mo Da Yr B. Time (24 Hr. Co. Saction IV—Automated System Data	of Issuance (check one).  Clation  Corder  Clation Corder Number  Clock)  Clation  Clation  Corder  Clation Corder Number  Clation Clation Corder Number  Clation Clation Corder Number  Clation Corder  Co	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date B. Time (24 Hr. Cock  Section III—Terminated A. Date Mo Da Yr B. Time (24 Hr. Cock	of Issuance (check one): Citation	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. C. Section III—Terminate)  17. Action to Terminate  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Section IV—Automated System Data  19. Type of Inspection 20. Event Number	of Issuance (check one).  Clation  Corder  Clation Corder Number  Clock)  Clation  Clation  Corder  Clation Corder Number  Clation Clation Corder Number  Clation Clation Corder Number  Clation Corder  Co	ببب
12. Type of Action 104(a) 13. Type  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date B. Time (24 Hr. Coscion III—Termination Action  17. Action to Terminate  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Section IV—Automated System Data  19. Type of Inspection (activity code) E23  20. Event Number Blons of the Blong of the Blons of the Blong of the B	of Issuance (check one): Citation	ia \

trict Coal Dist 5	Field Office	Vansant, V	A Mine	ID [			
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Mine Citation/Order				rtment of L		a	6
Az Tozak a menang sa mang	<del></del>	<del></del>	Mine Safet	y and Health	n Administra	ation	· · · · · · · · · · · · · · · · · · ·
Section I–Violation Data  1. Date <u>Mo Da Yr</u>	2. Time (24 Hr. Cloc	หา			3. Citation/		
					Order Nu	mber	
4. Served To			5. Operator				
							. <del> </del>
							(Contrac
B. Condition or Practice							n Notice (103g)
<u>The Fire Extin</u>							
dusting device,							
usable and opera attached tag for							
Fire extinguishe							
evidence that th							, ,,,,,,,,,,
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the state of the s					See Cont	invation Form (MSF	IA Form 7000-3a)
Violation A. Health ☐ Safety ✔	B. Section		C. Part/Section of				<del></del>
	of Act	ļ	Title 30 CFR		75.11	00-3	
Other	of Act		Title 30 CFR	<del></del>	75.11	00-3	
Other ection il-inspector's Evaluation	of Act	<del></del>	Title 30 CFR	<del></del>	75.11	00-3	
Other	of Act  No Likelihood	Unlikely 🗹	Title 30 CFR Reasonably L	ikely []	75.11 Highly Likely		rred 🗀
Other  ection II-inspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is);  B. Injury or Illness could rea-	No Likelihood		Reasonably L		Highly Likely	Occur	
other colon II-Inspector's Evaluation Office Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be	No Likelihood ☐ No Lost Workdays	Lost W		led Duty 🔽	Highly Likely Permanenti	Occur	Fatal []
Other Control of the	No Likelihood ☐ No Lost Workdays	Lost W	Reasonably L forkdays Or Restrict	led Duty 🔽	Highly Likely Permanent	Occur y Disabling	Fatal []
Other Control of the Control of C	No Likelihood ☐ No Lost Workdays	Cost W	Reasonably L orkdays Or Restrict	led Duty 🗹 D. High [	Highly Likely Permanenti D. Number of	Occur ly Disabling  Persons Affected Reckless Disreg	Fatal: [] 1: 001 ard []
Other	No Likelihood ☐ No Lost Workdays	Cost W	Reasonably Lorkdays Or Restrict  C. Moderate	led Duty 🔽	Highly Likely Permanent	Occur y Disabling Persons Affected Reckless Disreg Safeguard	Fatal: [] I: 001 ard [] Written Notice
Other	No Likelihood   No Lost Workdays  I: Yes No  A. None B.	Low C	Reasonably L  forkdays Or Restrict  Moderate   ance (check one)  E. Citation/	D. High [	Highly Likely Permanenti D. Number of	Occur ly Disabling  Persons Affected Reckless Disreg	Fatal
other colon II-Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action B. Order	No Likelihood   No Lost Workdays  I: Yes No  A. None B.	Cost W	Reasonably L  forkdays Or Restrict  Moderate   ance (check one)  E. Citation/	D. High [	Highly Likely Permanenti D. Number of	Occur y Disabling Persons Affected Reckless Disreg Safeguard	Fatal
other colon II-Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action B. Order	No Likelihood   No Lost Workdays  I: Yes No  A. None B.	Low C	Reasonably L  forkdays Or Restrict  Moderate   ance (check one)  E. Citation/	D. High [	Highly Likely Permanenti D. Number of	Occur y Disabling Persons Affected Reckless Disreg Safeguard	Fatal
Other Control of the Control of the Control of Control	No Likelihood   No Lost Workdays  I: Yes No  A. None B.	Low C	Reasonably L  forkdays Or Restrict  Moderate   ance (check one)  E. Citation/	D. High [	Highly Likely Permanenti D. Number of	Occur y Disabling Persons Affected Reckless Disreg Safeguard	Fatal [] I: 001 ard [] Written Notice
Other Control of the colon II-Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is); B. Injury or Illness could reasonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order 5. Area or Equipment	No Likelihood   No Lost Workdays  I: Yes No A. None B.  C. Safeguard D. No	tost W  Low C  13. Type of Issue	Reasonably L  forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl	D. High [	Highly Likely Permanenti D. Number of	Occur y Disabling Persons Affected Reckless Disreg Safeguard	Fatal [] I: 001 ard [] Written Notice
Other Control of the colon II-Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is); B. Injury or Illness could reasonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order 5. Area or Equipment	No Likelihood   No Lost Workdays  I: Yes No A. None B.  C. Safeguard D. No	Low C	Reasonably L  forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl	D. High [	Highly Likely Permanenti D. Number of	Occur y Disabling Persons Affected Reckless Disreg Safeguard	Fatal [] I: 001 ard [] Written Notice
other cecton II-inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is); B. Injury or Illness could reasonably be expected to be: C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order 1 5. Area or Equipment 6. Termination Due A. Date	No Likelihood   No Lost Workdays  I: Yes No A. None B.  C. Safeguard D. No	tost W  Low C  13. Type of Issue	Reasonably L  forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl	D. High [	Highly Likely Permanenti D. Number of	Occur y Disabling Persons Affected Reckless Disreg Safeguard	Fatal [] I: 001 ard [] Written Notice
Other	No Likelihood  No Lost Workdays  Yes No A. None B.  C. Safeguard D. V.  Mo Da Yr B.  e Fire Extin	Low Cost W  13. Type of Issue Written Notice Co	Reasonably L forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl	D. High [Citation [V]]	Highly Likely Permanent D. Number of D. Corder With a	Occur y Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated	Fatal [] i: 001 ard [] Written Notice Mo Da Y
Other	No Likelihood  No Lost Workdays  Yes No A. None B.  C. Safeguard D. V  Mo Da Yr B.  e Fire Extin t is being p	Low Cost W  13. Type of Issue Written Notice  Time (24 Hr. Clock guisher h rovided w	Reasonably L  forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl  k)  has been r  with both	D. High [Citation [V]]	Highly Likely Permanent D. Number of D. Corder With a	Occur y Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated	Fatal [] i: 001 ard [] Written Notice Mo Da Y
Other	No Likelihood  No Lost Workdays  No Lost Workdays  Yes No A. None B.  C. Safeguard D. V  Mo Da Yr B.  e Fire Extint is being pometal tag to	Low Cost W  13. Type of Issue Written Notice  Time (24 Hr. Clock guisher h rovided w	Reasonably L  forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl  k)  has been r  with both	D. High [Citation [V]]	Highly Likely Permanent D. Number of D. Corder With a	Occur y Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated	Fatal [] i: 001 ard [] Written Notice Mo Da Y
Other	No Likelihood  No Lost Workdays  Yes No A. None B.  C. Safeguard D. V  Mo Da Yr B.  e Fire Extin t is being p	Lost W Low C 13. Type of Issue Written Notice  Time (24 Hr. Clock guisher I rovided w record e	Reasonably L  forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl  k)  has been r  with both	D. High [Citation [V]]	Highly Likely Permanent D. Number of D. Corder With a	Occur y Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated	Fatal [] i: 001 ard [] Written Notice Mo Da Y
Other Control	No Likelihood  No Lost Workdays  Yes No A. None B.  C. Safeguard D. No B.  Which is being possible being possib	Lost W Low C 13. Type of Issue Written Notice  Time (24 Hr. Clock guisher I rovided w record e	Reasonably L  forkdays Or Restrict  C. Moderate   ance (check one)  E. Citation/ Order Numl  k)  has been r  with both	D. High [Citation [V]]	Highly Likely Permanent D. Number of D. Corder With a	Occur y Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated	Fatal [] i: 001 ard [] Written Notice Mo Da Y
Other	No Likelihood  No Lost Workdays  Yes No A. None B.  C. Safeguard D. No B.  Which is being possible being possib	Lost W Low C 13. Type of Issue Written Notice  Time (24 Hr. Clock guisher I rovided w record e	Reasonably L  Torkdays Or Restrict  C. Moderate   C. Moder	D. High [Citation [V]]	Highly Likely Permanent D. Number of D. Corder With a	Occur y Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated	Fatal [] I: 001 ard [] Written Notice Mo Da Y
Other	No Likelihood  No Lost Workdays  No Lost Workdays  Yes No A. None B.  C. Safeguard D. V  Mo Da Yr B.  e Fire Extint is being pometal tag to  Da Yr B. Time (24)	Lost W Low C 13. Type of Issue Written Notice  Time (24 Hr. Clock guisher I rovided w record e	Reasonably L  Torkdays Or Restrict  C. Moderate   C. Moder	D. High [Citation [V]]  ber  eplaced a pull pas on.	Highly Likely Permanenti D. Number of E. Order   with a pin and	Occur by Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated  new fire tamper p	Fatal [] i: 001 ard [] Written Notice Mo Da Yi
Other	No Likelihood  No Lost Workdays  No Lost Workdays  Yes No A. None B.  C. Safeguard D. V  Mo Da Yr B.  e Fire Extint is being pometal tag to  Da Yr B. Time (24)	Lost W Low C 13. Type of Issue Written Notice  Time (24 Hr. Clock guisher I rovided w record e	Reasonably L  Torkdays Or Restrict  C. Moderate   C. Moder	D. High [Citation [V]]  ber  eplaced a pull pas on.	Highly Likely Permanent D. Number of D. Corder With a	Occur by Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated  new fire tamper p	Fatal [] i: 001 ard [] Written Notice Mo Da Yi
Other	No Likelihood   No Lost Workdays   Yes   No A. None   B.  C. Safeguard   D. V.  Mo Da Yr B.  e Fire Extin per tis being per tis	Lost W Low C Low C 13. Type of Issue Written Notice C  Time (24 Hr. Clock  guisher h rovided w record e Hr. Clock)	Reasonably L  Torkdays Or Restrict  C. Moderate   C. Moder	D. High { Citation 📝  ber  eplaced a pull proportion on .	Highly Likely Permanenti D. Number of E. Order []  With a pin and	Occur by Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated  rew fire tamper p	Fatal [] i: 001 ard [] Written Notice Mo Da Yi

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section (-Violation Data	Willie Salety and Account Amilionalistic
1. Date Mo Da Yr 2. Time (24 Hr, Clock)	3. Citation/
L Copyel To	Order Number
	(Contractor)
B. Condition of Practice	8a, Written Notice (103g)
	133, being used on the active 012 MMU, is ting condition. Three Hydraulic fluid hoses
	the metal wires of the hose have become
	's side (left side) of the machine the Mast
	inches long and 1/2 inch wide and the Drill
	nd $1/2$ inches long and $1/2$ inch wide. On the
	ne the Drill Pot hose has a damaged area of
	de. These hoses are supplying pressurized
	es when in use. These hoses are located in Operator's work areas in which they install
	sis. This condition exposes the two
Operators to possible flailing inju	
	See Continuation Form (MSHA Form 7000-3a)
O. Violation A. Health B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
Other	
Section II-Inspector's Evaluation  O. Gravity:	and the second s
A injury of inness (rias) (is). The Likelinood   Onlikely	Reasonably Likely   Highly Likely   Occurred
B. Injury or Illness could rea-	
B. Injury or Illness could reasonably be expected to be: No Lost Workdays Los	it Workdays Or Restricted Duty 🗸 Permanently Disabling 📗 Fatal 🗍
B. Injury or Illness could rea-	
B. Injury or Illness could reasonably be expected to be:  No Lost Workdays  Lost	it Workdays Or Restricted Duty 🗸 Permanently Disabling 📗 Fatal 🗍
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No  No Lost Workdays  No	it Workdays Or Restricted Duty  Permanently Disabling  Fatal  D. Number of Persons Affected: 002  C. Moderate  D. High  E. Reckless Disregard  Ssuance (check one) Citation  Order  Safeguard  Written Notice
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes V No  1. Negligence (check one)  A. None  B. Low  2. Type of Action  104(a)  13. Type of Is	D. Number of Persons Affected: 002  C. Moderate D. D. High E. Reckless Disregard Sauance (check one) Citation Order Safeguard Written Notice  E. Citation/ F. Dated Mo Da Yr
B. Injury or Illriess could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action  104(a)  13. Type of Is  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice	ti Workdays Or Restricted Duty ☑ Permanently Disabling ☐ Fatal ☐  D. Number of Persons Affected: 002  C. Moderate ☑ D. High ☐ E. Reckless Disregard ☐  ssuance (check one) Citation ☑ Order ☐ Safeguard ☐ Written Notice ☐  E. Citation/ F. Dated Mo Da Yr
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes V No  1. Negligence (check one)  A. None  B. Low  2. Type of Action  104(a)  13. Type of Is	D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Suance (check one) Citation Order Safeguard Written Notice  E. Citation/ F. Dated Mo Da Yr
B. Injury or Illriess could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action  104(a)  13. Type of Is  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice	D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Suance (check one) Citation Order Safeguard Written Notice  E. Citation/ F. Dated Mo Da Yr
B. Injury or Illriess could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action  104(a)  13. Type of Is  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment	Permanently Disabiling Fatal Disability Disability Permanently Disability Fatal Disability Disabili
B. Injury or Illriess could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action  104(a)  13. Type of Is  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice	Permanently Disabiling Fatal Disabiling Di
B. Injury or Illriess could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action  104(a)  13. Type of Is  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment	Permanently Disabiling Fatal D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Sesuance (check one) Citation Order Safeguard Written Notice  E. Citation/Order Number
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action 104(a)  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment  6. Termination Due  A. Date   Mo Da Yr  B. Time (24 Hr. Coefflon III)—Termination Action	Permanently Disabiling Fatal D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Sesuance (check one) Citation Order Safeguard Written Notice  E. Citation/Order Number
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action 104(a)  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment  6. Termination Due  A. Date   Mo Da Yr  B. Time (24 Hr. Coefflon III)—Termination Action	D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Sequence (check one) Citation Order Safeguard Written Notice  E. Citation/ Grder Number  Clock)
B. Injury or Illriess could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action 104(a)  13. Type of Is  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment  6. Termination Due  A. Date   Mo Da Yr  B. Time (24 Hr. Coepton III—Termination Action  7. Action to Terminate The hoses have been responsible to the property of the content of the property of the content of the hoses have been responsible to the hoses h	D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Sequence (check one) Citation Order Safeguard Written Notice  E. Citation/ Grder Number  Clock)
B. Injury or Illriess could reasonably be expected to be:  C. Significant and Substantial:  Yes V No  1. Negligence (check one)  A. None  B. Low  2. Type of Action 104(a)  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment  6. Termination Due  A. Date  Mo Da Yr  B. Time (24 Hr. Coeption III—Termination Action  7. Action to Terminate  The hoses have been results.	D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Sequence (check one) Citation Order Safeguard Written Notice  E. Citation/ Grder Number  Clock)
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes   No   1. Negligence (check one)  A. None  B. Low   2. Type of Action 104(a)  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment  6. Termination Due  A. Date   Mo Da Yr  B. Time (24 Hr. Country)  B. Tome (24 Hr. Country)  C. Safeguard  D. Written Notice  6. Termination Due  A. Date   Mo Da Yr  B. Time (24 Hr. Country)  C. Safeguard  D. Written Notice  C. Safeguard  D. Written Notice  C. Termination Due  A. Date   Mo Da Yr  C. Safeguard  D. Written Notice  C. Safeguard  D. Written Notice  C. Termination Due  A. Date   Mo Da Yr  C. Safeguard  D. Written Notice  C. Safeguard  D. Wri	D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Sequence (check one) Citation Order Safeguard Written Notice  E. Citation/ Grder Number  Clock)
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes  No  1. Negligence (check one)  A. None  B. Low  2. Type of Action  1.04(a)  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment  6. Termination Due  A. Date  Mo Da Yr  B. Time (24 Hr. Could be action)  7. Action to Terminate  The hoses have been reaction in the incomplete of the could be action.  8. Terminated  A. Date  Mo Da Yr  Time (24 Hr. Clock)  8. Terminated  A. Date  Mo Da Yr  Time (24 Hr. Clock)  9. Type of inspection  20, Event Number	D. Number of Persons Affected: 002  C. Moderate D. High E. Reckless Disregard Sequence (check one) Citation Order Safeguard Written Notice  E. Citation/ Grder Number  Clock)
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No  1. Negligence (check one)  A. None  B. Low  2. Type of Action  104(a)  4. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  5. Area or Equipment  6. Termination Due  A. Date  Mo Da Yr  B. Time (24 Hr. Cleck)  ection III—Terminated A. Date  Mo Da Yr  R. Time (24 Hr. Cleck)  8. Terminated A. Date  Mo Da Yr  Time (24 Hr. Cleck)  8. Terminated A. Date  Mo Da Yr  R. Time (24 Hr. Cleck)	Permanently Disabiling Fatal Disabiling Patal Disabiling Patal Disabiling Patal Disabiling Disabiling Patal Disabiling Disabiling Patal Disabiling Disabil

fine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
ection i-Subsequent Action/Continuation Da	tà		
Subsequent Action 1a. Continuation	2. Dated Mo C (Original Issue)	3. Citation/ Order Number	
Served To		5 Operator	
		-	(Contractor)
ection II-Justification for Action			
ontinuation of 8, Condition or Practice		A production	

Section III-Subsequent Action Taken

8. Extended To A. Date Mo Da Yr B. Time (24 Hr. Clock) C. Vacated D. Terminated E. Modified

Section IV-Inspection Data

9. Type of Inspection E02 10. Event Number

11. Signature 12. Date Mo Da Yr 13. Time (24 Hr. Clock)

MSHA Form 7000

				÷		
Mine Citati	ion/Order	•			nent of Labor and Health Administration	4
Section I-Viola	ition Data	<del>He 113, 213, 213, 214, 214, 214, 214, 214, 214, 214, 214</del>	- 125	, in the same of t		
1. Date	Ma Da Vr	2. Time (24 Hr. C	Clock)		3. Citation/ Order Number	
4. Served To	67/74/F-33		<u> </u>	5 Operator		<del></del>
						(Contract
8. Condition (	or Practice		<u> </u>		8a. Wri	tten Notice (103g)
					oof Bolter S.N. 9013	
					ly maintained. The p	
					cated in the Operato	
					m has been created d he pressure from the	
					er and properly disp	
					ish a fire on this m	
~ J 0		.0.200 02 01		or co cheange		don'the.
					See Continuation Form (M	SHA Form 7000 33\
. Violation	A. Health U	B. Section of Act	· · · · · · · · · · · · · · · · · · ·	C. Part/Section of Title 30 CFR	75.1107-16(b)	
	Other					
	ectors Evaluation				<del></del>	
Gravity:     A. Injury of	r Iliness (has) (is):	No Likelihood	Unlikely y	Reasonably Like	ly 🗍 Highly Likely 🗍 Oc	curred 🗍
	r iliness could rea-		- 4			
	be expected to be	<del></del>	lays [j Los	t Workdays Or Restricted	Duty Permanently Disabling	Fatal 🗌
C Slontfle	ant and Cubatastia	d				
A. Alitino	ant and Substantia	Yes 🗌	No 🗹		D. Number of Persons Affect	ted: 002
	e (check one)	A. None	No ✓ B. Low ✓	C. Moderate	D. Number of Persons Affect  D. High   E. Reckless Dish	002
1. Negligenc	e (check one)	105	B. Low 🗹	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		egard [
Negligenc     Type of A     Initial Action	e (check one)	A. None	B. Low 🗹	suance (check one) C	D. High	egard   Written Notice
Negligenc     Type of A	e (check one)	A. None	B. Low 🗹	suance (check one) C	D. High ☐ E. Reckless Dish	egard   Written Notice
Negligenc     Type of A     Initial Action     A. Citation	e (check one) ction 104(a) on B. Order	A. None	B. Low 🗹	suance (check one) C	D. High ☐ E. Reckless Dish	egard   Written Notice
Negligenc     Type of Ad     Initial Actio     A. Citation	e (check one) ction 104(a) on B. Order	A. None	B. Low 🗹	suance (check one) C	D. High ☐ E. Reckless Dish	egard   Written Notice
Negligenc     Type of Ad     Initial Action     A. Citation	e (check one) ction 104(a) on B. Order	A. None	B. Low 🗹	suance (check one) C	D. High ☐ E. Reckless Dish	egard   Written Notice
Negligence     Type of Ar     Initial Action     A. Citation     Area or Eco	e (check one) ction 104(a) on B. Order	A. None C. Safeguard C. Safeguard C.	B. Low  13. Type of is  D. Written Notice	E. Citation/ Order Number	D. High ☐ E. Reckless Dish	egard   Written Notice
Negligence     Type of Ar     Initial Action     A. Citation     Area or Eco     Termination	ction 104(a) on B. Order  quipment	A. None C. Safeguard C. Safeguard C.	B. Low 🗹	E. Citation/ Order Number	D. High ☐ E. Reckless Dish	egard   Written Notice
1. Negligenc 2. Type of Ar 4. Initial Action A. Citation 5. Area or Eco 6. Termination	ction 104(a) on B. Order  quipment  an Due A. Date	A. None  C. Safeguard  Mo Da Yf	B. Low 13. Type of Is  D. Written Notice  B. Time (24 Hr. C	E. Citation/ Order Number	D. High ☐ E. Reckless Dish litation ☑ Order ☐ Safeguard ☐ F. Dated	egard [] ] Written Notice Mo Da Yr
1. Negligenc 2. Type of Ar 4. Initial Action A. Citation 5. Area or Eco 6. Termination cection III—Term 7. Action to 1	e (check one) ction 104(a) on B. Order  quipment on Due A. Date ilination Action	A. None  C. Safeguard  Mo Da Yr  e pop off	B. Low 13. Type of Is  D. Written Notice  B. Time (24 Hr. C	E. Citation/ Order Number	D. High ☐ E. Reckless Dish	egard []  Written Notice  Mo Da Yi
1. Negligenc 2. Type of Ar 4. Initial Action A. Citation 5. Area or Eco 6. Termination cection III—Term 7. Action to 1	ction 104(a)  on B. Order  quipment  on Due A. Date	A. None  C. Safeguard  Mo Da Yf	B. Low 13. Type of Is  D. Written Notice  B. Time (24 Hr. C	E. Citation/ Order Number	D. High ☐ E. Reckless Dish litation ☑ Order ☐ Safeguard ☐ F. Dated	egard []  Written Notice  Mo Da Yi
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1. Negligence 2. Type of Ar 4. Initial Action A. Citation 5. Area or Eco 6. Termination cection III—Term 7. Action to Topy stem	ction 104(a) on B. Order  quipment on Due A. Date ination Action Ferminate Th is now op	A. None   C. Safeguard   Mo Da Yr  e pop off erable.	B. Low 13. Type of Is  D. Written Notice  B. Time (24 Hr. C	E. Citation/ Order Number	D. High ☐ E. Reckless Dish litation ☑ Order ☐ Safeguard ☐ F. Dated	egard [] ] Written Notice Mo Da Yr
1. Negligence 2. Type of Ar 4. Initial Action A. Citation 5. Area or Eco 6. Termination cection III-Term 7. Action to 1 4. Ystem 8. Terminates cection W-Autoin 8. Terminates	ction 104(a) on B. Order  in Due A. Date continuity and the continuity	A. None   C. Safeguard   Mo Da Yr  e pop off erable.	B. Low 13. Type of Is D. Written Notice B. Time (24 Hr. Covalve has	suance (check one) C  E. Citation/ Order Number	D. High	egard []  Written Notice  Mo Da Yi
1. Negligence 2. Type of Ad 4. Initial Action A. Citation 5. Area or Ed 6. Termination cection III-Term 7. Action to Total system 8. Terminated	ction 104(a)  on B. Order  quipment  on Due A. Date  ination Action  Ferminate Th  is now op  d A. Date  mated System Data spection	A. None   C. Safeguard   Mo Da Yr  e pop off erable.	B. Low 13. Type of Is D. Written Notice B. Time (24 Hr. Covalve has	E. Citation/ Order Number	D. High	egard [] ] Written Notice Mo Da Yr
1. Negligenc 2. Type of Ar 4. Initial Action A. Citation 5. Area or Ec 6. Termination cection III-Term 7. Action to T 3 y stem 8. Terminates ection W-Auto 9. Type of Ins	ction 104(a)  on B. Order  quipment  on Due A. Date  innation Action  Ferminate Th  is now op  d A. Date  mated System Data  spection	A. None   C. Safeguard   Mo Da Yr  e pop off erable.	B. Low 13. Type of Is D. Written Notice B. Time (24 Hr. Covalve has	suance (check one) C  E. Citation/ Order Number	D. High	egard [] ] Written Notice Mo Da Yr

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section I–Violation Data	Wille Galety and Fleath Administration
1. Date Ma Da Vr. 12 Time (24 Hr. Clock)	3. Citation/ Order Number
4 Served To	E Ownstor
	(Contractor)
8. Condition or Practice	Ba. Written Notice (103g)
The Additional Plan Content P	Provisions, listed in the approved Emergency
being properly provided and mad active 001 MMU. The storage con been installed up against and t placement of the storage contai has made the usage of these sup retrieval required. Two represe	be provided on each working section are not le readily available to the employees on the stainer, which opens up from the side, has to within only 12 inches of the Coal rib. The ner for the Additional Plan Content Provisions uplies inadequate due to high effort of entatives of the mine had to search for a chain trage container away from the rib to gain access
9. Violation A. Health B. Section of Act 316(b)	See Continuation Form (MSHA Form 7000-3a)  C. Part/Section of Title:30 CFR
Section II-Inspector's Evaluation	
10. Gravity:  A. Injury or Illness (has) (is): No Likelihood ☐ Unli	ikely 🗸 Reasonably Likely 🗌 Highly Likely 🔲 Occurred 🗌
B. Injury or illness could rea-	Lost Workdays Or Restricted Duty V Permanently Disabling Fatal
sonably be expected to be: NO LOST WORKdays   C. Significant and Substantial: Yes No V	D. Number of Persons Affected: 001
11, Negligence (check one) A. None B. Low [	C. Moderate ☑ D. High ☐ E. Reckless Disregard ☐
12. Type of Action 104(a) 13. Ty	/pe of Issuance (check one) Citation ✔ Order Safeguard Written Notice
14. Initial Action	E. Citation/ F. Dated Mo Da Yr Notice Order Number
15. Area or Equipment	
16. Termination Due A. Date Mo Da Yr B. Time (2	24 Hr. Clock)
Section III-Termination Action	
17. Action to Terminate The storage containant can now be accessed.	iner has been relocated away from the Coal rib
18. Terminated A. Date Mo.Dr. Vr. B. Time (24.Hr. Cl	ock)
Section IVAutomated System Data	
19. Type of Inspection (activity code) 20. Event Number	21. Primary or Mill
22. Signature	23. AR Number
MSHA Form 7000-3,	ns of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration ha

Mine Citation/Order	ad	U.S. Department of Mine Safety and H	of Labor ealth Administration	
Section I-Violation Data  1. Date Mo Da Yr	2 Time (24 Hr. Clock)		3. Citation/	
** ***********************************			Order Number	
Sarved To		5. Operator		<b>_</b> .
		<del></del>		
3. Condition or Practice			8a Writt	(Contracto en Notice (103g)
	top switch for the 3	East #1 conveyo		
installed at cr	required distance o oss cut # 26 and in f 1225 feet. No othe ions.	the middle of cr	coss cut # 17 and	# 18. Thi
		· ·		
	m.			•
			e de la companya de l	
Violation A. Health Safety V	B. Section of Act	C. Part/Section of Title 30 CFR	See Continuation Form (MS 75.1403	na Pomi (odo-3a)
ection II-Inspector's Evaluation  0. Gravity:	The state of the s			
A. Injury or Illness (has) (is)	No Likelihood [] Unlikely 🔽	Reasonably Likely	Highly Likely 🔲 Occ	urred 🗍
<li>B. Injury or illness could rea sonably be expected to b</li>		Workdays Or Restricted Duty 5	Permanently Disabiling	Fatal []
C. Significant and Substanti	<del></del>		D. Number of Persons Affects	ed: 001
1. Negligence (check one)	A. None B. Low 🗸	C. Moderate D. Hi	gh DE Reckless Disre	gard 🗍
2. Type of Action 104(a)		suance (check one) Citation		Written Notice
4. Initial Action A. Cifation   B. Order		E. Citation/	F. Dated	Mo Da Yr
	<del> </del>			<del></del>
5. Area or Equipment				
5. Area or Equipment				
5. Area or Equipment  5. Termination Due A. Dat	ie Mo Da Yr B. Time (24 Hr. Cl	lock)		
6. Termination Due A. Dat	e Mo Da Yr B. Time (24 Hr. Cl	lock)		
6. Termination Due A. Dat	e Mo Da Yr B. Time (24 Hr. Cl	lock)		
5. Termination Due A. Dat ection III-Termination Action 7. Action to Terminate	B. Time (24 Hr. Clock)	lock)		
6. Termination Due A. Dat ection III-Termination Action 7. Action to Terminate	B. Time (24 Hr. Clock)	lock)		
5. Termination Due A. Dat ection III-Termination Action 7. Action to Terminate 3. Terminated A. Date 6. A. Date 6. Type of Inspection	B. Time (24 Hr. Clock)	lock) 21. Primary or Mil		
5. Termination Due A. Dat ection III-Termination Action 7. Action to Terminate 8. Terminated A. Date	B. Time (24 Hr. Clock)		23; AR Number	

Field Office District Coal Dist 5 Vansant, VA Mine ID Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section I-Violation Data 1. Date 3 Citation/ Order Number 4. Served T (Contractor) 8. Condition or Practice sa. written Notice (103g) A PERMANENT STOPPING LOCATED IN THE INTAKE TAIL ENTRY OF THE 11 RIGHT LONGWALL SECTION IS NOT BEING MAINTAINED TO SEPARATE THE INTAKE AND RETURN AIR COURSES: AN OPENING OF 8 INCHES BY 16 INCHES IS PRESENT IN THE STOPPING. THIS STOPPING IS LOCATED AT CROSSCUT NO. 59. THE AIR MOVEMENT, WHEN CHECKED, WAS MOVING FROM THE INTAKE TOWARD THE RETURN. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health B. Section C. Part/Section of Safety 🗸 Title 30 CFR of Act 75.333(b)(1) Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely 🗸 Highly Likely Occurred [ Reasonably Likely B. Injury or illness could rea-No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal [ sonably be expected to be: C. Significant and Substantial: D. Number of Persons Affected: Yes | No 🗸 001 11. Negligence (check one) A. None B. Low V C. Moderate D. High E. Reckless Disregard Citation 🗸 12. Type of Action 13. Type of Issuance (check one) Order [ Safeguard Written Notice 104(a) 14. Initial Action E. Citation/ F. Dated Mo Da Yr B. Order C. Safeguard A. Citation D. Written Notice Order Number 15. Area or Equipment 16. Termination Due Mo Da Yr A. Date B. Time (24 Hr. Clock) Section III--Termination Action THE OPENING HAS BEEN REPAIRED. 18. Terminated A. Date B, Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection 20. Event Number 21. Primary or Mill E01 (activity code) 22. Signature 23. AR Number MSHA Form 70 established a N established a N established a N enforcement Fairness Act of 1998, the Small Business Administration has and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write 1-6 ombudsman at Small Business Act of 1998, the Small Businesses about federal agency enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write 1-6 ombudsman at Small Business Actininistration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed panalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order				rtment of La y and Health	abor n Administrati	on	4
Section 1Violation Data  1. Date Mo Da Vr	12 Time /24 Hr Cl	ock)		<del></del>	3. Citation/		
4 Served To	The same of the sa		5. Operator		Order Numi	oer	
			<del>:</del>				<del> </del>
						<u> </u>	(Contracto
8. Condition of Practice THE OCENCO SELF	CONTATNED	SELF- RESCI	JER BEING	STORED	ON THE 1		Notice (103g) LONGWALI
HEADGATE, IS NOT BEEN DAMAGED, RE IMMEDIATELY REMO LONGWALL TODAY,	QUIRING IT VED THIS U	TO BE REMO	OVED FROM ERVICE. TH	ERE WER	. THE OP E 15 PER	0611197 ERATOR SONS ON THE HEA	THE
					·	, .	
					See Continu	iation Form (MSH	IA Form 7000-3a)
Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR	ikely [	75.1714	-3(a)	
Safety [2] Other [3] Section II-inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is): B. Injury or illness could reasonably be expected to be: C. Significant and Substantial	of Act  No Likelihood □  No Lost Workda  Yes □	Unlikely 🗹 ays 🗌 Lost Wo	Title 30 CFR  Reasonably L  brkdays Or Restrict	ed Duty 🔽	75.1714  Highly Likely [  Permanently  D. Number of Permanently	-3(a)  Occur Disabling  ersons Affected	rred [
Safety V Other Oth	of Act  No Likelihood □  No Lost Workda	Unlikely   ays Lost Wo  No   B. Low   C	Reasonably Lorkdays Or Restrict	ed Duty 📝 D. High	75.1714  Highly Likely  Permanently  D. Number of Pe	-3(a)  Occur Disabling  ersons Affected	rred [] Fatal [] I: 00]
Safety V Other Oth	of Act  No Likelihood □  No Lost Workda  Yes □  A. None □	Unlikely   ays Lost Wo  No   B. Low   C  13. Type of Issua	Reasonably L  orkdays Or Restrict  Moderate   ince (check one)  E. Citation/	D. High	75.1714  Highly Likely  Permanently  D. Number of Pe	-3(a)  Occur Disabling  ersons Affected	Fatal []  i: 001  ard []  Written:Notice
Safety [ Other Oth	of Act  No Likelihood □  No Lost Workda  Yes □  A. None □	Unlikely   ays Lost Wo  No   B. Low   C	Reasonably Lorkdays Or Restrict  Moderate	D. High	75.1714  Highly Likely  Permanently  D. Number of Pe	Occur Disabling  ersons Affected eckless Disregues	Fatal [ ]  i: 001  ard [ ]  Written: Notice
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Safety   Other Oth	No Likelihood  No Lost Workda Yes  A. None  C. Safeguard   Mo Da Yr	Unlikely   ays Lost Wo  No   B. Low   C  13. Type of Issua  D. Written Notice	Reasonably Lorkdays Or Restrict  Moderate  ince (check one)  E. Citation/ Order Numl	D. High Citation	75.1714  Highly Likely  Permanently  D. Number of Pe  E. R  Order  \$	Occur Disabling  ersons Affected eckless Disrege Safeguard  F. Dated	Fatal []  Fatal []  1: 001  ard []  Written Notice  Mo Da Yr
Safety Other	No Likelihood  No Lost Workda Yes  A. None  C. Safeguard  C. Safeguard  SCSR HAS E	Unlikely  ays Lost Wo No  B. Low  C 13. Type of Issue D. Written Notice  B. Time (24 Hr. Clock	Reasonably Lorkdays Or Restrict  Moderate  ince (check one)  E. Citation/ Order Numl	D. High Citation	75.1714  Highly Likely  Permanently  D. Number of Pe  E. R  Order  \$	Occur Disabling  ersons Affected eckless Disrege Safeguard  F. Dated	Fatal [] I: 001 ard [] Written Notice Mo Da Yr
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Vine Citation/Ord	er			IIS Den	artment of L	ahor		. //
	en e				ty and Healt		tion	<u> </u>
Section IViolation Data  I. Date	Da Yr 12 Tim	e (24 Hr. Clock)				3. Citation/		
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Condition or Practic		EGDONOR DI	737 T.C. 370	NO DELLA	COMPER	un ramma /		Notice (103g)
MMU(11RIGHT CONTENT PRO WORKING SEC WOT CONTAIN REQUIRED, E	VISIONS, S TION. WHEN THE REQU	SUFFICIENT N CHECKED, IRED 4 BRA	BARRICATE BAR	ADING MA RRICADIN	TERIALS G MATERI	BE PROVI	IDED ON F THIS SECT	ACH ION DID
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. Violation   A. Hea	ilth B. Secti	on	T c	. Part/Section o	,	See Conti	nuation Form (MSH	A Form 7000-3a)
Saf	ety of Ac			Title 30 CFR	•			
ection II-inspector's Ev								
	aluation							
0. Gravity:	<del></del>	W		B	# Months (T)	FORL C. J. M. sets.		
	(has) (is): No Like		Inlikely 🔽	Reasonably		Highly Likely	<del></del>	rred []
O. Gravity:  A. Injury or Illness B. Injury or Illness sonably be expe	(has) (is): No Like could rea- icted to be: No I	ost Workdays 🗌	خصت المناف وسيد	Reasonably kdays Or Restri		Permanently	y Disabiling []	Fatal []
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O. Gravity: A. Injury or illness B. Injury or illness sonably be expe C. Significant and	(has) (is): No Like could rea- cted to be: No I Substantial:	ost Workdays  Yes No	Lost Work			Permanently  D. Number of	y Disabiling []	Fatal .
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O. Gravity: A. Injury or Illness B. Injury or Illness sonably be expe C. Significant and I. Negligence (check Type of Action A. Citation B. Gravity: A. Citation C. Gravity: A. Area or Equipmen	(has) (is): No Like could reacted to be: No I Substantial: A. None 104(a)  Order C. Safe I	ost Workdays  Yes No  B. Low 13.  guard D. Writt	Lost Work  C. 1  Type of Issuance  en Notice	Moderate   Ce (check one)	D. High	Permanently D. Number of E.	y Disabiling Persons Affected Reckless Disreg Safeguard	Fatal   009 ard  Written Notice
O. Gravity: A. Injury or Illness B. Injury or Illness sonably be expe C. Significant and I. Negligence (check Type of Action A. Citation A. Citation B. S. Area or Equipmen O. Termination Due	(has) (is): No Like could reacted to be: No I Substantial: A. None 104(a)  Order C. Safe I	ost Workdays  Yes No  B. Low 13.  guard D. Writt	Lost Work  C. 1  Type of Issuance  en Notice	Moderate   Ce (check one)	D. High	Permanently D. Number of E.	y Disabiling Persons Affected Reckless Disreg Safeguard	Fatal
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O. Gravity: A. Injury or Illness B. Injury or Illness sonably be expe C. Significant and  I. Negligence (check Type of Action A. Initial Action A. Citation B. S. Area or Equipmen  Termination Due ection III—Termination A	(has) (is): No Like could reacted to be: No I Substantial: A. None 104(a)  Order C. Safe It A. Date Mo Date colon te	ost Workdays  Yes No  B. Low 13.  guard D. Writt	Lost Work  C. 1  Type of Issuance en Notice	Moderate   Ce (check one)	D. High	Permanently D. Number of E.	y Disabiling Persons Affected Reckless Disreg Safeguard	Fatal
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istrict Coal Dist 5 Field Office Vansant, VA	Mine ID
WE WEAR OF	
Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section I-Violation Data	
1. Date Mo Da Yr 2. Time (24 Hr. Clock)	3. Citation/ Order Number
A Carried To	6 Operator
	معيدة مساعدة في تين تميز مريد <u>مساعدة مساعدة المينا</u>
	(Contractor)
3.Condition or Fractice The Approved Mine Map located on the su	@a, Written Notice (103g)
accurate and up-to-date. The map shows	man doors in the stopping line between
the No. 1 and No. 2 entries on the 10 for crosscut no's 14, 19, 24, 40, and 48. To concrete blocks and are no longer available separates the intake longwall tailgate created by the previous longwall retreated.	These man doors have been sealed with Lable for use. This stopping line entry from the 10 Right gob area
н	
	See Continuation Form (MSHA Form 7000-3a)
	art/Section of itie 30 CFR 75.1200
Section II-Inspector's Evaluation 6	
A. Injury of Illness (has) (is): No Likelihood 🔟. Unlikely 🗹	Reasonably Likely Highly Likely Occurred
B. Injury or illness could rea- sonably be expected to be: No Lost Workdays  Lost Workd	ays Or Restricted Duty Permanently Disabiling Fatal
C. Significant and Substantial: Yes No 🗸	D. Number of Persons Affected: 001
1. Negligence (check one) A. None B. Low V C. Mc	oderate D. High E. Reckless Disregard
2. Type of Adilon 104(a) 13. Type of Issuance	(check one) Citation 📝 Order 🗌 Safeguard 🗋 Written Notice 🗋
4. Initial Action A. Citation   B. Order   C. Safeguard   D. Written Notice	E. Citation/ F. Dated Mo Da Yr Order Number
15. Area or Equipment	
•	·
6. Termination Due A. Date Mo Ds Yr B. Time (24 Hr. Clock)	
section III.—Tampination Action	
7. Action to Terminate The map is now accurate an	d up-to-date.
8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	
ection N-Automated System Data  9. Type of Inspection   20. Event Number	CA Tribina CARI
9. Type of inspection (solivity code) B01	21. Primary or Mill
2. Signati	23. AR Number
ASHA Form of the Small Bu	usiness Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has
nforcement actions. The Ombudeman annually evaluates enforcement activities and rates	ional Fairness Boards to receive comments from small businesses about federal agency each agency's responsiveness to small business, if you wish to comment on the 6 Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 and a comment with the Ombudsman is in addition to any other rights you may have, including I Mine Sefety and Health Review Commission.

N II-Violation Data e La Die Vr. La Time (24 Hr. Clock)	J.S. Department of L. Jine Safety and Health		************************************
dilion or Practice ed on laboratory analysis of a rock of -0 MMU "Zero Point Survey Station No.		3. Citation/	
dilion of Practice ed on laboratory analysis of a rock d -0 MMU "Zero Point Survey Station No.	Operator		
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-0 MMU "Zero Point Survey Station No.	······································		a. v∛ritten Notice (103g)
vision requires that incombustible contained at no less than 65 percent. The pection and liberates in excess 1 milers, and this mine has a history of mean fire within the previous two years.	his mine is o lion cubic fe thane related	n a five da et of metha	y I-spot ne per 24
	/Section of 30 CFR	See Continuation F	orm (MSHA Form 7000-3a)
Other			
avity: njury or lliness (has) (ls): No Likelihood ☐ Unlikely ☐ Ro	easonably Likely 🛂	Highly Likely	Occurred
njury or illness could rea-	Or Restricted Duty 🗸	Permanently Disabil	ing [] Fatal []
Special and a contract of		D. Number of Persons	NG and
168:W (0 []	<u> </u>		001
			s Disregard
pe of Action 104(a) 13. Type of Issuance (ch	eck one) Citation 📝	Order Safegu	ard  Written Notice
	Citation/ Order Number	F <sub>sc</sub> 1	Dated Mo Da Y
mination Due A. Date Mo. Da. Yr. B. Time (24 Hr. Clock)			
IIITermination Action			
ion to Terminate	· · · · · · · · · · · · · · · · · · ·		
Minated A, Date Mo Da Yr B. Time (24 Hr. Clock			
V-Automated System Data a of Inspection 20. Event Number	21. Primary or Mill		
a of Inspection 20. Event Number	Zi, Frinary of Mili	1	•
lylty code) F01		- 1	

District Coal Dist 5 Field Office Vansant, VA Mine ID

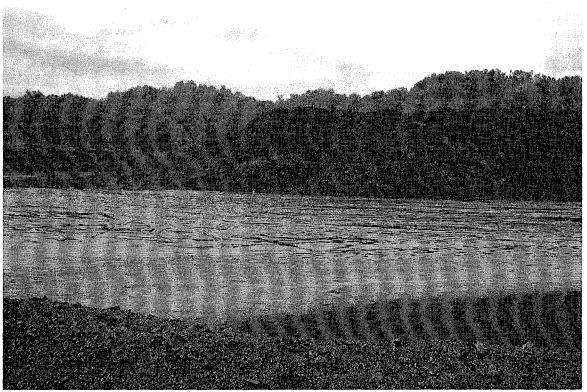


Photograph 1. Portion of Impoundment, Drainage Ditch, and Sediment Pond



Photograph 2. Compaction Testing at Top of Impoundment

District Coal Dist 5 Field Office Vansant, VA Mine ID



Photograph 3. Slurry Pond atop Impoundment



Photograph 4. Monitoring Water Flow from Abandoned Mine Adjacent to Impoundment