

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #1

Do Not Mark In this Box

FILED
1989 FEB 15 PM 3:44
OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF PUBLIC HEARING ON A PROPOSED RULE

AGENCY: Department of Energy TITLE NUMBER: 38

RULE TYPE: Procedural; CITE AUTHORITY 22-1-15

AMENDMENT TO AN EXISTING RULE: YES NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 2E

TITLE OF RULE BEING PROPOSED: Department of Energy, Article 3
Forms

DATE OF PUBLIC HEARING: March 31, 1989 TIME: 4:00 p.m.

LOCATION OF PUBLIC HEARING: 322 70th Street, SE
Charleston, WV

COMMENTS LIMITED TO: ORAL WRITTEN, BOTH X

COMMENTS MAY ALSO BE MAILED TO THE FOLLOWING ADDRESS: Roger T. Hall

Dept. of Energy
1615 Washington St. E
Charleston, WV 25311

The Department requests that persons wishing to make
comments at the hearing make an effort to submit written
comments in order to facilitate the review of these comments.

The issues to be heard shall be limited to the proposed rule.

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

Roger T. Hall

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Department of Energy Article 3 Forms

Type of Rule: Legislative Interpretive X Procedural

Agency WV Department of Energy Address 1615 Washington Street, East
Charleston, WV 25311

1. Effect of Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Personal Services					
Current Expense					
Repairs and Alterations					
Equipment					
Other					

2. Explanation of above estimates.

The proposed procedural rule is simply a filing of agency forms which are currently in use. Therefore, there will be no additional costs or revenue to the state.

3. Objectives of these rules:

The purpose of filing this rule is to comply with the requirements of Section 5, Article 2, Chapter 29A of the Code of West Virginia.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

None

B. Economic Impact on Political Subdivisions; Specific Industries;
Specific groups of citizens.

None

C. Economic Impact on Citizens/Public at Large.

None

Date February 15, 1989

Signature of Agency Head or Authorized Representative

Roger T. Hall
Roger T. Hall, Administrator

PROMULGATION HISTORY

PROCEDURAL RULE

DEPARTMENT OF ENERGY ARTICLE 3 FORMS

TITLE 38 SERIES 2E

February 15, 1989

Proposed procedural rules were filed with the Secretary of State with a public hearing notice.

March 31, 1989

A public hearing was held in the Department of Energy Region Six Office at 4:00 p.m.

April 20, 1989

Agency-adopted rules were filed with the Secretary of State.



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

Gaston Caperton
Governor

February 15, 1989

George E. Dials
Commissioner

The Honorable Ken Hechler
Secretary of State
Capitol Complex
Charleston, West Virginia 25305

Dear Mr. Hechler:

Attached, please find a listing of all Department of Energy forms which relate to Chapter 22A, Article 3 of the Code of West Virginia (West Virginia Surface Mining Reclamation Act), and one copy of each of the forms listed. These forms are hereby filed with your office as procedural regulations in accordance with Section 5, Article 2, Chapter 29A of the Code of West Virginia.

A public hearing will be held on the above-described procedural regulations on Friday, March 31, 1989, at the Department of Energy's Region Six Office located at 322 70th Street, S. E., Charleston, West Virginia at 4:00 p.m.

Please make the appropriate filing of this action in the State Register. If you have any questions regarding this matter, please feel free to contact me.

Sincerely yours,

A handwritten signature in cursive script that reads "Roger V. Hall".

Roger V. Hall
Administrator

RTH:cc

Attachment

LIST OF DEPARTMENT OF ENERGY FORMS

PERMITTING AND I & E FORMS

DMM-2 --- Surface Mining Permit (Face)

DMM-2A --- Addendum to Permit (Findings)

DMM-2-D --- Certificate of Approval For a Dam

DMM-3 --- Notice of Intent to Prospect

DMM-4 --- Surface Mining Application

DMM-4-D --- Application For a Certificate of Approval For a Dam

DMM-4-IBR -- Incidental Boundary Revision Application (IBR)

DMM-5 --- Application for NPDES Water Pollution Control Permit (Coal Mining)

DMM-5-A --- NPDES Permit

*DR-6 --- Non-Coal Surface Mine Inspection Report

*DR-6A --- Surface Mine Inspection Report Addendum - Dams and Coal Refuse

*DR-7 --- Inspector's Grading Release Report - Interim Program Release

*DR-7 --- Permittee Request for Release - Permanent Program Release

*DR-7a --- Grading Release (Phase I Reduction) - Permanent Program Release

*DR-7b --- Vegetation Inspection Report (Phase II Reduction) - Permanent Program Rel.

*DR-7c --- Final Release (Phase III Reduction) - Permanent Program Release

*DR-8 --- Final Planting Plan Report - Interim Program Report

*DR-8 --- Final Planting Report - Permanent Program Release

*DR-9 --- Prospect Release - Permanent Program Release

*DR-9 --- Final Inspection Report - Interim Program Release

*DR-10 --- Request for SHOW CAUSE Order

*DR-10 --- Quarry Forfeiture Report

*DR-10A --- Violation History

*DR-10B --- Report of Violation History

DMM-12 --- Special Use Form (For more desirable land use ...)

DMM-13 --- Certification of Drainage System (Exhibit 16-1)

-13-A --- Certification of Drainage System (Permit Issuance)

14R --- Underground Opening Road Re-Alignment

FORMS

PERMITTING AND I & E FORMS

*DR-15 --- Report of Non-Compliance (Non-Coal Surface Mine) - Permanent Program

*DR-15 --- Notice of Violation - Interim

*DR-16 --- Inspection of Violation - Interim

*DR-16 --- Inspection of Non-Compliance (Non-Coal Surface Mine) - Permanent Program

*DMM-17 --- Application Form For Renewal

DR-17A --- Acknowledgement of Insurance Coverage

DMM-18 --- Application Form for Quarry Renewal

*DMM-19 --- Application For Operator Reassignment

DMM-19-A --- Application For Transfer, Assignment or Sale of Permit Rights

DMM-21 --- Application For A Special Permit For Reprocessing or Removal of Abandoned Coal Refuse Pile

DMM-21-A --- Application For A Special Permit For Removal Of Small Coal Refuse Sites

DMM-22 --- Midterm Permit Evaluation

*DR-23 --- Progress Map Reporting

*DR-24 --- Report of Reclamation Prosecution

*DR-24a --- Recommendation For Civil Penalty Assessment (Inspector's Worksheet)

DMM-25 --- Application For Surface Mining (Quarry)

DMM-25-A --- Mining and Reclamation Plan For Minerals Other Than Coal (Excluding Limestone, Sandstone, and Sand)

*DR-26 --- Blasting Report

*DR-20 --- Water Quality Control Data

DR-30 --- Small Operators Assistance Program Application

*DR-31 --- Helicopter Inspection Report

DMM-34 --- Joint Advertisement (Reclamation/NPDES)

DMM-34-A --- Single Advertisement (Reclamation)

DMM-34-B --- Single Advertisement (NPDES)

*DR-35 --- Complaint Investigation

*DR-36 --- Release Advertisement (Permit)

*I & E FORMS

PERMITTING AND I & E FORMS

*DR-37 --- Blasting Log - General Information
DMM-38 --- Public Notice of Blasting Operations
*DR-39 --- Inspector's Log Sheet
*DR-40 --- OSM Report Data Sheet
DMM-47-A --- Resource Information Inquiry Request
DMM-47-B --- Resource Information Inquiry Request
DMM-48 --- Resource Information Response
DMM-50 --- Application For Permit To Shoot Coal That Has Not Been Under Cut,
Middle Cut, Top Cut, Rib or Center Sheared
DMM-51 --- Application For Permit To Multiple Shoot
DMM-52 --- Application For Permit To Multiple Shoot - In Rock Only
DMM-53 --- Application For Permit To Stop The Fan While The Mine Is Idle And No
Men Are In The Mine
DMM-54 --- Application For Modification Permit
DMM-55 --- Application For Communication Waiver
DMM-56 --- Application For Ground Monitor System Waiver
DMM-57 --- Status Change
DMM-60 --- Certificate Of Approval For Mine Openings (Underground)
DMM-60-A --- **Attachment To DMM-60
DMM-60-B --- Approval - For Contractors As Production-Operator On Mine Site
DMM-61 --- **Permit (This permit is issued as per company's request in DMM-54)
DMM-62 --- **Permit For Multiple Shooting - In Rock Only
DMM-63 --- **Permit To Stop The Fan
DMM-63-A --- **Requirements For Intentional Fan Stoppage
DMM-64 --- **Permit For Solid Shooting
DMM-65 --- **Permit To Use Propane Gas In Making Permanent Cable Splices
DMM-66 --- **Permit For Multiple Shooting - In Coal Only
DMM-67 --- **Mine Permit Approval Extension 1986

*I & E FORMS

**These forms are to be used by and distributed to Regional Offices only - NOT industry

PERMITTING AND I & E FORMS

DMM-68 --- Approval to discharge into underground mine

DMM-70 --- **Waiver - Telephone Service Or Communication Facilities 22A-2-42(c)

DMM-71 --- **Waiver - Use Of An Automated Temporary Roof Support System

DMM-72 --- **Waiver - Telephone Service Or Communication Facilities
"Back-Up Communication System"

DMM-73 --- **Waiver - Ground Monitor System - A.C.

DMM-74 --- **Waiver - Ground Monitor System - D.C.

DMM-80 --- General Information Form

DMM-81 --- Field Review Site Questionnaire - Part A - Surface

DMM-82 --- Field Review Site Questionnaire - Part A - Prospect
--- Reclamation Surety Bond

*I & E FORMS

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PERMIT REVIEW SECTION

PERMIT APPLICATION

Date placed on public review: _____

Date certification of public notice received: _____

Date of review team approval: _____ By whom: _____

Bond received: _____ Type/Amount: _____

Bond submitted to Charleston: _____

Date of Dept. of Labor approval: _____

Date of NPDES Final Approval: _____ NPDES #: _____

Date forwarded to Charleston for Issuance: _____

COMMENTS:

SUMMARY:

REQUIRED 51 DAYS ADVERTISEMENT/COMMENT PERIOD. 51 Days

READVERTISEMENT (If Required). _____ Days

APPLICANT ACTIONS REQUESTED BY DOE _____ Days

DOE REVIEW OF SUBMITTED CORRECTIONS _____ Days

TOTAL DAYS FROM SMA APPROVAL TO PERMIT ISSUANCE. _____ Days

DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY

SMA #: _____

NPDES #: _____

PERMIT #: _____

APPLICATION TRACKING FORM

COMPANY NAME: _____

ADDRESS: _____

PRINCIPAL OFFICER: _____ PHONE #: _____

INSPECTOR: _____ BIOLOGIST: _____

COUNTY: _____ NEAREST P.O.: _____

TYPE OF OPERATION: _____ ACREAGE: _____

SMA APPLICATION

Date of Field Review (Pre-Inspection) and by whom: _____

Date of Office Review and by whom: _____

Date resubmitted to office and by whom: _____

Date SMA Issued: _____ By whom: _____

Filing Fee Amount: _____ Check No. _____

Date NPDES Draft Issued: _____ #: _____

COMMENTS:

Continued On Reverse Side

THIS PAGE IS TO BE FORWARDED TO THE DEPARTMENT OF LABOR

WV Department of Labor
Labor Standards Division
State Capitol Building
Charleston, West Virginia 25305

PERMIT NO. _____

MINE NAME: _____

REGIONAL OFFICE ADDRESS: Department of Energy
Division of Mines and Minerals

ATTENTION: _____

COMPANY NAME: _____ TELEPHONE NO.: _____

COMPANY ADDRESS: _____
(POST OFFICE) (CITY) (STATE) (ZIP)

COMPANY OFFICERS:	(NAME)	(TITLE)
	_____	_____
	_____	_____
	_____	_____
	_____	_____

DEPARTMENT OF LABOR RESPONSE

In accordance with §21-5-14 and §22A-3-8 of the West Virginia Code, we have reviewed our files and find this company to be:

() IN COMPLIANCE

() NOT IN COMPLIANCE

DATE: _____ (SIGNATURE)

(TITLE)

PLEASE RETURN RESPONSE TO THE REGIONAL OFFICE NOTED ABOVE

DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY

PERMIT #: _____

REGION #: _____

APPLICATION TRACKING FORM

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

COUNTY: _____ NEAREST P.O.: _____

MINE NAME: _____

PERMITTEE: _____

DISTRICT INSPECTOR: _____

Date of Site Review and by whom: _____

Date of Dept. of Labor approval: _____

Date Approved by District Inspector: _____

Date Approved by Inspector-at-Large: _____

COMMENTS:

SEE REVERSE SIDE

STATE OF WEST VIRGINIA
Department of Energy
DIVISION OF MINES AND MINERALS

Permit No. _____

S.M.A. No. _____

NPDES No. _____

Effective Date _____

Expiration Date _____

**THINK RECLAMATION****THINK RECLAMATION**

SURFACE MINING

Permit To Engage In Surface Mining

Issued to _____

Name of Applicant or Company _____

County _____

Magisterial District _____

Nearest Post Office _____

Limited to _____

Acres _____

Pursuant to Article 3, Chapter 22A of the Code of West Virginia, a Permit is hereby granted to the above named principal to engage in surface mining in the State of West Virginia. As a condition of this permit, all surface coal mining and reclamation operations shall be conducted as described in and in compliance with the complete application and only on those lands specifically designated on the map(s) submitted. All operations shall be conducted to prevent significant imminent environmental harm to the health or safety of the public. The permittee shall, as soon as possible after learning of such condition or of noncompliance with any term or condition of the permit, warn any person whose health and safety is in imminent danger and the Permittee shall immediately commence implementation of measures necessary to comply and shall also accelerate or provide the additional monitoring necessary to determine the nature and extent of such noncompliance.

The following are special terms and conditions of this permit: The operator shall notify the inspector five (5) days prior to beginning of operations unless operation begins within five (5) days of permit issuance.

A copy of this permit shall be kept at the site of the operation at all times.

By: _____

Commissioner, Department of Energy

STATE OF WEST VIRGINIA
Department of Energy
DIVISION OF MINES AND MINERALS

Permit No. _____
S.M.A. No. _____
NPDES No. _____

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By: _____

Commissioner, Department of Energy

DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

FACTS, FINDINGS, AND RECOMMENDATIONS
DMM-2-A

1. A copy of the DMM-2-A is submitted to Charleston after the application has been approved in the field.
2. The DMM-2-A includes a Pre-issuance Review Checklist (Page 4) which is completed by the review team as their final review.
3. The DMM-2A includes the review team's findings and the inspector's findings and recommendations (Page 5). This replaces the narratives formerly submitted.

DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
PERMIT SECTION

SMA #: _____ NPDES #: _____ PERMIT #: _____
COMPANY NAME: _____

ADDENDUM TO PERMIT OR SIGNIFICANT REVISION OF A PERMIT

The Commissioner of the West Virginia Department of Energy has found that the following applies to this application:

1. The application is accurate and complete and all of the requirements of Article 3 of Chapter 22A and the Regulations have been complied with.
2. The applicant has demonstrated that reclamation as required by Article 3, Chapter 22A can be accomplished under the reclamation plan contained in the application.
3. An assessment of probable cumulative impact of all anticipated mining in the area on the hydrologic balance has been made by the Commissioner and the proposed operation has been designed to prevent material damage to the hydrologic balance outside the permit area.
4. The area proposed to be mined is not included within an area designated/or under consideration of unsuitable for surface mining and is not within an area under administrative study by the Department of Energy for such designation.
5. The proposed surface mining will not affect the continued existence of endangered or threatened species or result in destruction or adverse modification of their critical habitats, as determined under the Endangered Species Act of 1973 (16 U.S.C. 1531 et seq.).
6. The area proposed to be mined is not on any lands subject to the prohibitions or limitations in §22A-3-22(d)(1) and (4) except as provided in §22A-3-22(d)(4).
7. The applicant has submitted proof in accordance with Section 3F.02(a) of the Rules and Regulations or has made the demonstration required by Section 3F.02(b) of the Rules and Regulations.
8. The applicant or the operator if other than the applicant does not control or has not controlled mining operations with a demonstrated pattern of willful violations of the State Code of such nature and duration with such irreparable damage to the environment as to indicate an intent not to comply with the provisions of the Code.
9. Surface coal mining and reclamation operations to be performed under the permit will not be inconsistent with other such operations anticipated to be performed in areas adjacent to the proposed permit area.
10. The operator shall submit bond as required by §22A-3-11 prior to the issuance of a permit.
11. The applicant has, with respect to prime farmland, made a negative determination or satisfied the requirements of §22A-3-18(d)(1).

12. The proposed post-mining land use of the permit area is approved in accordance with 622A-3-12(b)(2).
13. The permittee shall conduct its operations:
 - A. In accordance with any measures specified in the permit as necessary to prevent significant, imminent environmental harm to the health or safety of the public; and
 - B. utilizing any methods specified in the permit by the Commissioner in approving alternate methods of compliance with the performance standards of the Code and the federally approved regulatory program.
14. The applicant has demonstrated that any existing structure will comply with 622A-3-29(b) of the Act or all design criteria of Section 4 of the West Virginia Surface Mining Rules and Regulations have been met for compliance, modification, or abandonment.
15. The applicant has satisfied the applicable requirements for experimental practices, mountaintop removal mining, variances from approximate contour, prime farmland, auger mining, and coal preparation plants not located within the permit area of a mine, when such are proposed in the application.
16. The permittee shall conduct all surface coal mining and reclamation operations only as described in the approved application, except to the extent that the Commissioner otherwise stipulates in the permit.
17. The permittee shall allow rights of entry as provided by 22A-3-15(a) and (g). Without advance notice, delay, or a search warrant, upon presentation of appropriate credentials, the permittee shall allow the authorization representatives:
 - A. Of the Department of Energy authority to have the right to entry; and
 - B. Of the Department of Energy authority to be accompanied by private persons for the purpose of conducting an inspection, when an inspection is in response to an alleged violation reported to the regulatory authority by the private person.
18. For permits where the Commissioner has approved a long-term, intensive agricultural post-mining land use, the permittee may be exempted from the revegetation requirements of 4F.01(a) through (e) of the Rules and Regulations.

In addition, the following has been found to apply to this application:

- | <u>APPROVED</u> | <u>N/A</u> | |
|-----------------|------------|--|
| _____ | _____ | 1. In cases where the private mineral estate has been severed from the private surface estate, the applicant has submitted evidence of his right to extract the coal by surface mining methods. |
| _____ | _____ | 2. The chemical analyses requirements of Section 9(a)(14) of Article three, Chapter 22A have been found to be unnecessary and a statement of the test borings or core samples have been waived. |
| _____ | _____ | 3. Approval is granted for the use of off-site geologic data in accordance with Section 6A.03(b) or Section 7A.03(b) of the Rules and Regulations. |
| _____ | _____ | 4. The requirements for submission of soil surveys have been waived. |
| _____ | _____ | 5. The proposed operation is within one-hundred feet of the outside right-of-way of a public road and it has been determined that the interest of the public and the landowners affected thereby will be protected. |
| _____ | _____ | 6. Approval is granted for the long-term agricultural post-mining land use as part of the mining and reclamation plan. |
| _____ | _____ | 7. Approval is granted for the placement of spoil material outside the permit area and it has been determined that environmental benefits will result from such placement. |
| _____ | _____ | 8. The applicant has paid all Federal Reclamation Fees. |
| _____ | _____ | 9. The proposed operation will not adversely affect a public park of a publicly owned place listed on the National Register of Historic Places and the Federal, State or local agency with jurisdiction over such entity has approved the mining operations. |
| _____ | _____ | 10. The remainder of the Subsidence Control Plan for underground mines has been waived because it has been determined from the Subsidence Control Plan survey that no material damage or diminution of value or foreseeable use of the land could be caused by subsidence. |
| _____ | _____ | 11. Approval is granted for disturbance by surface mining operations within one-hundred feet of an intermittent or perennial stream. |
| _____ | _____ | 12. Approval is granted to locate a sediment control structure in a perennial stream and the Commissioner finds that there is no other suitable location for such structure. |
| _____ | _____ | 13. The criteria of Section 4C.05(k) of the Rules and Regulations have been met and the provisions of 4C.05(g) and 4C.05(h) have been waived for specific utility structure(s). |

APPROVED (S.M.R.S.)

DATE

REVIEW TEAM FINDINGS

1. Comments on any adverse environmental impacts and/or special conditions:

2. If a recut, list linear feet of highwall to be eliminated and acreage affected.

N/A _____ Feet of highwall elimination _____ Acres Affected _____

3. Are additional approvals for refuse areas, durable rockfills, and/or dams included?

N/A _____ Refuse Areas _____ Durable Rockfills _____ Dams _____

4. Review Team's Recommendations:

NAME

DATE

INSPECTOR'S FINDINGS AND RECOMMENDATIONS

1. List legal action pending against this application:

2. Inspector's Recommendations:

NAME

DATE

PRE-ISSUANCE REVIEW CHECKLIST

Correct number of copies?

Are all copies of application consistent?

Are all maps consistent?

Was draft NPDES permit issued and on file prior to date of NPDES advertisement?

Has bond been approved?

Has the Department of Labor approval been issued?

Is Reclamation Fee Compliance current?

Has Division of Mines and Minerals, Health and Safety, approved mining and/or blasting within 500 feet of an underground mine?

Has Department of Highways approved any road relocations or abandonments?

Is insurance current?

Is Certification of Publication from a newspaper of general circulation in the same county as the application area included and correct?

Has Form DMM-2-A been completed?

Are any public comments and/or protests included?

APPROVED

DATE

DMM-2-D



Permit No. _____

S.M.A. No. _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

Effective Date _____

CERTIFICATE OF APPROVAL FOR A DAM

ISSUED TO

Name of Applicant or Company _____

County _____

Site Name _____

Location _____

Classification _____

(A, B, or C)

An Approval is hereby granted to the above named principal to _____ Construct _____ Modify _____ Remove a dam in the State of West Virginia. As a condition of this Approval, all construction shall be conducted as described in the plans and specifications and all operations associated with this application shall be conducted in compliance with the terms and conditions of West Virginia Code 22-1-16. A copy of this Certificate shall be kept at the site of operations at all times. Special conditions of this Approval are as follows:

1. The drain gate shall not be closed and the reservoir filled until approval to do so has been issued by DOE.
2. A monitoring and emergency warning plan shall be formulated and submitted to the Regional DOE Office for approval. Upon approval, the plan shall be updated annually as necessary.
3. Should a dangerous condition develop at any time, the DOE must be immediately notified by the owner via the 24-hour number - 1-800-654-3312.

I have inspected this dam site(s) and examined the plans and specifications and recommend the Certificate be issued.

Regional Permit Engineer _____

Date _____

Commissioner, Department of Energy

Regional Permit Supervisor _____

Date _____

By: _____

DMM-2-D

Permit No. _____

Effective Date _____

S.M.A. No. _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

CERTIFICATE OF APPROVAL FOR A DAM ISSUED TO

Name of Applicant or Company _____

County _____ Site Name _____

Location _____ Classification _____ (A, B, or C)

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Regional Permit Engineer _____ Date _____ Commissioner, Department of Energy

Regional Permit Supervisor _____ Date _____ By: _____

DMM-2-D

Permit No. _____

S.M.A. No. _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

Effective Date _____

CERTIFICATE OF APPROVAL FOR A DAM

ISSUED TO

Name of Applicant or Company _____

County _____ Site Name _____

Location _____ Classification _____ (A, B, or C)

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I have inspected this dam site(s) and examined the plans and specifications and recommend the Certificate be issued.

Regional Permit Engineer _____ Date _____ Commissioner, Department of Energy

Regional Permit Supervisor _____ Date _____ By: _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

NOTICE OF INTENT TO PROSPECT
Code 22A-3-7 and Regulation Section 5

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

(OFFICE TELEPHONE)

(MINE NAME)

() Sole Proprietorship () Partnership () Corporation
() Association () Agency () Other (Explain)

2. List: Names and addresses of every officer, partner, resident agent, director, or person performing a function similar to a director, together with the names and addresses of any person of record owning ten percent or more of any class of voting stock of the applicant:

NAME

TITLE

ADDRESS

3. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director or principal shareholder in a company which has ever held a West Virginia state prospecting or mining permit which has been permanently suspended or revoked or has had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No

If yes, attach explanation

4. Name, address, and telephone number of the person who will be present and responsible for conducting prospecting: _____

5. Anticipated date of commencement and completion of any disturbance. (Regrading of site not to exceed three (3) months past date of initial disturbance.)

Initial Disturbance All Disturbance Complete Regraded By

6. Location of the operation: (Nearest P.O.) _____ in

_____ District(s) of _____ County(ies).

7. Performance Bond:

Proposed Disturbed Acres _____ x \$500.00 per acre or fraction = \$ _____

Type of Bond:

Surety _____ Company Bond No. _____

Cashier's Check No. _____ Certified Check No. _____

Certificate of Deposit No. _____ Other _____

(Include Bank Waiver of right of set-off or lien)

8. Source of legal right to enter and conduct operations: _____

9. Do you or any person, partnership, or corporation associated with you now hold or have ever held a Prospect Permit or Notice of Intent to Prospect approved by the State of West Virginia? () Yes () No If yes, list all prospecting approvals, date of approval and reclamation status:

Prospect I.D. No. Date of Approval Reclamation Status

10. Attach a plan which includes the following in accordance with Regulations - Section 5A.01(b)9, 5B, and WV Code - 22A-3-12.

- Method of prospecting
- Method for controlling runoff and sedimentation (See 5B.04)
- Method of regrading
- Plan for revegetation
- Method for managing prospecting holes, bore holes, wells or other exposed underground opening(s) created during prospecting
- Method of constructing and/or utilizing roads

NOTE: COMPLETE ITEMS 11 - 14 ONLY IF INTENT IS FOR GREATER THAN 250 TONS OF COAL REMOVAL

11. Lands Inquiry:

- a. Are there threatened or endangered species which may be affected by this operation? ☐ Yes ☐ No
If yes, list and describe all control measures, management techniques and monitoring methods to be used to protect or enhance threatened or endangered species of plants or animals listed by the Secretary of the Interior under the Endangered Species Act of 1973, as amended, (16 U.S.C. 1531 et seq.) and their critical habitats if they are to be affected by the proposed activities.
- b. Are there known historic lands and archaeologic sites within the permit area which may be directly affected by the mining operation? ☐ Yes ☐ No
If yes, list and describe measures which will be taken to protect these features.

12. Give the estimated maximum tonnage to be removed by this notice: _____ tons.
Describe, in detail on a separate attachment, the method to be used to determine this amount.
13. Describe why more than 250 tons is necessary in assessing the coal resources or making feasibility studies and a statement of how the coal will be used.
14. Attach sample copy of a legal advertisement to be published once in a newspaper of general circulation in the county where prospecting will occur in accordance with section 5A.02(d) of the rules and regulations. (See attached sample advertisement.)

Attachments: Required with the original and each copy of the Notice of Intent to Prospect are the following:

1. Map in accordance with Rules and Regulations 3G.02 (See 5A.02(c))
2. Submit original and two copies in 9" x 12" clasp binders

15. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in the foregoing application are true and correct to the best of my knowledge; that all prospecting operations conducted by me or my agents shall be conducted in accordance with the performance standards in Chapter 22A, Article 3, Section 12 for all land disturbed in explorations, including excavations, roads, drill holes and the removal of necessary facilities and equipment; that I am a principal executive officer of the applicant and that this Notice of Intent to Prospect has been executed by the persons required by law.

Signature

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

Notary Public

NOTE: The complete application must be submitted to the Department of Energy Regional Office as three (3) separate entities (Original and two copies) in 9" x 12" clasp type binders for each application. If application is for "Greater Than 250 Tons", a fourth copy of application must be submitted to be provided to OSM upon issuance.

DOE USE ONLY - Distribution:	
Original	- Charleston
Copy	----- Inspector
Copy	----- Regional
GT Copy	----- OSM

ADVERTISEMENT

PROSPECTING IN EXCESS OF 250 TONS - DMM-3

Ad to include location map
(Sample attached)

Ad shall be published one time.

Notice is hereby given that

(COMPANY NAME AND ADDRESS)

has submitted a request to remove an excess of two-hundred and fifty (250) tons
of coal during prospecting operations.

Approximately _____ tons are to be removed for the
(AMOUNT OF TONNAGE REQUESTED)

purpose of _____

_____.

The proposed site is located on _____ of
(RECEIVING STREAM)

_____, _____ miles, _____
(MAJOR SUBBASIN) (DISTANCE) (DIRECTION)

of _____ in _____
(NEAREST POST OFFICE)

District of _____ County.

This request was filed _____
(DATE SUBMITTED TO REGIONAL OFFICE)

Written protest to the request will be received by the Department of Energy

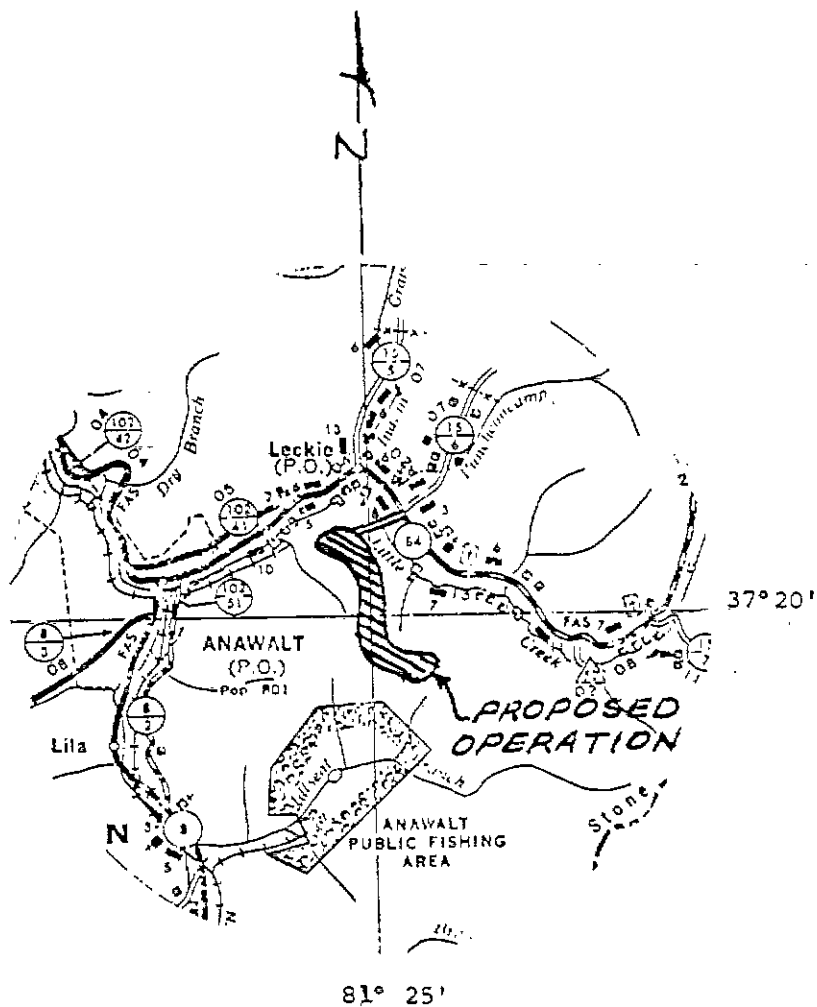
located at _____
(REGIONAL OFFICE ADDRESS)

until _____ or fifteen (15) days from date
(DATE - 15 DAYS FROM DATE OF PUBLICATION)

of publication.

THIS MAP IS PROVIDED AS A GUIDELINE ONLY. THE SAMPLE DEPICTED IS FROM THE WEST VIRGINIA DEPARTMENT OF HIGHWAYS GENERAL HIGHWAY COUNTY MAPS. A MAP OF THIS SCALE AND DETAIL WILL BE THE MINIMUM STANDARD FOR ACCEPTANCE.

THE MAP IN THE NEWSPAPER SHALL HAVE MINIMUM DIMENSIONS OF TWO INCHES BY TWO INCHES.





DATE: _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

ARCH A. MOORE, JR.
Governor

SURFACE MINING APPLICATION
(SMA)

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

()
(OFFICE TELEPHONE) (F.E.I.N. #) (MSHA #)

() Corporation () Partnership () Association
() Sole Proprietorship () Agency () Other (Explain)

2. Name of proposed mine: _____

3. Is operator different from applicant? () Yes () No If Yes, complete DMM-19.

4. Filing Fee:

A. Chapter 22A, Article 3 Permit Only \$1,000.00
() Cashier's Check () Certified Check Check No. _____

B. Chapter 20, Article 5A (NPDES) Permit Only \$ 500.00
() Cashier's Check () Certified Check Check No. _____

C. Joint Permit \$1,500.00
() Cashier's Check () Certified Check Check No. _____

5. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

LONGITUDE: _____ ° _____ ' _____ " LATITUDE: _____ ° _____ ' _____ "

QUADRANGLE _____

6. Coal seam(s) to be mined: _____
(GEOLOGIC NAME AND THICKNESS (INCHES))

7. Drainage Pattern:

(RECEIVING STREAM) (TRIBUTARY OF) (WATERSHED)

8. Total acres to be permitted: _____

9. Give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)	(TITLE)	(ADDRESS)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. List all names under which the applicant, officer, director, partner, or principal shareholder previously operated a surface mining operation in the United States within the five (5) year period preceding the date of submission of this application:

(INDIVIDUAL'S NAME)	(COMPANY)	(ADDRESS)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Has the applicant or any subsidiary, affiliate, or persons controlled by or under common control with the applicant had a Federal or State coal mining permit suspended or revoked in the past five (5) years preceding the date of submission of the application; or had a performance bond or similar security deposited in lieu of bond forfeited? () Yes () No If Yes, attach the information requested below:

- identification number and date of issuance of the permit, and the date and amount of bond or similar security;
- identification of the authority that suspended or revoked the permit or forfeited the bond and the stated reasons for the action;
- the current status of the permit, bond, or similar security involved;
- the date, location, and type of any administrative or judicial proceedings initiated concerning the suspension, revocation, or forfeiture; and
- the current status of judicial proceedings.

12. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director, or principal shareholder in a company which has ever held a West Virginia state mining permit which has been permanently suspended or revoked or has had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No
If Yes, attach explanation.

13. List all surface mining permits, subject to P.L. 95-87, previously or currently held, or pending in the United States by the applicant:

(PERMIT IDENTIFICATION)

(STATE)

14. List on a separate attachment all violation notices received by the applicant or any subsidiary, affiliate, or persons controlled by or under common control with the applicant in connection with any surface coal mining and reclamation operation during the three (3) year period preceding the application date, for violations of any provision of the Act, or of any law, rule, or regulation of the United States, or of any State law, rule, or regulation enacted pursuant to Federal law, rule, or regulation pertaining to air, water, or environmental protection. This list should also contain the following information for each violation notice:

() See Attachment () Not Applicable

- a. the date of issuance;
- b. the name of the person to who the violation notice was issued;
- c. the regulatory authority, department or agency;
- d. a brief description of the violation alleged in the notice;
- e. the date, location, and type of any administrative or judicial proceedings initiated concerning the violation, including but not limited to, proceedings initiated by any person to obtain administrative or judicial review of the violation;
- f. the current status of the proceedings and the violation notice; and
- g. the actions, if any, taken by any person to abate the violation.

15. Owner(s) of record of the property to be permitted:

A. Surface (NAME) (ADDRESS)

B. Mineral

- C. List the holders of record (lessees) of any leasehold interest in the property to be mined:

(NAME)

(ADDRESS)

D. List any purchaser of record of the property under a real estate contract:

(NAME)

(ADDRESS)

E. If the surface owner, mineral owner, leasehold owner or purchaser of record of the property under a real estate contract are business entities other than single proprietor, list the names and addresses of the principals, officers and resident agent (identify each set):

Principals: (NAME)

(ADDRESS)

Officers:

Resident Agent:

16. List the names and addresses of the owners, if any, of record of all surface and subsurface areas contiguous to any part of the proposed permit area, and/or residents thereon. Attachment N/A

Are there lands contiguous to the area to be covered by the proposal in which the applicant has interests, options on such interests, or pending bids on interest?
() Yes () No - If Yes, list.

NOTE: Attach a sample of the letter of notification to the residents living on property contiguous to the proposal area. Notification by certified mail must occur on or before the first day of publication of the advertisement. SMA Number must be referenced.

17. A. Give a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface mining operations on the proposed permit area: _____

B. Is this right subject to pending court litigation? () Yes () No

C. Has the private mineral estate been severed from the private surface estate?
() Yes () No - If Yes, address the provisions of Chapter 22A, Article 3, Section 18(b)(5) - (Attachment)

18. Will the permit area extend within 300 feet of an occupied dwelling?
☐ Yes ☐ No
If yes, insert proof of valid existing rights or necessary waivers in this section.
19. Will the permit area extend within 300 feet of any public building, school, church, community or institutional building, public park, or within 100 feet of a cemetery?
☐ Yes ☐ No
If yes, insert proof of valid existing rights in this section.
20. Will the permit area extend, other than haulageways or access roads, within 100 feet of the outside right-of-way line of any public road?
☐ Yes ☐ No
If yes, insert proof of valid existing rights in this section or include sample of public notice.
21. Lands Inquiry:
A. Are there threatened or endangered species which may be affected by this operation? ☐ Yes ☐ No
If Yes, list and describe all control measures, management techniques and monitoring methods to be used to protect or enhance threatened or endangered species of plants or animals listed by the Secretary of the Interior under the Endangered Species Act of 1973, as amended, (16 U.S.C. 1531 et seq.) and their critical habitats if they are to be affected by the proposed activities.
- B. Are there known historic lands and archaeologic sites within the permit area and others which may be directly affected by the mining operation? ☐ Yes ☐ No
If Yes, list and describe measures which will be taken to protect these features.
22. Type and method of operation:
☐ Surface Mine ☐ Preparation Plant ☐ Refuse Disposal ☐ Other (Specify) _____
☐ Area Mining ☐ Mountaintop Removal ☐ Contour Mining ☐ Auger Mining
☐ Underground Mine Type Opening: ☐ Shaft ☐ Slope ☐ Drift
If Underground Mine, complete #30 in this Section and submit a Certificate of Approval for Mine Openings.
23. A. (Surface Mine Only)
Is surface mining to occur within 500 feet of an underground mine?
☐ Yes ☐ No ☐ Abandoned ☐ Active ☐ Inactive
If Yes, active or inactive, include the following:
1) Division of Mines and Minerals (Charleston Office) approval and subsequent M.S.H.A. Approval
2) Underground Operators Approval
If Yes, totally abandoned, include approval of Charleston Mines and Minerals.

B. (Surface and Underground)

Is surface blasting proposed within 500 feet of an underground mine not totally abandoned? () Yes () No

If Yes, include the following:

- 1) Division of Mines and Minerals (Charleston Office) Approval and subsequent M.S.H.A. Approval
- 2) Underground Operator's Approval

24. In accordance with Section 4D.03 of the regulations, the following applies to this application:

A. Pre-mining Land Use: _____

Method of Determination: _____

B. Post-mining Land Use: _____

NOTE: If an alternative land use is proposed, a statement indicating the pre-mining land use and proposed post-mining land use must be included in the advertisement.

25. Will proposed operation comply with backfilling, regrading time limits set forth in Section 6B.09 and/or 7B.11 of the regulations? () Yes () No
If No, explain on attachment and request waiver in accordance with 6B.09(a)(7) of the Rules and Regulations.

26. Development of planting plan in accordance with Section 4F.04 of the regulations.

A. Prediction of the minesoil character and the basis for the same. _____

B. Treatment to neutralize acidity _____

C. Mechanical seed bed preparation _____

D. Rate and analysis of fertilization (lbs/acre) _____

E. Rates and types of mulch _____

lbs/ac. _____

F. Perennial Vegetation Plan:

(SPECIES)

(LOCATION)

(RATE/ACRE)

(SPECIES)	(LOCATION)	(RATE/ACRE)

27. Will topsoil substitute be used? () Yes () No

If Yes, attach analysis of original topsoil, topsoil substitute, and appropriate certifications.

28. A. Include sample copy of permit advertisement in accordance with Chapter 22A, Article 3, Section 9(a)(6) and/or (NPDES).

B. Sample copy of advertisement for operations within 100 feet of a public road right-of-way (if applicable).

C. Sample copy of advertisement for alternate post-mining land use (if applicable)

D. Sample copy of letters notifying residents on property contiguous to proposed permit area (if applicable).

29. Insert the following:

- A. Proposal and Drainage Map or combination (per checklist).
- B. Surface Blasting Plan (in accordance with Section 4C of the regulations).
- C. Typical regrading cross-sections to correspond to proposal map.
- D. Geological column and/or cross-section, showing nature and depth of strata from top of highwall to immediately below coal seam and subsurface water, if any. From geologic column, include an analysis of overburden samples (test borings, core samples or highwall samples) or - Attach request and justification for waiver of analysis and include approval of request.
- E. Include completed NPDES application (DMM-5)

30. Underground Mine Supplement - Complete the following:

- A. Is a gravity discharge anticipated from this mine? () Yes () No
- B. Include a U.S.G.S. topographic map and a mine development map in accordance with Section 7A.01(g) and (h) of the rules and regulations.
- C. Include a survey in accordance with Section 7C.03(a)(1) of the regulations.
- D. Is a waiver of subsidence control plan requirements requested as a result of findings and demonstrations of the survey? () Yes () No
If No, complete question E below.
- E. Provide subsidence control plan in accordance with Chapter 22A, Article 3, Section 14 of the Code, Section 7C of the 1983 Regulations and the Interpretive Rules and Regulations for Underground Mining Subsidence Control Plans.
- F. Provide mine abandonment plan in accordance with Section 7A.04 of the rules and regulations.

31. Does the proposed disturbed area affect prime farmlands? () Yes () No
If Yes, complete and insert a soil survey in accordance with Section 4G.02 of the regulations.

If No, negative determination made in accordance with Section 4G.03 of the regulations - Items A, B, C, or D (circle those applicable)

32. Anticipated starting and termination dates of each phase of operations and the number of affected acres:

	<u>START</u>	<u>TERMINATION</u>	<u>ACRES</u>
A. Site Development	_____	_____	_____
B. Mining Operation	_____	_____	_____
C. Reclamation	_____	_____	_____

33. Indicate equipment proposed to be used for mining and reclamation operations:
- () Dozers () Loaders () Trucks () Drills () Shovel
() Dragline () Pans () Backhoe () Other _____
34. Have appropriate steps been taken to comply with applicable air and water quality laws and regulations and applicable health and safety standards? () Yes () No
If No, explain on attachment.
35. Has consideration been given to maximize the utilization and conservation of the solid fuel resource being recovered so that re-affecting the land in the future will be minimized? () Yes () No If No, explain on attachment.
36. Haulageway and access roads will be constructed in accordance with Section 4.A of the regulations: () Yes () No Attach detailed plans to obtain approval.
37. Will excess spoil disposal be conducted in accordance with Sections 6 and/or 7 of the regulations? () Yes () No Attach detailed plans to obtain approval.
38. Overburden handling, including topsoil and toxic material, will be done in accordance with Sections 6 and/or 7 of the regulations? () Yes () No
Attach detailed plans to obtain approval.
39. Casing and sealing of augerholes, boreholes, shafts, wells, and open holes management will be done in accordance with Section 6 and/or 7 of the regulations?
() Yes () No Attach detailed plans to obtain approval.
40. Is refuse disposal proposed for this operation? () Yes () No
Attach detailed plans to obtain approval.
41. Were standard engineering techniques used for design of all structures and facilities: () Yes () No
If No, specify techniques used: _____
-
42. Water Monitoring (Attachments)
- A. Surface water monitoring plan
- B. Groundwater monitoring plan, including permission letter(s) to monitor domestic wells, if any, and methods of protecting the rights and supply of present users.
43. The design and installation of all drainage and sediment control facilities and structures will be completed in accordance with applicable sections of the rules and regulations - Attach detailed drawings, plans cross sections and calculations to obtain approval.
44. Provide a detailed description of the measures to be taken during the surface mining and reclamation process to assure the protection of: (Attachment)
- A. The quality of surface and ground water systems, both on and off site, from adverse effects of the surface mining operation;

- B. The rights of present users to such water; and
 - C. The quantity of surface and ground water systems, both on and off site, from adverse effects of the surface mining operation or to provide alternative sources of water where such protection of quantity cannot be assured.
 - D. Is permitted area proposed within 100 feet of an intermittent or perennial stream? ☐ Yes ☐ No
If Yes, include how performance standards will be met and include approval.
 - E. Is a sediment control structure proposed to be located in a perennial stream? ☐ Yes ☐ No If Yes, include justification and demonstrate that there is no other suitable location for such structure.
45. Will treatment facilities, other than sediment control, be required?
☐ Yes ☐ No
If Yes, include plans.
46. Attach plan for drainage control on regraded area.
47. Include sufficient data so that a determination of the probable hydrologic consequences of this operation, both on and off the mine site, and an assessment of the probable cumulative impacts upon the hydrology of the area, in accordance with sections 6 and/or 7 of the regulations, can be made by the Commissioner.
48. Based on the information set forth in question 24 of this application, the reclamation plan for this permit indicates the following:
- A. Did the land have the capability to support a variety of uses prior to any mining? ☐ Yes ☐ No
 - B. Best information available indicates the productivity of the land prior to mining and the average yield of food, fiber, forage or wood products from such lands (if any) under high levels of management would be: _____

 - C. Will the utility and capacity of the reclaimed land support a variety of uses? ☐ Yes ☐ No
If No, explain on Attachment
 - D. Will such uses be consistent with existing land use policies and plans? ☐ Yes ☐ No
If No, explain on Attachment
 - E. The reclamation plan has been developed with a consideration for and in a manner consistent with local physical, environmental and climatological conditions? ☐ Yes ☐ No
If No, explain on Attachment
49. If alternative land use is set forth in question 24 of this application, attach a justification for such change.



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

DOE USE ONLY	
APPR. BY:	S.M.R.S.
DATE:	

SECTION B
Financial and Insurance Requirements

PERMIT APPLICANT

SMA/PERMIT NUMBER

1. Are federal reclamation fees current? ☐ Yes ☐ No
2. Insert certificate and acknowledgement of insurance (one copy only - for Charleston office)
 - A. Insurance policy number _____
 - B. Insurance policy expiration date _____
3. Performance Bond (\$10,000.00 Minimum) - Complete A, B or C

NOTE: If permit proposes a combination of surface and underground operations, separate bonds for each type operation must be submitted - complete subsection C of this section.

A. Full Permit Bond: Total Permit Area _____ x \$1,000.00/Ac. = \$ _____
(ACRES) (REQUIRED BOND)

B. Incremental Permit Bond: (\$10,000.00 Minimum)

Bond is being posted for Increment No. _____ as indicated on the proposal map. This increment consists of _____ acres for which bond is posted in the amount of \$ _____ 000.00

NOTE: If submitting incremental bond, applicant must resubmit this information with each subsequent increment.

C. Combined Operation Bond: (Underground and Surface)

Surface: SMA # _____ x \$1,000.00/Ac. = \$ _____
(ACRES) (\$10,000.00 Minimum)

Underground: SMA # _____ x \$1,000.00/Ac. = \$ _____
(ACRES) (\$10,000.00 Minimum)

Underground: SMA # _____ x \$1,000.00/Ac. = \$ _____
(ACRES) (\$10,000.00 Minimum)

Type of Bond:

() Surety _____
(BONDING COMPANY) (BOND NO.)

(BONDING AGENT) (ADDRESS)

() Collateral: Name of Bank: _____

() Cashier's Check No. _____

() *Certificate of Deposit No. _____

() Other (Specify) _____

() Escrow Account () Self Bonding

() Other _____
(SPECIFY)

* Certificate of Deposit must be made payable to "Commissioner, Department of Energy" and must include interest penalty for early withdrawal. Also, include a statement (letter) from the bank issuing the Certificate waiving the right of set-off or lien against the Certificate.

NOTE: A Procedure for Certificates of Deposit and Letters of Credit being posted as bond can be obtained from Regional DOE Office.

4. Certification of plans:

I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

R.P.E. No.

Licensed Land Surveyor

L.L.S. No.

5. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC



SMA or Permit Number _____
Date Received _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

ARCH A. MOORE, JR.
Governor

APPLICATION FOR A CERTIFICATE OF APPROVAL FOR A DAM

1. Name of Dam: _____
2. Permit Applicant: _____
Address: _____ Phone No.: _____
3. If applicant is not owner, the applicant is acting for the owner as:

(Agent, Lessee, Trustee, Engineer, etc.)
4. Owner(s) of Dam and/or Reservoir: _____
Address: _____ Phone No.: _____
5. Owner is a: ☐ Individual ☐ Corporation ☐ Agency
 ☐ Partnership ☐ Association ☐ Other _____
6. If Owner is other than an individual, list officers or officials of the organization:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
7. Surface Landowner(s): 1. _____
(Name and Address) 2. _____
8. Engineer: _____
(Design or Consulting Firm) (Resident of Construction Supervisor)
9. Legal right to construct or modify a dam is by: _____
(Deed, Approval, Agreement, etc.)
10. Application is for:

<input type="checkbox"/> New Construction (Attach DMM-4-D-2)	<input type="checkbox"/> Removal of a Dam (Attach DMM-4-D-2)
<input type="checkbox"/> Modification (Attach DMM-4-D-1)	<input type="checkbox"/> Elimination of a Dam (Attach DMM-4-D-2)
<input type="checkbox"/> Approval of a Dam Completed Before April 3, 1982 (Attach DMM-4-D-1)	<input type="checkbox"/> Breaching of a Dam (Attach DMM-4-D-2)
11. Type of Dam: _____
(Concrete, Earth, Rockfill, Coal Refuse, Etc.)

12. Purpose of Dam: _____
(Water Supply, Waste Disposal, Etc.)
13. Location of Dam:
County: _____ Nearest Post Office: _____
Latitude: _____ ° _____ ' _____ " Stream: _____
Longitude: _____ ° _____ ' _____ " Tributary Of: _____
14. U.S.G.S. Topographic Quadrangle (7-1/2 min. series): _____
15. Distance to Nearest Downstream Occupied Structure: _____
16. Nearest Downstream Community: _____
(Name) (Population) (Distance)
17. Hazard Classification (A, B, or C): _____ Drainage Area: _____ Acres

APPLICATION FOR A CERTIFICATE OF APPROVAL FOR A DAM,
EXISTING DAM, OR CONSTRUCTION - MODIFICATION

NOTE: This completed form is to be attached to DMM-4-D as Page 3

18. Dam and Reservoir Data (All elevations based on U.S.G.S. feet above mean sea level)

NOTE: For existing dams, complete first column only

For construction of a new dam, complete second column only

For modification of a dam, complete both columns

	<u>Existing/Current Configurations</u>	<u>Final Design Configurations</u>	
a. Upstream Toe (Lowest)	_____	_____	elev.
b. Downstream Tow (Lowest)	_____	_____	elev.
c. Top of Dam (Crest)	_____	_____	elev.
d. Principal Spillway (Low Inlet)	_____	_____	elev.
e. Principal Spillway (High Inlet)	_____	_____	elev.
f. Emergency Spillway (Crest)	_____	_____	elev.
g. Normal Pool	_____	_____	elev.
h. Max. Design Pool	_____	_____	elev.
i. Max. Solids (Waste Disposal)	_____	_____	elev.
j. Crest Length of Dam	_____	_____	elev.
k. Crest Width of Dam	_____	_____	elev.
l. Upstream Slope of Dam	H: _____ V	H: _____ V	
m. Downstream Slope of Dam	H: _____ V	H: _____ V	
n. Freeboard (Normal Pool to Crest)	_____	_____	elev.
o. Normal Pool Surface Area	_____	_____	elev.
p. Max. Design Pool Surface Area	_____	_____	elev.
q. Pool Surface Area (Top of Dam)	_____	_____	elev.
r. Normal Reservoir Volume	_____	_____	elev.
s. Max. Design Reservoir Volume	_____	_____	elev.
t. Reservoir Volume (Top of Dam)	_____	_____	elev.

19. Spillway Data: Type Construction Material Maximum Capacity
- Principal Spillway _____
- Emergency Spillway _____
20. The maps, plans, specifications, supporting calculations and filing fee of \$25.00 which accompany this application form a part thereof.
21. I hereby certify that the application and accompanying plans, specifications, drawings, and supporting calculations were prepared under my direct supervision, and are true and correct to the best of my knowledge.

OWNER _____ Date _____ DESIGN ENGINEER _____ Date _____

RPE No. _____ State: _____

APPLICATION FOR A CERTIFICATE OF APPROVAL FOR A DAM,
REMOVAL - ELIMINATION - BREACHING OF A DAM

NOTE: This completed form is to be attached to DMM-4-D as Page 3

18. a. Removal of a Dam

- (1) Is removal to original ground? () Yes () No
(2) Location where embankment material will be placed: _____

b. Elimination/Filling Reservoir of a Dam

(1) Fill Material

- (a) Nature/Type: _____
(b) Origin: _____
(c) Soil Classification: _____

(2) Lift Size of Fill Placement: _____

(3) Total depth of Fill: _____

(4) Compaction Specification: _____

(5) Diversion ditches or stream relocation

- (a) Location: _____
(b) Channel Cross-Section: _____
(c) Channel Side Slope: _____ Width: _____ Depth: _____
(d) Design Storm Flow: _____ cfs
(e) Channel Capacity: _____ cfs
(f) Channel Protection: _____

c. Breach of a Dam:

(1) Location Where Breach Material will be Placed: _____

(2) Breach Channel:

- (a) Location: _____
(b) Channel Cross-Section: _____
(c) Channel Side Slope: _____ Width: _____ Depth: _____
(d) Storm Flows - 100-year storm _____ cfs Design Storm: _____ cfs
(e) Channel Protection: _____

(3) Remaining Impoundment: Volume: _____ acre/feet Depth: _____ feet

20. The maps, plans, specifications, supporting calculations and filing fee of \$25.00 which accompany this application form a part thereof.

21. I hereby certify that the application and accompanying plans, specifications, drawings, and supporting calculations were prepared under my direct supervision, and are true and correct to the best of my knowledge.

OWNER _____

Date _____

DESIGN ENGINEER _____

Date _____

RPE No. _____

State: _____

CLASS I LEGAL ADVERTISEMENT
FOR CONSTRUCTION OR MODIFICATION OF A DAM

Notice is hereby given that _____
(APPLICANT NAME AND ADDRESS)

_____ has submitted an application for approval to

_____ a _____ dam, located on
(Construct/Modify) (Water Supply, Coal Refuse, Etc. - Describe)

_____ of _____, _____ miles
(Receiving Stream) (Major Subbasin)

upstream of _____, in _____ County, West Virginia.
City/Town/Village

Latitude _____° _____' _____" Longitude _____° _____' _____".

The dam _____ feet in height, measured at the downstream toe and
(will be/is)

_____ a maximum impounding capacity of _____ acre/feet of water.
(will have/does have)

The land surface covered by this application is owned by _____
(Name)

_____, and the legal right to conduct operations is
(Address)

by _____. The dam is owned by _____.
(Deed/Contract/Lease/Etc.)

Name and Address of Principal Officers, Partners, or Directors of the owner are:

(Name)

(Title)

(Address)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any person whose life or property may be adversely affected by approval of this application may request a hearing, provided that such request be in writing, contain specific objections to the issuance of the Certificate of Approval, and be received by the Regional Office no later than _____ or within fifteen (15) days of the date of this publication.

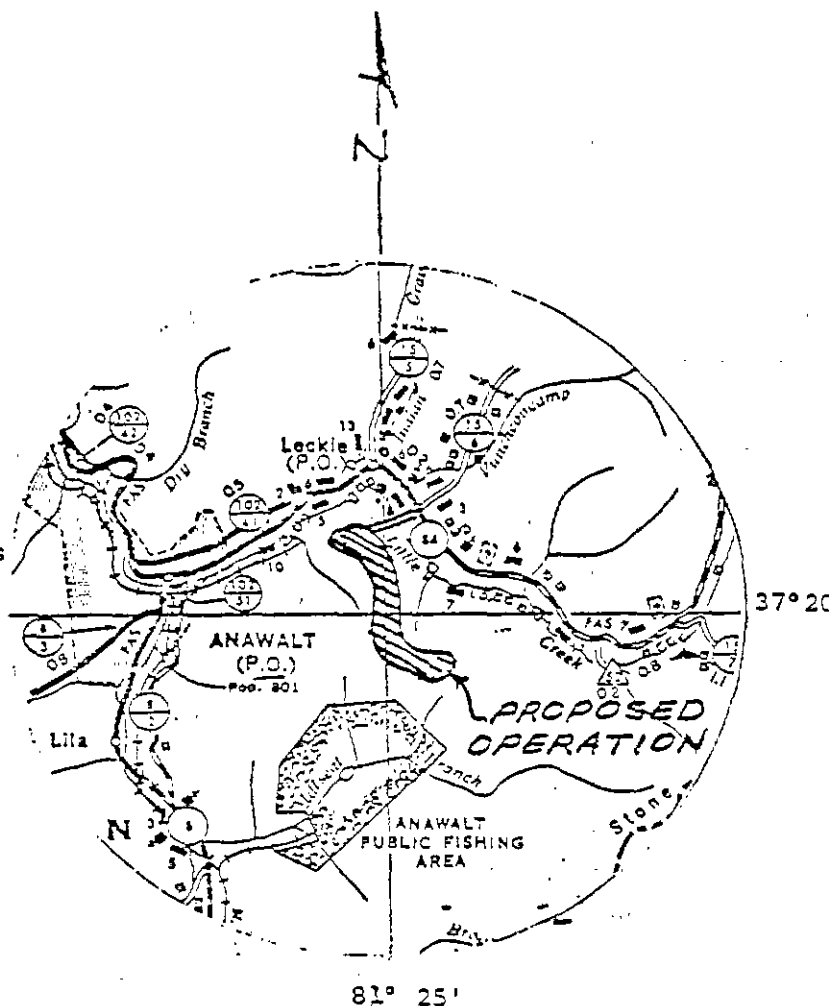
Such request should be addressed to the Regional Department of Energy Office located at _____, Attention: SMA No. _____ or Permit No. _____.

NOTE TO APPLICANT: This Class I Legal Advertisement shall include a location map with longitudinal and latitudinal coordinate lines intersecting at the location of the dam. Acceptable maps include U.S. Geological Topographic Maps or West Virginia Department of Highways General Highway County Maps.

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. A map of this scale and detail will be the minimum standard for acceptance.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same with such lines crossing at or near the center of the proposed permit area.

The map in the newspaper shall have minimum dimensions of two inches by two inches; the north arrow shall be indicated and the boundaries of the proposed site shall be clearly defined.



HEARING REQUEST PROCEDURES

APPLICATIONS FOR CERTIFICATE OF APPROVAL FOR A DAM

1. The Regional Permit Supervisor will schedule and preside over Hearings for Dam Applications. All proceedings are to be electronically recorded.
2. If a hearing request is received within the comment period, the Supervisor shall schedule a hearing to be held within ten (10) days of receipt of the request.
3. The Regional Permit Supervisor shall:
 - Notify the person or persons making the request of said hearing by certified mail.
 - Advise the Regional Engineer who reviews the application to be present at the Hearing.
 - Notify the applicant of the Hearing and advise that attendance by himself or his representative is recommended but not mandatory.
4. At the Hearing, the Regional Permit Supervisor or Regional Engineer will give a brief explanation of the contents of the application and will then hear all objections, comments, and questions.
5. After the Hearing, the Regional Permit Supervisor will prepare a brief memorandum recommending approval or denial. This memo shall be attached to the Certificate when forwarded to Charleston for the Commissioner's signature.

MONITORING AND EMERGENCY WARNING PLAN

The following document has been written as an example guide and format for monitoring and warning plans to be submitted to the Department of Energy (DOE) for approval. The example plan has been written for a "worst case" situation where the dam is above a community and has a high risk of failure. Obviously, many dams in this state will not fit this example in many respects, and we expect the persons involved in making the plans to tailor their plans to a specific situation.

The DOE will help the owners of dams in tailoring the plans to the specific situation, attend meetings with owners and law enforcement officials, and show those involved in the plan what to look for under various monitoring conditions. The appropriate DOE personnel will review the submitted plan and approve it when adequate.

Emergency plans usually go out of date quickly due to changes in persons involved, shelving of plans in a forgotten place, or changes made to the dam. To prevent this from happening, the DOE will make periodic unannounced inspections of the dam and request that the owners produce the plan and discuss how it works as a "dry run". An annual updating of the plan will be necessary in most cases and will be required as part of the annual certification under the Dam Control Regulations. More frequent updating of the plans may be required by DOE based on rapidly changing personnel or site conditions.

S A M P L E

TITLE PAGE

MONITORING AND
EMERGENCY WARNING PLAN
AND PROCEDURES

For The

(Name of Dam)
SMA/Permit Number

Located At

(Town, County, State)

Owned By

Issue Date: _____

Revision Date: _____

INTRODUCTION

Purpose of Plan: The purpose of this document is to provide for monitoring of the _____ dam under various conditions so that an emergency situation on the dam will be properly noted and reported to agencies and persons affected. This document also provides a plan for the orderly evacuation of downstream residents to a place of safety in the event of a potential dam failure.

Brief of Dam and Problems: The _____ dam is a _____ structure _____ feet high and impounding a maximum volume of water of _____ acre/feet. The dam has a _____ inch (CMP, concrete) principal spillway pipe with the inlet located near the _____ abutment (looking downstream) along the upstream face. The principal spillway riser has a gate valve for draining the impoundment. The dam has an emergency spillway open channel located at the _____ abutment (looking downstream). The dam normally has a freeboard (normal pool elevation to top of dam) of _____ feet.

If the dam was evaluated under the National Dam Inspection Program, list all problem areas found in the summary section:

- 1) _____
- 2) _____
- 3) _____

How To Use This Document: Persons using this plan will find a sequence of actions to be taken depending on rainfall and site conditions. A summary of where to find specific monitoring, reporting, and evacuation requirements can be found on the following page (Summary and Index).

NOTE: A map (plan view) drawing of the dam, spillways, seepage zones and important facilities should be included after this page.

SUMMARY AND INDEX

SECTION PART I MONITORING PLAN

- A Normal Conditions
 Dam will be inspected according to prescribed schedule and checked for item specified in this section.
- B Adverse Conditions
 Dam will be inspected by a more frequent schedule as prescribed and checked for items specified in this section.
- C Standby Alert
 Dam has specific problems which could lead to failure. Constant surveillance is required. Notification of agencies is required as specified in this section. Setting up of communications network when necessary. Emergency repairs if possible.
- D Evacuation Conditions
 Dam may fail at any time. If necessary, evacuation order is to be given by qualified person.

SECTION PART II EMERGENCY WARNING PLAN

- A Notification
 Notification is given to Sheriff's Department to commence evacuation. Further notification of agencies, hospitals, media, and utilities.
- B Evacuation
 See Narrative of Evacuation Procedures.

SECTION PART III POST EVACUATION PROCEDURE

- A No failure of dam - Cancellation of evacuation.
- B Failure of dam - Cleanup operations - agencies to be notified.
- C Evacuation Map
- D Inspection Record
- E Signature and Distribution List

PART I - MONITORING PLAN

Section A - Normal Conditions: Dry weather and occasional light rainfall. The plan must state areas to be inspected such as condition of trash racks, spillways, seepage zones, embankment cracking, slumps, bulges, gate or equipment failure, concrete alignment, mine subsidence, and vandalism.

ACTION

Inspect weekly/
bi-monthly/monthly

RESPONSIBILITY

(Name, Address, Phone)

NOTE: Alternates may be listed for this section in case of possible illness or vacation. Alternates should not be in the same household as the person with primary responsibility.

Section B - Adverse Conditions: Heavy or extended rainfall, flash flood warnings, snow-melt. The plan must state areas to be inspected such as spillways, seepage zones, and discharge levels.

ACTION

1. Inspect daily or more often as necessary
2. Open gates as necessary

RESPONSIBILITY

(Name, Address, Phone)

(Name, Address, Phone)

NOTE: Alternates must be listed wherever possible in this section and in the following sections. Alternates should not be in the same household as the person with primary responsibility.

Section C - Standby Alert: According to specific onsite conditions such as depth of spillway flows, cracking, seepage, piping, etc.

<u>ACTION</u>	<u>RESPONSIBILITY</u>
1. Constant Surveillance	(Names, Address, Phone) NOTE: Alternates must be listed
2. Notify agencies according to checklist and wording below.	(Names, Address, Phone) NOTE: Alternates must be listed

Standby Alert Notifications: The responsible person shall phone each agency in sequence and deliver the following statement:

"This is _____ advising you that we are starting constant surveillance of the _____ dam according to the monitoring and emergency warning plan. We are notifying you, (Agency _____ of this condition, and will inform you if a decision to evacuate or cancellation of the surveillance has been made."

Then, answer any questions directed by the agency.

<u>Check When Notified:</u>	<u>Phone</u>
_____ Department of Energy348-8899
_____ Office of Emergency Services . .	.(County Warning Point)
_____ Sheriff's Department	
_____ Mine Safety & Health	
_____ Administration (if coal related)	
_____ Soil Conservation Service	
_____ (if SCS structure)	

<u>ACTION</u>	<u>RESPONSIBILITY</u>
3. Start emergency communications network, if necessary, based upon the continuing deterioration of site conditions.	(Name, Address, Phone)
4. Begin emergency repairs, if possible. Plan should anticipate type of emergencies which may occur based on the deficiencies of the dam, and state what materials and equipment may be required for emergency temporary repairs to prevent failure. The availability of the materials and equipment and manpower should be considered in the plan.	(Name, Address, Phone)

Section D - Evacuation Conditions: According to specific site conditions such as overtopping of earthen dams, cracking, piping, etc.

<u>ACTION</u>	<u>RESPONSIBILITY</u>
1. Monitor dam condition, issue evacuation order if necessary.	Department of Energy - If present - Or County Authority (Name, Address, Phone), Or Owner of Dam (Name, Address, Phone).
2. If evacuation order is given, proceed immediately with Part II (Below).	

PART II EMERGENCY WARNING PLAN

Section A - Notification:

<u>ACTION</u>	<u>RESPONSIBILITY</u>
1. Notify agencies according to checklist and wording below:	(Name, Address, Phone)

Evacuation Notification: The responsible person shall phone or contact the Sheriff's Department and deliver the following statement:

"This is _____ notifying you that an evacuation order for the _____ dam has been given by _____ at _____ (time) _____. Please evacuate people downstream according to the county emergency operations plan."

Check When Notified: _____ Phone

_____ Sheriff's Department or _____ other responsible agency.

Section B - Evacuation - Evacuation procedures may include any number of site specific measures such as evacuation of houses within so many vertical feet of a highway, or everyone down to a certain point. These details must be worked out in advance with cooperation between the Sheriff's Department and the Office of Emergency Services (OES). A narrative of these procedures should appear in this section in accordance with the county emergency operations plan. Evacuation areas and location of evacuation receiving centers must be shown on a county highway or topographic map attached to this plan.

<u>ACTION</u>	<u>RESPONSIBILITY</u>
1. Establish command post, direct emergency operations, organize effort, direct officials of cooperating agencies, coordinate efforts.	County OES Director, Sheriff of County, Or Ranking Deputy, State Police, Or Ranking Officer
2. Transportation of evacuees, list of infirm or disabled.	
3. Police security of area to prevent looting.	
4. Location of roadblocks to prevent unauthorized entry.	
5. Location of evacuation centers. (Not below dam)	
6. Agencies in charge of evacuation centers, including flood, handle inquiries on status of evacuees.	
7. Notification of Utilities:	
_____ Telephone	
_____ Electric	
_____ Gas	
_____ Water	
_____ Sewage	
_____ Department of Highways	
_____ Railroad (If applicable)	

PART III - POST EVACUATION ACTION

Section A: Should no failure occur and the hazard pass, cancel evacuation order - DOE is responsible to declare hazard secured.

Section B: Should failure occur:

<u>ACTION</u>	<u>RESPONSIBILITY</u>
1. Notify agencies according to checklist below.	(Name, Address, Phone)
<u>Check when notified</u>	<u>Phone</u>
<u>Office of Emergency Services</u>	
<u>Department of Energy</u>	

<u>ACTION</u>	<u>RESPONSIBILITY</u>
2. Evacuation or assistance to persons stranded in homes due to highway/bridge washout.	
3. Search and Rescue.	
4. Cleanup crews and equipment.	
5. Long-term lodging and food relief.	

EVACUATION MAP

This page will contain a detailed map of primary and secondary evacuation areas, location of the dam, roadblocks, evacuation centers, etc.

Acceptable maps shall include: U.S. Geological Survey Topographic Maps (available from the West Virginia Geological Survey in Morgantown) or West Virginia Department of Highways General Highway County Maps.

Section D - Inspection Record:

DATE INSPECTED

INSPECTOR

COMMENTS

[illegible]

Section E - Signature and Distribution List for this Document:

Signatures: The undersigned hereby states that they have read and understand this plan and will carry out the tasks assigned to them.

<u>NAME</u>	<u>TITLE</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preparer of Plan	_____	_____
DOE Approval	_____	_____

Distribution:

Name and Address of Person or Agency



PERMIT NO. _____
REVISION NO. _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

INCIDENTAL BOUNDARY REVISION (IBR) APPLICATION

1. Applicant: _____
(NAME)

☐ Corporation ☐ Partnership ☐ Association
☐ Sole Proprietorship ☐ Agency ☐ Other (Explain)

2. Address: _____
(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone Number: _____

3. Location of Operation: _____
(COUNTY) (DISTRICT)

(RECEIVING STREAM) (TRIBUTARY OF) WATERSHED (Monongahela, Ohio
Tug, Potomac, Kanawha)

(LATITUDE) (LONGITUDE)

4. Name of Mine/Refuse Area: _____

5. If this IBR is an additional underground opening, can a gravity discharge be anticipated from this opening? ☐ Yes ☐ No
If yes, and the seam is defined as acid-producing, provide a justification which includes the consideration of relevant safety and environmental factors..

6. Is owner(s) of the surface land to be disturbed same as original permit?
☐ Yes ☐ No

If no, _____

Has the private mineral estate been severed from the private surface estate?
☐ Yes ☐ No

If yes, address the provisions of Chapter 22A, Article 3, Section 18(b)(5)-Attachment

7. Is owner(s) of minerals to be mined same as original permit? ☐ Yes ☐ No
If No, list and identify:

Address _____

Address _____

8. Are there any surface and subsurface areas contiguous to any part of the proposed permit area, and/or residents thereon? ☐ Yes ☐ No
If Yes, list and identify:

<u>NAME</u>	<u>ADDRESS</u>	<u>SURFACE, SUBSURFACE, OR RESIDENT</u>
_____	_____	_____
_____	_____	_____

9. Is applicant's legal right to enter and conduct surface mining operations on this proposal same as original permit? ☐ Yes ☐ No
If No, explain: _____

10. Will the permit area extend within 300 feet of an occupied dwelling?
☐ Yes ☐ No
If Yes, insert proof of valid existing rights or necessary waivers in this section.

11. Will the permit area extend within 300 feet of any public building, school, church, community or institutional building, public park, or within 100' of a cemetery?
☐ Yes ☐ No
If Yes, insert proof of valid existing rights in this section.

12. Will the permit area extend, other than haulageways or access roads, within 100 feet of the outside right-of-way line of any public road? ☐ Yes ☐ No
If Yes, submit proof of valid existing rights or include sample of public notice.

13. Is disturbance proposed within 100 feet of an intermittent or perennial stream(s)?
☐ Yes ☐ No - If Yes, how will performance standards be met? _____

14. If additional acreage is to be bonded under the original permit, please complete the following: (NOTE: For Surface Mining, the maximum total acreage to be permitted on one or more IBR's shall be no more than 60% of the acreage on the original permit or a maximum of 150 acres. For Underground Mines, no percentage or acreage limitation.)

Original Acreage + Proposed Acreage = Total Acreage ADDITIONAL BOND REQUIRED
_____ + _____ = _____ \$ _____ 000.00

Bond Type:
Surety: _____ Bond No. _____ Amount \$ _____

Certificate of Deposit: No. _____ Amount \$ _____

Other: _____ No. _____ Amount \$ _____

15. Is Land Use same as original permit? () Yes () No - If No, explain

16. Will all drainage control measures, blasting, placement of overburden, method of regrading, topsoiling, and revegetation be conducted in accordance with original permit and the rules and regulations? () Yes () No - If No, explain

17. Attach the complete plans as per coal refuse regulations if an Uphill Expansion of Refuse Area.

18. Certification of plans: I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

R.P.E. No.

Licensed Land Surveyor

L.L.S. No.

19. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC

Attachments: Map(s) - Proposal and Drainage

NOTE: The complete application must be submitted to the Department of Energy Regional Office as four (4), or five (5) if NPDES is changed, separate entities in 9" x 12" clasp type binders for each application.

DOE USE ONLY

Distribution:	Original - Charleston
	Copy ----- Inspector
	Copy ----- Regional
	Copy ----- OSM
	Copy ----- EPA (NPDES)



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY

NPDES#WV _____

SMA # _____

APPR BY _____

DATE _____

ARCH A. MOORE, JR.
Governor

WATER POLLUTION CONTROL APPLICATION

General Instructions

1. The application consists of twelve (12) modules and a copy of the instructions. These modules are:

- Module 1 - General Information
- Module 2 - Outlet Information
- Module 3 - Surface and Ground Water
- Module 4 - Mining Information - Deep Mines
- Module 5 - Mining Information - Surface Mines
- Module 6 - Preparation Plant / Prep Plant Associated Areas
- Module 7 - Chemical Treatment
- Module 8 - Abandonment of Deep Mine
- Module 9 - Disposal of Sewage from New Sewage Facility
- Module 10 - Disposal of Sewage from Existing Sewage Facility
- Module 11 - Modification
- Module 12 - Reissuance

2. For a first time application:

- a. For deep mine only - Complete modules 1, 2, 3, 4, 7 and 8
- b. For surface mine only - Complete modules 1, 2, 3, 5 and 7
- c. For preparation plant or prep plant -
associated area (including refuse area,
loadout area and tipple) Complete modules 1, 2, 3, 6 and 7
- d. For a prep plant or prep plant -
associated area to be included with a deep
mine or surface mine add module 6 to modules required under
2a or 2b above
- e. If there is an existing sewage facility -
at the deep mine/surface mine/prep plant add module 10 to modules required under
2a, 2b and 2c above
- f. If a new sewage facility is to be added - Complete Module 9 and submit to
Health Department

3. For modification of a state NPDES permit -

Complete modules 1 and 11

4. For reissuance of a state NPDES permit where -
there are no changes since last permit
application for modification

Complete modules 1 and 2 and update map and
abandonment plan

5. For reissuance of a state NPDES permit where -
there is alteration since last permit or modification

Complete modules 1, 2 and 12

6. For abandonment of a deep mine -

Complete modules 1, 2 and 8

7. ALL WATER QUALITY ANALYSIS MUST BE PERFORMED IN ACCORDANCE WITH EPA TESTING PROCEDURES, 40 CFR
PART 136 AND METALS, ACIDITY AND ALKALINITY MUST BE REPORTED IN TOTAL CONCENTRATIONS.

WATER POLLUTION CONTROL APPLICATION
Module 1 - General Information

I. Applicant information:

- A. Applicant name _____
Address _____
_____ Phone _____
- B. Is the name listed above also the owner of the facility?
☐ Yes (go to Item I-D) ☐ No (Complete I-C)
- C. Name and Address of Owner _____

- D. Applicant contact: (name and title) _____
Phone (area code and number) _____
- E. Status of Operator (Check the appropriate category, if "other" specify)
☐ Federal ☐ State ☐ Private ☐ Public ☐ Other (Specify) _____

II. Facility Information:

Facility Name _____
Facility Mailing Address: _____
City, State and Zip Code _____
Facility Location:
Street, Route No. or other specific identifier _____
City, Town or nearest Post Office _____ County _____

III. A. Applicant requests the following action from DNR (check the appropriate category):

- ☐ Issue new state NPDES permit
☐ Reissue existing state NPDES permit (go to IV)
☐ Modify existing state NPDES permit (complete modules 1 and 11)

B. The applicant believes that the facility and discharges therefrom fall under one of the following categories (Check the applicable category)

- ☐ New Source - i.e. means a facility covered under 40 CFR Part 434, including an abandoned mine which is being mined, the construction of which commenced after September 19, 1977 or which is determined to constitute a major alteration. See WDOE NPDES regulations Section 108.30.
- ☐ Existing Source - i.e. means a coal mine, prep plant and all refuse or waste therefrom:
(a) from which there is or may be a discharge of pollutants which commenced prior to September 19, 1977; and (b) which is not a new source.

C. This application is for (check one or more as appropriate):

- | | | |
|---------------------------------|---|---|
| Open and operate: | <input type="checkbox"/> a deep mine | <input type="checkbox"/> a surface mine |
| Construct, install and operate: | <input type="checkbox"/> a treatment facility | <input type="checkbox"/> a load out area |
| | <input type="checkbox"/> a preparation facility | <input type="checkbox"/> a tippie |
| | <input type="checkbox"/> a refuse disposal area | |
| Operate an existing: | <input type="checkbox"/> deep mine | <input type="checkbox"/> surface mine |
| | <input type="checkbox"/> a preparation facility | <input type="checkbox"/> a tippie |
| | <input type="checkbox"/> a refuse disposal area | <input type="checkbox"/> a sewage disposal system |
| | <input type="checkbox"/> loadout area | |
| | | |
| Reopen and operate: | <input type="checkbox"/> a deep mine | <input type="checkbox"/> a surface mine |
| | <input type="checkbox"/> a preparation facility | <input type="checkbox"/> a tippie |
| | <input type="checkbox"/> a refuse disposal area | <input type="checkbox"/> a sewage disposal system |
| | <input type="checkbox"/> loadout area | |
| Modify: | <input type="checkbox"/> a deep mine | <input type="checkbox"/> a surface mine |
| | <input type="checkbox"/> a preparation facility | <input type="checkbox"/> a tippie |
| | <input type="checkbox"/> a refuse disposal area | <input type="checkbox"/> a sewage disposal system |
| | <input type="checkbox"/> loadout area | |

D. The applicant will:

- ☐ Discharge pollutants from a point source associated with any coal mine, preparation plant, and all refuse and waste therefrom
- ☐ Make, cause or permit to be made any outlet, or substantially enlarge or add to the load of any existing outlet from a facility for the discharge of pollutants, or the effluent therefrom, into the waters of the state
- ☐ Acquire, construct, install, modify or operate a disposal system or part thereof for the direct or indirect discharge or deposit of treated or untreated waste or effluent from any facility into the waters of this state, or any extension to or addition to such disposal system
- ☐ Extend, modify, add to or increase in volume or concentration any pollutants or effluent from any point source associated with any facility in excess of the discharges or disposition specified or permitted under any existing permit
- ☐ Construct, install, modify, open, reopen, operate or abandon a mine, coal preparation plant or coal preparation plant associated area
- ☐ Operate a sewage disposal system
- ☐ Discharge untreated water to waters of the state
- ☐ Discharge treated water to waters of the state
- ☐ Dispose of refuse, sludge/slurry, etc.
- ☐ Abandon a mine
- ☐ Carry out the following operation (specify): _____

IV. Reissuance of Existing Permits

Since issuance of the existing permit have any outlets been added; any treatment or disposal system modified or added to in any way; volume or concentration of the waste(s) or waste stream(s) increased; or the facility extended, modified or added to?

☐ Yes (Complete modules 1, 2 and 12)

☐ No (Complete modules 1 and 2 and update mine map and abandonment plan)

V. SIC Code: 1211

VI. Existing or necessary environmental permits for this facility:

Issuing Agency	Type of Permit	Permit or ID Number	Date Issued	Expiration Date
WV DNR Division of Water Resources				
WV DNR Division of Water Resources	Solid Waste			
WV Health Department	Sewage			
U.S. Environmental Protection Agency	NPDES			
WV Public Lands Corporation				
U.S. Army Corps of Engineers	General			
U.S. Army Corps of Engineers	General			

VII. Map or Drawing (designate as Exhibit A):

A topographic map drawn to a reasonable scale and extending at least one thousand (1000) feet beyond the site, depicting the facility and each of its intake and discharge structures, and those wells, springs, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area. This information may be shown on the mine site topographic map submitted with WV DMM-4 application forms.

VIII. Certification:

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature _____ Date _____

Name and official title (type or print): _____

For each outlet, list the latitude and longitude to the nearest second, the river mile point (if known) and the name of the immediate receiving water. For haulroads and onbench drainage control the outfall location shall be the lowest downstream discharge point where water leaving the permit area enters the stream.

[illegible]

A. Attach a line drawing (designate as Exhibit B) showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outlets. If a water balance cannot be determined, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

1. All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff (including material storage area runoff);
2. The average flow contributed by each operation; and
3. The treatment received by the wastewater.

[illegible]

4. Details and drawings of each treatment unit. (Continue on additional sheets if necessary.)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-B intermittent or seasonal? ☐ No ☐ Yes (Complete the following table)

Outlet No. (list)	Operation(s) Contributing Flow (list)	Frequency		Flow				
		Days/week (specify avg)	Months/Year (specify avg)	Flow Rate (in mgd)		Total Volume (specify units)		Duration (in days)
				Long Term Avg.	Maximum Daily	Long Term Avg.	Maximum Daily	

III. Improvements

Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions?

☐ No ☐ Yes (Complete the following table)

Identification of Condition, Agreement etc.	Affected Outlets		Brief Description of Project	Final Compliance Date	
	No.	Source of discharge		Required	Projected

IV. Intake and Effluent Characteristics

A, B and C - FOR EACH OUTLET complete one set of tables IV-A, IV-B or IV-C. An analysis of intake water should be performed only where the applicant seeks an effluent limitation based on the "net/gross" provisions of the WDOE/NPDES regulations §10G.06.

D. Do you know or have reason to believe that any of the pollutants listed in Appendix F-2 of the WDOE/NPDES regulations, Section 10 are discharged or may be discharged from any outlet. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

Pollutant	Source	Pollutant	Source

- E. Was the analysis for all pollutants performed in accordance with 40 CFR Part 136? ☐ Yes ☐ No
If 'No' describe method used during analysis.

Pollutant	Description of Method

- F. Have the toxic metals, cyanide and phenols required to be reported under table IV-C been analyzed with a precision to the nearest microgram per liter? ☐ Yes ☐ No If 'No' give reasons.

- G. If contract laboratory performed analysis complete table below:

Outlet Sampled	Time Sampled	Date Sampled	Date Analyzed	Name and Address of Laboratory

- V. Potential Discharges not Covered by Analysis

Is any pollutant listed in Table IV-C a substance or a component of a substance which you now or expect that you will over the next five (5) years use or manufacture as an intermediate or final product or byproduct? ☐ No ☐ Yes (attach list of all such pollutants)

- VI. Biological Toxicity Testing Data

Have you performed or do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three (3) years? ☐ No ☐ Yes (submit copies of test results along with a description of the reason for test and the outfall or stream on which the test was performed).

- VII. Discharges into non-complying waters

If you propose to discharge into a stream or water segment which either does not meet applicable water quality standards for the pollutant(s) discharges or is not expected to meet those standards even after treating the discharge to the required technology based limits, and the State has performed a pollutant waste allocation for these pollutants, then:

- A. Submit documentation that:

1. There are sufficient remaining pollutant load allocations to allow for the discharge; and
2. The existing dischargers into that segment are subject to compliance schedules designed to bring the segment into compliance with applicable water quality standards; or

- B. Submit documentation that the applicant qualifies for an alternate water quality based effluent limitation by making an adequate demonstration to the Director pursuant to the Water Resources Board's Administrative Regulations, Series I, Section 8.

- VIII. Variances

Is a variance from effluent limitations requested?

☐ No ☐ Yes [Comply with WDOE/NPDES regulations, Section 10.D.05 (f) or (g)]

WATER POLLUTION CONTROL APPLICATION
Module 3 - Surface and Groundwater

- I. What is the name of the major drainage basin in which the facility is located (check one of the following):
☐ Potomac ☐ Kanawha ☐ Monongahela ☐ Ohio ☐ Guyandotte ☐ Tug Fork/Big Sandy
- II. Provide Water Quality Analysis reports (on Table III-a - Waste Status Report of Streams) for all streams which will receive water from point source discharges. The analysis report must be either average value of data collected over a period so as to reflect seasonal variations in the flow of the stream or for low flow (7 Q 10) condition of the stream.

For each outlet, two sampling points shall be established in the stream, one upstream and the other downstream of the outlet. If two or more outlets are close to each other, then two stream sample points for the group of outlets may be established, one upstream and the other downstream of the group of outlets. THE SAMPLING POINT MUST BE MARKED ON THE DRAINAGE MAP required in WV DMM-4 application forms.

- III. Provide details of location, ownership, description, etc. of the first private water supply and all the public water supplies which use water from the stream and are located within five (5) miles on the downstream of the discharge points.

☐ If none, check box

- IV. Submit analysis of any springs within five hundred (500) feet of the proposed operation for:

☐ If none, check box

ID No. _____

pH _____

Acidity _____ mg/l as CaCO_3

Alkalinity _____ mg/l as CaCO_3

Mn _____ mg/l

Fe _____ mg/l

ID No. _____

pH _____

Acidity _____ mg/l as CaCO_3

Alkalinity _____ mg/l as CaCO_3

Mn _____ mg/l

Fe _____ mg/l

ID No. _____

pH _____

Acidity _____ mg/l as CaCO_3

Alkalinity _____ mg/l as CaCO_3

Mn _____ mg/l

Fe _____ mg/l

- V. Describe the present use of water in the aquifers and the water table within one thousand (1000) feet of the perimeter of the operation.

V. Mine drainage:

A. What will be the estimated maximum daily flow rate from the existing or proposed mine during the next five years? Explain how this was determined. Indicate volumes on table below.

	<u>Existing</u> <u>Daily max. in gallons</u>	<u>Estimated (in next 5 Yrs.)</u> <u>Daily max. in gallons</u>
1. Pumping	GPD	GPD
2. Gravity flow	GPD	GPD

B. Details of pumps:

	<u>Capacity</u> <u>in GPM</u>	<u>Actual</u> <u>Pumping</u> <u>Rate (GPM)</u>	<u>Hours of</u> <u>operation/day</u> <u>No. days/week</u>	<u>Automatic</u> <u>or</u> <u>Manual</u>
1. Existing	_____	_____	_____	_____
2. Proposed	_____	_____	_____	_____

C. Drainage will be through (check appropriate categories):

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Drift | <input type="checkbox"/> Borehole(s) |
| <input type="checkbox"/> Slope | <input type="checkbox"/> Abandoned Workings |
| <input type="checkbox"/> Shaft | <input type="checkbox"/> Other Active/Inactive Workings |

VI. Map

Include the following details on the Mine Development Map submitted with DMM-4.

- Outline of all overlying and underlying mining operations (active, inactive and abandoned), elevation of water pool, if any, and discharge points
- Location of underground sumps and their capacity, location of pumps and their capacity, general route of drainage to surface or to adjacent mines
- Seam structural contours at 10 foot intervals and surface elevation contours at an interval not to exceed those available on the latest U.S.G.S. 7.5 minute quadrangle; fault plane or weak plane.
- Likely final position of water level

VII. If there are abandoned or operating mines in the same coal seam within one (1) mile of the mine perimeter, include:

A. Quantity of flow from each mine

B. Analysis of flow from the mine for:

pH _____	Manganese _____ mg/l
Acidity _____ mg/l as CaCO ₃	Iron _____ mg/l
Alkalinity _____ mg/l as CaCO ₃	Aluminum _____ mg/l (if trout stream)

NOTE: IF SEWAGE OR BATH HOUSE WASTE IS NOT A PART OF THE EFFLUENT, THE REPORTING REQUIREMENTS FOR BIOCHEMICAL OXYGEN DEMAND, COD, TOC AND AMMONIA ARE WAIVED.

PLEASE PRINT OR TYPE. YOU MAY REPORT SOME OR ALL OF THIS INFORMATION ON SEPARATE SHEETS (USE THE SAME FORMAT) INSTEAD OF COMPLETING THESE PAGES. SEE INSTRUCTIONS.

IV. INTAKE AND EFFLUENT CHARACTERISTICS OUTLET NO.

PART A - YOU MUST PROVIDE THE RESULTS OF AT LEAST ONE ANALYSIS FOR EVERY POLLUTANT IN THIS TABLE. COMPLETE ONE TABLE FOR EACH OUTLET. SEE INSTRUCTIONS FOR ADDITIONAL DETAILS.

1. POLLUTANT	2. EFFLUENT				3. UNITS (Specify if blank)				4. INTAKE (optional)	
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30-DAY VALUE		c. LONG-TERM AVG. VALUE		d. NO. OF ANALYSES		e. LONG-TERM AVG. VALUE	
	1 concentration	2 mass	1 concentration	2 mass	1 concentration	2 mass	a concentration	b mass	1 concentration	2 mass
a. Biochemical Oxygen Demand (BOD)										
b. Chemical Oxygen Demand (COD)										
c. Total Organic Carbon (TOC)										
d. Total Suspended Solids (TSS)										
e. Ammonia (as N)										
f. Flow	VALUE		VALUE		VALUE				VALUE	
g. Temperature (winter)	VALUE		VALUE		VALUE			°C	VALUE	
h. Temperature (summer)	VALUE		VALUE		VALUE			°C	VALUE	
i. pH	minimum	maximum	minimum	maximum				STANDARD UNITS		

PART B - MARK "X" IN COLUMN 2a FOR EACH POLLUTANT YOU KNOW OR HAVE REASON TO BELIEVE IS PRESENT. MARK "X" IN COLUMN 2b FOR EACH POLLUTANT YOU BELIEVE TO BE ABSENT. IF YOU MARK COLUMN 2a FOR ANY POLLUTANT, YOU MUST PROVIDE THE RESULTS OF AT LEAST ONE ANALYSIS FOR THAT POLLUTANT. COMPLETE ONE TABLE FOR EACH OUTLET. SEE THE INSTRUCTIONS FOR ADDITIONAL DETAILS AND REQUIREMENTS.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	a. believed present	b. believed absent	a. MAXIMUM DAILY VALUE 1 concentration 2 mass	b. MAXIMUM 30-DAY VALUE 1 concentration 2 mass	c. LONG-TERM AVG. VAL. 1 concentration 2 mass	d. NO. OF ANALYSES	a. LONG-TERM AVG. VAL. 1 concentration 2 mass	b. NO. OF ANALYSES
a. BROMIDE (74959-67-9)								
b. CHLORINE Total Residual								
c. COLOR								
d. FECAL COLIFORM								
e. FLUORIDE (1698-46-8)								
f. NITRATE - NITRITE (as N)								
g. NITROGEN - Total Organic (as N)								
h. OIL AND GREASE								
i. PHOSPHORUS Total (as P) (7723-14-0)								
J. RADIOACTIVITY								
(1) ALPHA Total								
(2) BETA Total								
(3) RADIUM Total								
(4) RADIUM 226 Total								
k. SULFATE (as SO ₄) (14808-79-8)								
l. SULFIDE (as S)								
m. SULFITE (as SO ₃) (14265-45-3)								
n. SURFACTANTS								
o. ALUMINUM Total (7429-90-5)								
p. BARIUM Total (7440-39-5)								
q. BORON Total (7440-42-8)								
r. CADMIUM Total (7440-48-4)								
s. IRON Total (7439-89-6)								
t. MAGNESIUM Total (7439-95-4)								
u. MOLYBDENUM Total (7439-98-7)								
v. MANGANESE Total (7439-96-5)								
w. TIN Total (7440-31-5)								
x. TITANIUM Total (7440-32-6)								
y. CHLORIDE								

TABLE IV - C

MARK "X" IN COLUMN 2a ONLY, FOR ALL TOXIC METALS, CYANIDES, AND TOTAL PHENOLS; FOR ALL OTHER GC/MS FRACTIONS MARK "X" IN COLUMN 2b FOR EACH POLLUTANT YOU KNOW OR HAVE REASON TO BELIEVE IS PRESENT AND MARK "X" IN COLUMN 2c FOR EACH POLLUTANT IN THE GC/MS FRACTIONS YOU BELIEVE TO BE ABSENT. IF YOU MARK EITHER COLUMNS 2a OR 2b FOR ANY POLLUTANT, YOU MUST PROVIDE THE RESULTS OF AT LEAST ONE ANALYSIS FOR THE POLLUTANT. COMPLETE ONE TABLE FOR EACH OUTLET.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X" Testing believed a. "no/d", absent b. present c. absent		3. EFFLUENT		4. UNITS (Specify if blank)		5. RANGE (optional)	
	a. MAXIMUM DAILY VALUE concentration	1 mass	b. MAXIMUM 30-DAY VALUE concentration	2 mass	c. LONG-TERM AVG. VAL. concentration	2 mass	a. LONG-TERM AVG. VAL. concentration	b. NO. OF ANALYSES
IN METALS, CYANIDE, AND TOTAL PHENOLS								
1a. ARSENIC total (7440-38-2)								
1b. BARIUM total (7440-41-7)								
1c. BISMUTH total (7440-43-9)								
1d. CHROMIUM total (7440-47-3)								
1e. COPPER total (7550-90-8)								
1f. LEAD total (7439-97-6)								
1g. MERCURY total (7439-97-6)								
1h. NICKEL total (7440-02-0)								
1i. SILICON total (7782-49-2)								
1j. SILVER total (7440-22-4)								
1k. THALLIUM total (7440-28-0)								
1l. ZINC total (7440-66-6)								
1m. CYANIDE total (57-12-5)								
1n. PHENOLS total								

WATER POLLUTION CONTROL APPLICATION
Module 5 - Mining Information - Surface Mines

- I. Are there other surface mines within five hundred (500) feet of this proposed operation and in the same seam? ☐ No ☐ Yes, Complete items A and B.
- A. Does the existing surface mine have ponds, pooled water or seepage where water can be collected for analysis?
☐ No ☐ Yes Submit analysis for total iron, total manganese, pH, acidity, alkalinity, and suspended solids. Locate sampling point on the drainage plan map with DM-4 and label analysis sheet accordingly. If the discharge is currently permitted then the data from the most recent DMR may be used.
- B. Is the adjacent surface mine:
Regraded ☐ No ☐ Partially ☐ Yes
Revegetated ☐ No ☐ Partially ☐ Yes
- II. Are there any deep mine workings within five hundred (500) feet horizontal and/or one hundred (100) feet vertical distance from this proposed operation? ☐ No ☐ Yes, Complete items A, B and C.
- A. Are there any discharges from this deep mine, free flowing or pumped?
☐ No ☐ Yes Submit analysis for total iron, total manganese, pH, acidity, alkalinity and suspended solids. Locate each point of discharge on the Drainage Plan Map with rate of flow in gallons per minute. Label analysis sheets according to sampling point.
- B. Do the adjacent deep mine works contain impounded water?
☐ No ☐ Unknown ☐ Partially inundated ☐ Totally inundated
- C. What will be the width of the barrier between the surface mine and the adjacent deep mine?

Give justification and calculations.

WATER POLLUTION CONTROL APPLICATION
Module 6 - Preparation Plant/Prep Plant Associated Areas
(including refuse disposal areas, loadout areas and tipples)

I. Location of the facility (give latitude and longitude): _____ ° _____ ' _____ " _____ ° _____ ' _____ "

II. Type of facility (check appropriate category):

- ☐ Prep Plant ☐ Prep Plant Associated Area ☐ Refuse Disposal Area ☐ Loading Facility
☐ Modular/Portable Prep Plant ☐ Old Gob Pile Recycling Facility ☐ Tipple
☐ Other (specify) _____

III. Name of the seam(s) from which coal will be prepared: _____

IV. Sulfur in coal prepared or handled:

Sulfur type

Name of the coal seam to be prepared - _____

A. Pyrite (% range) - _____

B. Organic & Sulfate (% range) - _____

Total _____

V. Refuse characteristics:

Sulfur Content

Name of the coal seam to be prepared - _____

A. Pyrite (% range) - _____

B. Organic & Sulfate (% range) - _____

Total _____

C. Submit results of acid-base account test for the refuse.

VI. Processing

A. Type of wet concentration equipment: _____

B. Sizes wet concentrated: _____

C. Capacity of concentration equipment for each size of coal (tons/hour). _____

VII. Discharge quantity and characteristics:

A. Is the system: ☐ "Closed Circuit" or ☐ "Open Circuit"

B. Plant Effluent: Rate of effluent that will be discharged from the facility for treatment: _____ GPM

C. Number of hours the plant will operate per day. _____

- D. Will emergency ponds be used to drain the thickener, and slurry in circulation in the plant?
☐ No ☐ Yes Give the volume of slurry likely to be drained from the plant, thickener volume and emergency pond volume. _____

E. Dust Collection by Water:

1. Is dust recovery by water practiced or proposed? ☐ No ☐ Yes

If yes, list type of equipment used or proposed to be used

2. How is water disposed of? _____

If discharged to the stream, give its quality for:

pH _____

Fe _____ mg/l

Suspended Solids _____ mg/l

Mn _____ mg/l

Acidity _____ mg/l as CaCO_3

Al _____ mg/l

Alkalinity _____ mg/l as CaCO_3

(if trout stream)

- F. Is thermal drying practiced or proposed? ☐ No ☐ Yes Describe briefly _____

- G. Give the name and quantities of chemicals, oil or other material added in the circuit which will form part of the effluent and their concentration in the effluent discharged? _____

H. Water Supply:

1. Source of water supply to the facility: _____
2. Average quantity of water used (gallons/day and G.P.M) _____

VIII. Maps (designate as Exhibit C)

- A. Include a Plot Plan of the facility showing the following (this can be included on the proposal/drainage map submitted with the DMM-4 application if indicated clearly):

1. Location of the different units of the facility such as crusher house, cleaning units, coal piles (raw and clean), thickeners, pressure/vacuum filters, haulroad, etc.
2. Location of all treatment ponds, dams, ditches, culverts, treatment plant, etc.

- B. Provide a flow diagram of the facility.

- Will there be underground workings below the area of refuse disposal? () No () Yes

If yes, give details of effect of mining on the refuse pile and depth of the seams mined below the disposal area.

- C. Give geological details for this mine such as strike and dip of the seam, height of seam, location of faults, groundwater horizon, etc.

- D. Is there subsidence and fracture in the strata above the seam? _____

- E. Is there water in the mine? ☐ No ☐ Yes If yes, what area is already flooded? Submit a water quality report for:

ph _____ total acidity _____
total iron _____ total alkalinity _____
total manganese _____

- F. What volume of the mine is available for disposal of waste? _____

- G. What quantity of waste will be disposed of and at what rate? _____

- H. What is the estimated length of time of disposal of waste into the mine? _____

- I. Give the quality of waste introduced into the mine (pH, acidity, alkalinity, total iron, total manganese, sulfates, all chemical reagents, % of solids by volume and weight)

- J. Is this mine discharging into the surface waters of the state? () No () Yes. Give points of discharge on Exhibit E (see R. below), coordinates, rate of discharge and quality for:

Pt Reference (from Ex. E) _____

Longitude _____

Latitude _____

Flow Rate _____ gpm

pH _____

Acidity _____ mg/l as CaCO₃

Alkalinity _____ mg/l as CaCO₃

Fe _____ mg/l

Mn _____ mg/l

Suspended Solids _____ mg/l

Pt Reference (from Ex. E) _____

Longitude _____

Latitude _____

Flow Rate _____ gpm

pH _____

Acidity _____ mg/l as CaCO₃

Alkalinity _____ mg/l as CaCO₃

Fe _____ mg/l

Mn _____ mg/l

Suspended Solids _____ mg/l

- K. What measures will be taken to prevent pollution of the waters of the state?

- L. Are there wells in the area of the mine which is to be used for disposal of sludge or mine water? ☐ No ☐ Yes. Give location of wells, top elevation, water level elevation and water quality.

- M. Is the water of this mine used for domestic supply? () No () Yes Give details.

- N. Are there mine workings above or below or adjacent to this mine which may be affected by its flooding? ☐ No ☐ Yes. Give details. _____

- O. What will be the effect of the disposal of waste water, mine water, sludge, coal slurry, etc., into the mine on the groundwater quality in the mine area or neighboring areas? Give details. _____

- P. Has the plan for disposal of waste water, mine water, sludge or slurry into this mine been approved by the Department of Mines or the Department of Energy? Provide a copy of the approval. _____

- Q. Does the plan of disposal have the approval of the underground mine owner? ☐ No ☐ Yes

- R. Maps (designate as Exhibit D): A mine map showing the outline of workings of the mine where mine water/sludge is to be disposed of, area(s) already flooded, seam structural contours, surface contours at twenty (20) foot intervals, area of containment of mine water/sludge, points of entry of sludge/mine water, points of discharge, strike and dip. Also show the location of wells, boreholes, etc.

VII. Operation, Maintenance and Monitoring of Disposal System

- A. Specify plan of operation, maintenance and monitoring of the disposal system. _____

- B. Is there a contingency plan for immediate implementation on the stoppage of a disposal system due to power failure, breakdown, etc. Give details. _____

- C. How will the quality of discharges at outlets be monitored?

Outlet #	Monitoring Method
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- D. What steps will be taken to stop pollution if it is detected? _____

WATER POLLUTION CONTROL APPLICATION
Module 8 - Abandonment of Deep Mine

NOTE: THIS MODULE IS TO BE USED AS BOTH A PLAN OF ABANDONMENT (section I) AND APPLICATION FOR ABANDONMENT (Section II). THE APPLICATION FOR ABANDONMENT MUST BE SUBMITTED 180 DAYS PRIOR TO SEALING.

I. Plan of Abandonment

- A. What percentage of mine area will be flooded on abandonment after stabilization of groundwater conditions? _____ Give Justification and calculations. _____

- B. If there are mine workings either below or above the mine workings to be abandoned, indicate whether they are active, inactive or abandoned, the final limits of mining (to be shown in different colors on the mine map in Section II-4 or Mine Development map in DMM-4), elevation of water pools in these mines, the thickness and nature of parting between the workings, whether water from the mine to be abandoned will flow through the adjacent mines or the mines above or below, and whether water from adjacent mines or mines below or above will flow through the mine to be abandoned and if it will, the quantity and quality of the water. Parameters analyzed are: pH, acidity, alkalinity, iron and manganese.
- C. Indicate whether there will or might reasonably be expected to be a discharge from the mine after abandonment, the maximum rate of discharge expected, whether the discharge, if any, will need treatment. If treatment is required the type of treatment proposed and its details and if treatment will not be required, the reasons for assuming so.
- D. Provisions that shall be made for assuring acceptable water quality from any discharges after abandonment of the mine. Should the mine become filled with water, the effect on groundwater quality and plans to eliminate or minimize the adverse effects, if any, on groundwater quality.
- E. Analysis. For an existing mine, submit analysis of water discharged from the mine for total iron, total manganese, pH, acidity, and alkalinity before treatment.

II. Application for Permit to Abandon - An application for a permit to abandon shall contain the information requested above (Section I) updated to show final determinations on each item which reflects current knowledge, provided that where the information submitted (Section I) has not significantly changed, further updating will not be required, and the following:

- A. Indicate what head of water is expected on the lowest point of the mine after abandonment.
- B. Specify the width of barriers proposed along the outcrop, adjacent mines, auger holes, and strip mines. Give justification and calculations.
- C. Indicate the type and number of permanent seals proposed, their design details and drawings and the materials to be used for construction.

- D. A mine map to scale showing among other things (designate as Exhibit F):
1. the mine boundary final limits of mining (to be shown in different colors); thickness of barriers against outcrop, any adjacent deep and strip mines and auger holes;
 2. predicted final water elevation in the proposed mine;
 3. water level and its elevation in any adjacent mines;
 4. seam structural contours at an interval not to exceed those available on the latest U.S.G.S. 7.5 minute quadrangle, fault plane or weak plane;
 5. proposed location of all mine seals and sectionalization dams, if any;
 6. all proposed mine portals, boreholes;
 7. elevations at the top and at the mineral bed of portals and boreholes;
 8. the north line;
 9. general strike and dip direction of the mineral bed and the average dip.
- E. A statement from the applicant which predicts the likelihood of a discharge from the abandoned mine.
- F. At least one representative cross-section map across the coal seam and overburden along a line parallel to the dip of the mineral bed showing the name and thickness of each strata above and the immediate strata below the coal seam, the position of the water table and the direction of the flow of water, the final likely level of water in the coal seam on abandonment and the likely extent of fracturing in the overburden due to mining. The line of cross-section shall be shown on the Mine Development Map submitted under Module 4.
- G. A report on the quality of water being discharged from the mine during the past two years, and a prediction of expected discharge quality should a discharge occur.

WATER POLLUTION CONTROL APPLICATION
Module 9 - Disposal of Sewage Material from New Sewage Facility

I. Name of Facility _____

[illegible]

III. Facility Mailing Address _____
A. Street or Post Office Box _____

B. City or Town	C. State	D. Zip Code
-----------------	----------	-------------

IV. Facility Location

A. Street, Route No. or other specific identifier

B. City, Town or nearest Post Office	B. County	C. Zip Code
--------------------------------------	-----------	-------------

V. Operator and Ownership Information	
A. Name	B. Phone (area code & number)

C. Is the name listed in Item V-A also the owner? () Yes (Go to Item V-E) () No

D. Name and Address of Owner _____

[illegible]

VI. Applicant Request

A. In accordance with Chapter 16, Article 1, Section 9, a certificate to construct a sewage disposal system or part thereof and:

B. In accordance with Chapter 20, Article 5A, Section 5, a State NPDES Permit to acquire, construct, install and operate a sewage, industrial waste, or other waste into the waters of the State.

VII. Existing Permits and Applications

Issuing Agency and Address	Type of Permit or Application	Permit or Application No	Effective Date yr/mo/day	Expiration Date yr/mo/day

VIII. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

A. Name and Official Title (type or print) _____ B. Signature _____ C. Date signed _____

IX. Description of Discharge _____

A. Discharge Outlet Number _____

B. Discharge Point Name (if any) _____

C. Discharge Point: Latitude _____ Deg. _____ Min. _____ Sec.

Longitude _____ Deg. _____ Min. _____ Sec.

D. Name of Receiving Stream _____
tributary of _____
which is tributary of _____

E. Miles to the mouth of the immediate receiving stream (to nearest tenth) _____

F. Does your discharge contain or is it possible for your discharge to contain one or more of the following substances added as a result of your operations, activities, or processes: ammonia, cyanide, aluminum, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols, oil and grease, and chlorine (residual).

() Yes () No

X. Facility Description

A. Service: () Municipality () Trailer Court
() Public Service District () Park
() School () Shopping Center
() Apartment Complex () Subdivision
() Other (specify) _____

B. Number of Persons _____

C. Number of home sites, mobile home sites, etc. _____

D. Total area of site in acres _____

XI. Description of Sewage Disposal System

A. Collection System

1. Size of Sewer lines _____
2. Type of Sewer lines _____
3. Length of Sewer lines
of each size _____
4. Minimum ground cover
on sewer lines _____
5. Type of Sewer Joints _____
6. Number of Manholes _____
7. Number of Cleanouts _____
8. Number of Lift Stations _____
9. Size of Force Mains _____
10. Length of Force Mains _____

B. Treatment Plant

1. Type of treatment ☐ a. Extended Aeration
☐ b. Stabilization Pond
☐ c. Other (specify) _____
2. Design Flow (gallons per day, GPD) _____
3. Type of Pretreatment _____
4. Aeration Chamber Size _____
5. Blower Size _____
6. Clarifier Size and Surface Area _____
7. Polishing Pond Dimensions
Length X Width X Depth (at water surface) _____
Length X Width (at bottom) _____
8. a. Type of Disinfection _____
b. Chlorine Contact Chamber Size (if applicable) _____

9. Stabilization Pond Dimensions

Length X Width X Depth (at water surface) _____

Length X Width (at bottom) _____

10. Post Aeration Unit Size _____

11. Other Units and Size of Units _____

XII. Description of Operation and Maintenance

A. Certified Operator Classification _____

B. Frequency of Inspection by Operator _____

C. List various sewage treatment plant operating and wastewater testing equipment.

D. Method of excess sludge disposal _____

E. Provisions for Operational Reliability for the plant during period of power failure

Item Number

Information

[illegible]

XIV. A. U.S. Geological Survey Topographic Map showing property lines, point of discharge : ()
and downstream water intake or impoundment, if any.

B. Site plan of the facility showing:

1. Layout with dimensions and property lines ()
2. Home sites, mobile home sites, camping trailer sites, schools or other buildings ()
3. Location of and distances to known water intakes or wells ()
4. Location of existing or proposed water lines ()
5. Sewage treatment unit(s) ()
6. Layout and size of sewer lines, manholes, and/or cleanouts and location of lift stations ()
7. Distance(s) of sewage treatment plant, stabilization pond and polishing pond from surrounding residences or other buildings ()
8. Point of discharge of effluent in stream. List mile point ()
9. Effluent routing details including sample point and protection from erosion at discharge ()
10. Fence, wall or building around sewage treatment facilities ()
11. Access road to treatment facilities ()
12. Landscaping for the prevention of surface water entering plant, and prevention of erosion from site ()

C. Profile of sewer lines showing:

1. Existing and finished ground level ()
2. Manhole locations with invert and top elevations ()
3. Grade of proposed sewer lines ()
4. Size, length and type of proposed sewer lines ()
5. Any other items in collection system including lift stations, siphons, force mains with air relief valves, grease traps, sand traps, etc. with proper detailing and elevations ()
6. Waterline crossings ()

- D.
1. General description of project and location ()
 2. Number of units served and possible expansion of facility ()
 3. Type of pipe and joints ()
 4. Specifications for lift stations, if any ()
 5. Specifications for sewage treatment plant ()
 6. Hydraulic calculations ()
 7. Soil characteristics of site for a stabilization pond or polishing pond. Report from U.S. Department of Agriculture Soil Conservation Service required ()
 8. Manhole details ()
 9. Filter details, if any, including type of origin of filter material or sand uniformity coefficient, effective size and percent passing a number 200 sieve ()
 10. Sewer riser details (mobile home park) ()
 11. Discharge Load Allocation (from WRD-MUN 1-81) ()
 12. Test Equipment ()
 13. Aerated sludge holding tank (if required) ()
 14. 10, 25 and 100 year flood elevations ()
 15. Post aeration ()
 16. Size of sewage treatment, list station, stabilization pond ()
 17. Non-potable water for cleaning (if applicable) ()
 18. Provision for outlet marker ()
 19. Surge equalization tank (if required) ()
 20. Method of flow measurement (weir, flow meter, etc.) ()
 21. Cathodic protection (if any steel units) ()
 22. Provision for level installation of plant (pad or base) ()
 23. Provision for protection from freezing (other than buried plant) ()

Permit No. _____

I. Name of facility _____

A. Name and title (last, first and title)

B. Phone (area code and number)

A. Street or Post Office Box

B. City, State and Zip Code

A. Street, Route No. or other specific identifier

B. City, Town or nearest Post Office

C. County _____ Zip Code _____

A. Name of Operator _____

Phone (area code & number)

B. Is the name listed in Item V-A also the owner? ()No ()Yes

[_] To operate a sewage disposal system or part thereof for the direct or indirect discharge of sewage, industrial waste, or other waste into the waters of this state. (Complete Sections VII to XIII)

☐ Reissue existing state NPDES permit. (Complete Sections VII to XIII and XV)

☐ Modify existing state NPDES Permit. (Complete Sections VII to VIII and XVI)

NPDES Permit No.

Issuing Agency and Address	Type of Permit or License	Permit Number	Effective Date (yr/mo/dy)	Expiration Date (yr/mo/dy)

VIII. Description of Discharge

- A. Discharge Outlet No. (assign a three-digit number beginning with 001) _____
- B. Discharge Point Name _____
- C. Discharge Point (Deg. Min. Sec) latitude _____ longitude _____
- D. Name of Receiving Stream _____
Tributary of _____
- E. River Mile Point _____

IX. Facility Description

- A. Service: ☐ Mine Bath House ☐ Other (specify) _____
- B. Number of Persons _____
- C. Number of bath house sites. _____
- D. Can development be expanded? () No () Yes. If yes, to what number _____
- E. Total area of site in acres _____

X. Description of Sewage Disposal System

- A. Collection System
1. Size of sewer lines _____
 2. Type of sewer lines _____
 3. Length of sewer lines of each size _____
 4. Minimum ground cover on sewer lines _____
 5. Type of sewer joints _____
 6. Number of manholes _____
 7. Number of cleanouts _____
 8. Number of lift stations _____
 9. Size of force mains _____
 10. Length of force mains _____

1. Type of treatment: ☐ Extended Aeration ☐ Stabilization Pond
☐ Other (specify) _____
2. Type of Pretreatment _____
3. Aeration chamber size _____
4. Blower size _____
5. Clarifier size _____
6. Polishing pond dimensions _____
7. Chlorination chamber size _____
8. Stabilization pond dimensions _____
9. Post aeration unit size _____
10. Various other units and size of units _____

A. Certified Operator? () No () Yes Classification _____

B. Frequency of inspection by operator _____

C. Description of operator's duties and method of operation _____

D. List various operating equipment _____

E. Description of Sludge disposal _____

[illegible]

XIII. Required Information to Accompany Application

- ☐ A. U.S. Geological Survey Topographic Map showing property lines, point of discharge and downstream water intake or impoundment, if any.
- B. Site plan of the facility showing:
 - ☐ 1. Layout with dimensions and property lines.
 - ☐ 2. Bath House sites or other buildings.
 - ☐ 3. Location of and distances to known water intakes or wells.
 - ☐ 4. Location of existing or proposed water lines.
 - ☐ 5. Sewage treatment unit(s).
 - ☐ 6. Layout and size of sewer lines, manholes, and/or cleanouts and location of lift stations.
 - ☐ 7. Distance(s) of sewage treatment plant, stabilization pond, and polishing pond from surrounding residences or other buildings.
 - ☐ 8. Point of discharge of effluent in stream. List mile point.
 - ☐ 9. Effluent routing details.
 - ☐ 10. Fence around sewage treatment facilities.
- C. Profile of sewer lines showing:
 - ☐ 1. Existing and finishing ground level.
 - ☐ 2. Invert elevations and manhole locations.
 - ☐ 3. Grade of proposed sewer lines.
 - ☐ 4. Size and length of proposed sewer lines.
- D. Report and Specifications setting forth:
 - ☐ 1. General description of project and location.
 - ☐ 2. Number of units served and possible expansion of facility.
 - ☐ 3. Type of pipe and joints.
 - ☐ 4. Specifications for sewage treatment plant.
 - ☐ 5. Specifications for lift stations, if any.
 - ☐ 6. Hydraulic calculations.
 - ☐ 7. Soil characteristics of site for a stabilization pond or polishing pond. Report from U.S. Department of Agriculture Soil Conservation Service required.
 - ☐ 8. Manhole details.
 - ☐ 9. Filter details, if any.
 - ☐ 10. Sewer riser details (mobile home park).
 - ☐ 11. Discharge Load Allocation (Module 9 - page 7).
 - ☐ 12. Test Equipment.
 - ☐ 13. Aerated sludge holding tank (if required).
 - ☐ 14. 10, 25 and 100 year flood elevations.
 - ☐ 15. Post aeration.
 - ☐ 16. Size of sewage treatment plant, lift station, stabilization pond.

XIV. Reissuance of Existing Permit

Since issuance of your existing permit have you added any outlets, modified or added to your treatment or disposal system in any way, increased the volume or concentration of your waste(s) or waste stream(s), or extended, modified or added to your facility any operation which would cause an increase in the volume or concentration of waste(s) discharges?

☐ No ☐ Yes - Give description of the changes and indicate the proposed increase(s) in volume and concentration and/or additional parameters.

XV. Modification of Existing permit

The applicant must present a detailed description with supporting drawings, water analyses, etc. as to exactly what modification is being applied for. A schedule of compliance (completion of final plans, commencement and completion of construction, operational level date, etc.), beginning at the time of permit modification issuance must also be provided where applicable.

Municipal/Package Sewage Treatment Discharge Load Allocation

Date _____

Part A - To be completed by the applicant

Have any prior applications been made for this facility? () No () Yes. If yes, give dates of prior applications _____

- I. Owner of the Wastewater system _____
Address _____
Form submitted by _____ Phone # _____
Mailing address _____
- II. Treatment facilities location _____
- III. Discharge point location (the discharge point refers to the exact location of the pipe outlet from the treatment facility):
A. Name of the county where discharge point is located: _____
B. Name of U.S.G.S. 7.5 minute topographic map: _____
TOPO MAP OR COPY OF THE TOPO MAP SHOWING FACILITY LOCATION, EFFLUENT PIPELINE, AND DISCHARGE POINT MUST BE ATTACHED (see item 3, instructions)
C. Immediate receiving stream is _____ which is a tributary of _____ (see item 4, instructions)
D. Does the immediate stream have a continuous year round flow? () No () Yes
E. The discharge point on the immediate stream is _____ miles (to the nearest tenth) from the mouth of the immediate stream.
F. Within five miles downstream from the discharge point, does the receiving stream have: a domestic water supply intake? () No () Yes; an impoundment? () No () Yes
G. Latitude and Longitude of discharge point to the nearest second.
Latitude _____ Longitude _____
H. If area of watershed above the discharge point to the immediate stream is less than 200 square miles, give measured drainage area from the U.S.G.S Topo map: _____ square miles (see item 5, instructions)
- IV. Facility Description
A. Purpose of facility (mobile home park, motel, bathhouse, etc.) _____
B. Will this treatment plant handle sewage from towns/entities other than the owner listed above? () No () Yes. If yes, list all other towns/entities _____
C. Will this facility be used for industrial waste? () No () Yes. If yes, give % flow from industrial users _____
D. Design criteria (see item 6, instructions):
existing design
No. of persons _____
Flow per person _____ gal/day/person _____ gal/day/person
Total wastewater flow _____ gal/day _____ gal/day
- V. A. Distance to the nearest public sewer _____
B. Street or other location of nearest public sewer _____
C. Give reason why the public sewer is not being used: (see item V, conditions) _____

THE INFORMATION USED FOR THIS MODULE CANNOT BE REFERENCED TO OTHER PORTIONS OF THIS APPLICATION.

Part B - To be completed by the Department of Natural Resources, Water Resources Division

Date: _____		Allowable Waste Load (30-day average)	
Parameter	conc(mg/l)	lbs/day	
Design Pop: _____	UB00	_____	_____
Design Flow: _____	BOD5	_____	_____
Segment _____	TKN	_____	_____
Trout: Yes _____ No _____	SS	_____	_____
7/Q/10 _____ cfs mgd graph: _____ sta: _____	DO	_____	_____
Ratio _____	Bacteria Disinfection reqd.		

INSTRUCTIONS

1. If more space is needed to answer fully any questions on this application, use separate sheet. Identify each answer with the number of the corresponding question.
2. As a rule, the treatment requirements are dependent on the flow and other characteristics of the immediate receiving stream. In certain cases it may be cost-effective to pipe the effluent to another stream with less stringent requirements.
3. The U.S.G.S. Topographic maps are available at most bookstores within the state, or they may be obtained by writing to: Eastern Region-Map Distribution, United States Geological Survey, 1200 South Eads Street, Arlington, Virginia 22202.
4. If the immediate receiving stream is an unnamed tributary, indicate it as such. If no stream is available, explain where the effluent will be disposed.
5. The drainage area of the watershed above the discharge point is extremely important and should be measured as precisely as possible. Incorrect values of drainage area will lead to an erroneous allocation and possible permit revocation at a later date.
6. The design criteria to calculate the flow/person/day can be obtained from pamphlet EG-6, "Permit Procedure and Design Requirements for Small Sewage and Water Systems", Division of Sanitary Engineering, West Virginia Department of Health, Charleston, W. Va.. If the design criteria used is different from the one specified by the Department of Health, attach an explanation for the difference.

CONDITIONS

In establishing the above allocations, the engineer and/or applicant is cautioned that:

- I. The allocation is based on current conditions and should be reaffirmed after a lapse of six (6) months.
- II. The allocation does not relieve discharger(s) from meeting the Water Quality Standards established for the receiving waters.
- III. Advance approval is not intended for treatment facilities as a result of this allocation.
- IV. Application for appropriate permits is required and compliance with all applicable State Laws, rules and regulations pertaining to wastewater collection and treatment facilities is mandatory.
- V. Should the review of the application for a package plant discharge indicate that the area may be serviceable by a proposed municipal or PSD system, the above allocation may be considered temporary and valid only until the connection to the public facility is feasible.

WATER POLLUTION CONTROL APPLICATION
Module 12 - Reissuance

- I. List all the modifications done or requested to the facility since the state NPDES permit was last issued or modified.

- II. Elaborate the modifications sought/made under each category or major modification (see WDOE/NPDES regulations, Section 10H.02(c)2). List and explain the major alterations together with supportive maps and drawings. If new discharge point is added give latitude and longitude, receiving stream, water quality, treatment systems, etc.

- III. Update the abandonment plan and mine map.

DMM-5-A



NPDES PERMIT NO. _____

STATE OF WEST VIRGINIA
DEPARTMENT OF NATURAL RESOURCES
CHARLESTON 25305

ARCH A. MOORE, JR.
Governor

RONALD R. POTESTA
Director

ROBERT K. PARSONS
Deputy Director

WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
WATER POLLUTION CONTROL PERMIT

Subject: _____ Issue Date: _____

Expiration Date: _____

Supersedes: _____

Location: _____
(City) (County) (Drainage Basin)

TO WHOM IT MAY CONCERN:

This is to certify that _____ (Applicant Name)

(Address)

is hereby granted a West Virginia NPDES Water Pollution Control Permit to _____

This permit is subject to the following terms and conditions:
--The effluent limitations, monitoring requirements and other conditions set
forth in Sections A, B, C, and D.

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS1. OUTLET The permittee is authorized to discharge from outlet:

Number: _____ Number: _____ Number: _____
 Latitude: _____ " Latitude: _____ " Latitude: _____ "
 Longitude: _____ " Longitude: _____ " Longitude: _____ "

2. EFFLUENT LIMITATIONS AND MONITORING FREQUENCY: Such discharges shall be limited and monitored by the permittee as specified below:

EFFLUENT CHARACTERISTIC	DISCHARGE LIMITATIONS		MONITORING REQUIREMENTS	
	Average Monthly	Maximum Daily	Measurement Frequency	Sample Type
Flow	Report only GPM	Report only gpm	Semi-monthly	Measured
pH	6 - 9 Standard Units At All Times		Semi-Monthly	Grab
Total Iron			Semi-Monthly	Grab
Manganese			Semi-Monthly	Grab
Suspended Solids	35.0 mg/l	70.0 mg/l	Semi-Monthly	Grab
Settleable Solids	N/A	0.5 ml/l*	(See Item 4 below)	Grab

*Limitation not to be exceeded at any time.

3. COMPLIANCE POINT: Samples taken for compliance with the above monitoring requirements shall be taken at the following location(s): Outlet Sites4. ALTERNATE EFFLUENT LIMITATIONS:

For each outlet, depending on the effluent type listed in A.1., the permittee may comply with the alternate storm limitations listed in Table 1. If alternate limits are chosen, the following monitoring scheme shall apply:

I. For effluent types b. and c.: A sample shall be collected once a month if a rainfall greater than 0.3 inches occurs. The sample shall be taken between a 6-hours-after-start and a 12-hours-after-cessation period and analyzed for all parameters listed above. This sample can be substituted for one of the regular semi-monthly samples required above.

II. For effluent types d., f., g., h., and i.: A sample shall be collected once a month if a rainfall greater than 0.3 inches occurs. The sample is to be taken between a 6-hours-after-start and a 12-hours after-cessation period and analyzed for settleable solids. Between 24 and 36 hours after cessation of the rainfall, one of the semi-monthly monitorings required above shall be done for all parameters.

III. For effluent type e.: A sample shall be collected once a month if a rainfall greater than the 1-year, 24-hour event occurs. The sample shall be taken within 12 hours of rainfall cessation and analyzed for settleable solids. Between 24 and 36 hours after cessation of the rainfall, one of the semi-monthly monitorings required above shall be done for all parameters.

If alternate storm limitations are not chosen, one of the semi-monthly monitorings required shall be collected and analyzed for all parameters between a 6-hours-after-start and a 12-hours-after-cessation period following a rainfall greater than 0.3 inches.

TABLE 1
ALTERNATE STORM LIMITATIONS

EFFLUENT TYPES	Dry Weather	DCP**	1 year- 24 hour	2 year- 24 hour	10 year- 24 hour
a. Discharges from underground workings of underground mines not commingled	TSS pH Iron Manganese (NO ALTERNATE LIMITATIONS)				
b. Discharges from underground workings of underground mines commingled	TSS pH Iron Manganese Maximum Daily Limitations Apply				pH
c. Controlled surface mine drainage (except steep slope and mountaintop removal)	TSS pH Iron Manganese Maximum Daily Limitations Apply				pH
d. Non-controlled surface mine drainage (except steep slope and mountaintop removal)	TSS pH Iron Manganese	SS* pH Iron Maximum Daily Limitations Apply	SS* pH	pH	
e. Discharges from coal refuse disposal area	TSS pH Iron Manganese		SS* pH	pH	
f. Discharges from steep slope and mountaintop removal areas	TSS pH Iron Manganese	Settleable Solids (SS*) pH			pH
g. Discharges from preparation plants and preparation plant associated areas (excluding coal refuse piles)	TSS pH Iron Manganese	Settleable Solids (SS*) pH			pH
h. Discharges from reclamation areas	Settleable Solids (SS*) pH				pH
i. Discharges from instream ponds	TSS pH Iron Manganese	pH Settleable Solids (SS*) Iron Manganese Maximum Daily Limitations Apply			
j. Alkaline mine discharges	TSS pH Iron	Settleable Solids (SS*) pH			pH

SS* --- Settleable Solids

DCP** - Discharge Caused by Precipitation

5. SUBMISSION OF DISCHARGE MONITORING REPORTS (DMR'S)

- (a) Permittee shall submit each quarter, according to the enclosed format, a Discharge Monitoring Report (DMR) indicating the values of the constituents listed in Part A, to be in the discharge measured at the specific compliance points. All analysis must be determined by methods required in 40 CFR part 136.
- (b) The required quarterly reports should be received no later than twenty (20) days following the end of the reporting period and should be sent to the Reclamation Inspector at the address below:

West Virginia Department of Energy
Reclamation Inspector
- (c) Enter reported average and maximum values under "Quantity" and "Concentration" in the units specified for each parameter, as appropriate.
- (d) Specify the number of analyzed samples that exceed the allowable permit conditions in the columns labeled "N.E." (i.e. number exceeding).
- (e) Specify frequency of analysis for each parameter as number of analyses/specified period (e.g. "3"/month is equivalent to 3 analyses performed every calendar month). If continuous, enter "Cont.". The frequency listed on format is the minimum required.
- (f) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic means unless otherwise specified in the permit.

B. SCHEDULE OF COMPLIANCE

1. The permittee shall achieve compliance with the following interim requirements and the discharge limitations specified in this permit in accordance with the following schedule:

<u>Interim Requirement</u>	<u>Completion Date</u>
Effective Date of this Permit	

2. Reports of compliance or non-compliance with, and progress reports on the interim and final requirements contained in the above compliance schedule, shall be submitted no later than 14 days following each schedule date.

N/A

C. TERMS AND CONDITIONS INCORPORATED BY REFERENCE TO THE WV/NPDES REGULATIONS
FOR COAL MINING FACILITIES, SERIES 30.

- | | |
|--------------------------------------|----------------------------------|
| 5.1 Duty to Comply, Penalties | 5.10 Inspection and Entry |
| 5.2 Duty to Reapply | 5.11 Monitoring and Records |
| 5.3 Duty to Halt or Reduce Activity | 5.12 Signatory Requirements |
| 5.4 Duty to Mitigate | 5.13 Reporting Requirements |
| 5.5 Proper Operation and Maintenance | 5.14 Bypass |
| 5.6 Permit Actions | 5.15 Upset |
| 5.7 Transfer | 5.16 Reopener Clause |
| 5.8 Property Rights | 5.17 Removed Substances |
| 5.9 Duty to Provide Information | 5.18 New Sources (if applicable) |
| | 5.19 Definitions |

D. OTHER REQUIREMENTS

1. REPORTING SPILLS AND ACCIDENTAL DISCHARGES - Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities or penalties established pursuant to Series 3, Section 1 of the Water Resources Board's Regulations.

Attached is a copy of the West Virginia Spill Alert System for use in complying with Series 3, Section 1 of the regulations as they pertain to the reporting of spills and accidental discharges.

2. HAULAGEWAYS AND ACCESS ROADS shall be constructed and maintained in accordance with best management practices including, but not limited to, the performance standards contained in Section 4A of the West Virginia Surface Mining Regulations, the standards and specifications contained in the Technical Handbook of Standards and Specifications for Erosion and Sediment Control: Excess Spoil Disposal: Haulageways for Mining Operations in West Virginia, West Virginia Department of Energy, 1985, and the standards and specifications outlined in the Construction Best Management Practice Manual, West Virginia Department of Natural Resources, 1981.

Applicable 3. SURFACE MINES - If mining is completed during the period this permit is in effect, the discharges specified under Section A of this permit shall be limited as specified below during the post mining period until the performance bond is released by the Director.

N/A

<u>EFFLUENT CHARACTERISTICS</u>	<u>LIMITATIONS</u>	<u>MONITORING FREQUENCY</u>	<u>SAMPLE TYPE</u>
Settleable Solids	0.5 ml/l (Max. for any one day)	Semi-Monthly	Grab
pH	Not less than 6.0 Std. Units and not greater than 9.0 Std. Units	Semi-Monthly	Grab

A quarterly report shall continue to be submitted as required under Section A.4 and on the enclosed Discharge Monitoring Report (DMR) form.

Applicable 4. The receiving streams shall be monitored by grab samples semi-monthly at the stream sampling points listed below and the samples shall be analyzed for the parameters listed below. The flow of the stream shall also be measured at the time of monitoring. Monitoring shall be done approximately at the same time as the discharge points are monitored as required under Section A of this permit. A quarterly report of the stream monitoring and flow shall be sent to the Reclamation Inspector, on the enclosed forms along with the reports required under Section A. Based upon the stream monitoring, flow data, water quality standards or other information, the Department may at any time modify the effluent limits in Section A of this permit for any of the discharge points, if necessary, to insure compliance with water quality standards.

N/A

The herein-described activity is to be extended, modified, added to, made, enlarged, acquired, constructed or installed, and operated, used and maintained strictly in accordance with the terms and conditions of this permit; the plans and specifications submitted with Permit Application No. _____, dated the _____ day of _____, 19_____, the information submitted with Application for Reissuance No. _____ dated the _____ day of _____, 19_____, with the plan of maintenance and method of operation thereof submitted with such application(s), with the WV/NPDES Regulations, Serie 30, and with any applicable rules and regulations promulgated by the State Water Resources Board.

Failure to comply with the terms and conditions of this permit, with the plans and specifications submitted with Permit Application No. _____, dated the _____ day of _____, 19_____, with the information submitted with Application for Reissuance No. _____, dated the _____ day of _____, 19_____, and with the plan of maintenance and method of operation thereof submitted with such application(s) shall constitute grounds for the revocation or suspension of this permit and for the invocation of all the enforcement procedures set forth in Article 5A, Chapter 20 of the Code of West Virginia.

This permit is issued in accordance with the provisions of Article 5A, Chapter 20 of the Code of West Virginia and is transferrable under the terms of WV/NPDES Regulations, Series 30, Subsection 3.5.3.

By: _____
Director

STATE OF WEST VIRGINIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

FACILITY NAME _____

COMMERCIAL LABORATORY NAME _____

LOCATION OF FACILITY _____

COMMERCIAL LABORATORY ADDRESS _____

PERMIT NO. _____

STREAM SAMPLING STATION _____

WASTELOAD FOR MONTH OF _____

19

INDIVIDUAL PERFORMING ANALYSES

Parameter		Quantity					Other Units					Measurement Frequency	Sample Type
		Minimum	Average Monthly	Max. Daily	Units	N.E.	Minimum	Average Monthly	Max. Daily	Units	N.E.		
01045 6 0	Reported												
Total Iron	Permit Limitations	N/A	N/A	N/A			Report Only	Report Only	Report Only	mg/l		Semi - Monthly	Grab
01055 6 0	Reported												
Manganese	Permit Limitations	N/A	N/A	N/A						mg/l		Semi - Monthly	Grab
00061 6 0	Reported												
Flow	Permit Limitations	Report Only	Report Only	Report Only	cfs		N/A	N/A	N/A			Semi - Monthly	Measured
01105 6 0	Reported												
Aluminum	Permit Limitations	N/A	N/A	N/A						mg/l		Semi - Monthly	Grab
	Reported												
	Permit Limitations												
	Reported												
	Permit Limitations												
	Reported												
	Permit Limitations												
	Reported												
	Permit Limitations												
	Reported												

"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Date Completed _____

Signature/Title of Principal Officer _____

STATE OF WEST VIRGINIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

FACILITY NAME

COMMERCIAL LABORATORY NAME

LOCATION OF FACILITY

COMMERCIAL LABORATORY ADDRESS

PERMIT NO.

STREAM SAMPLING STATION

WASTELOAD FOR MONTH OF

19

INDIVIDUAL PERFORMING ANALYSES

Parameter		Quantity					Other Units					Measurement Frequency	Sample Type
		Minimum	Average Monthly	Max. Daily	Units	N.E.	Minimum	Average Monthly	Max. Daily	Units	N.E.		
01045 5 0	Reported												
Total Iron	Permit Limitations	N/A	N/A	N/A			Report Only	Report Only	Report Only	mg/l		Semi - Monthly	Grab
01055 5 0	Reported												
Manganese	Permit Limitations	N/A	N/A	N/A						mg/l		Semi - Monthly	Grab
00061 5 0	Reported												
Flow	Permit Limitations	Report Only	Report Only	Report Only	cfs		N/A	N/A	N/A			Semi - Monthly	Measured
01105 5 0	Reported												
Aluminum	Permit Limitations	N/A	N/A	N/A						mg/l		Semi - Monthly	Grab
	Reported												
	Permit Limitations												
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Date Completed

Signature/Title of Principal Officer

STATE OF WEST VIRGINIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

FACILITY NAME _____

COMMERCIAL LABORATORY NAME _____

LOCATION OF FACILITY _____

COMMERCIAL LABORATORY ADDRESS _____

PERMIT NO. _____

OUTLET NO. _____

WASTELOAD FOR MONTH OF _____

19

INDIVIDUAL PERFORMING ANALYSES

Parameter		Quantity				Other Units				Measurement Frequency	Sample Type		
		Minimum	Average Monthly	Max. Daily	Units	N.E.	Minimum	Average Monthly	Max. Daily			Units	N.E.
01045 1 0	Reported												
Total Iron	Permit Limitations	N/A	N/A	N/A			N/A			mg/l	Semi - Monthly	Grab	
01055 1 0	Reported												
Total Manganese	Permit Limitations	N/A	N/A	N/A			N/A			mg/l	Semi - Monthly	Grab	
00530 1 0	Reported												
Suspended Solids	Permit Limitations	N/A	N/A	N/A			N/A	35.0	70.0	mg/l	Semi - Monthly	Grab	
01105 1 0	Reported												
Alum num	Permit Limitations	N/A	N/A	N/A			N/A	N/A	N/A	mg/l	Semi - Monthly	Grab	
00545 1 0	Reported	Rainfall inches in 24 hours =											
Settleable Solids	Permit Limitations	DATE:						N/A	N/A	0.5	ml/l	See Sec. A of permit	Grab
00400 1 0	Reported												
pH	Permit Limitations	N/A	N/A	N/A			6.0	N/A	9.0	Std. Units	Semi - Monthly	Grab	
00058 1 0	Reported												
Flow	Permit Limitations	N/A	Report Only	Report Only	GPM		N/A	N/A	N/A		Semi - Monthly	Measured	
I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."												Date Completed	Signature/Title of Principal Officer

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Date Completed _____

Signature/Title of Principal Officer _____



White - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

NON-COAL SURFACE MINE INSPECTION REPORT

Name of Operator _____

Permit No. _____ Date of Last Inspection _____

1. Permit Acreage _____ Estimated disturbed acreage at time of inspection _____
2. Status of operation: () Active () Inactive () Not started
If inactive, explain _____
3. Are the required signs erected and in place according to Regulations _____
and plan? YES NO
() ()
If no, list signs not in place _____
4. Drainage Plan:
 - a. Is Drainage Plan being carried out? () ()
 - b. Is water satisfactory? _____ pH _____ Iron. () ()
 - c. Is there an active discharge from permit area? () ()
_____ pH _____ Iron
 - d. Has discharge been chemically treated? () ()
 - e. Have underground openings been encountered? () ()
 - f. Is there an active discharge from underground openings? () ()
_____ pH _____ Iron
 - g. Has discharge been chemically treated? () ()
5. Haulage Road: Is road construction and maintenance in accordance with
Regulations and approved plan? () ()
6. Are trees and brush being removed in accordance with approved plan? () ()
7. Is topsoil or upper horizon being stockpiled? () ()
8. Is Mining and Reclamation Plan being followed? () ()
9. Is blasting plan being adhered to? () ()
10. Are bench widths in accordance with sloped? () ()
11. Is reclamation current? If no, please comment? () ()
12. Comments and Recommendations _____

WARNING

WARNING

WARNING

WARNING: You are hereby warned that the following remedial measures must be taken on or
before the _____ day of _____, 19 _____.

Date _____ Signed _____

District Reclamation Inspector

Company Representative and Title _____



White - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

NON-COAL SURFACE MINE INSPECTION REPORT

Name of Operator _____

Permit No. _____ Date of Last Inspection _____

1. Permit Acreage _____ Estimated disturbed acreage at time of inspection _____
2. Status of operation: () Active () Inactive () Not started
If inactive, explain _____
3. Are the required signs erected and in place according to Regulations - YES NO
and plan? () ()
If no, list signs not in place _____
4. Drainage Plan:
 - a. Is Drainage Plan being carried out? () ()
 - b. Is water satisfactory? _____ pH _____ Iron. () ()
 - c. Is there an active discharge from permit area? () ()
_____ pH _____ Iron
 - d. Has discharge been chemically treated? () ()
 - e. Have underground openings been encountered? () ()
 - f. Is there an active discharge from underground openings? () ()
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 - g. Has discharge been chemically treated? () ()
5. Haulage Road: Is road construction and maintenance in accordance with Regulations and approved plan? () ()
6. Are trees and brush being removed in accordance with approved plan? () ()
7. Is topsoil or upper horizon being stockpiled? () ()
8. Is Mining and Reclamation Plan being followed? () ()
9. Is blasting plan being adhered to? () ()
10. Are bench widths in accordance with sloped? () ()
11. Is reclamation current? If no, please comment? () ()
12. Comments and Recommendations _____

WARNING

WARNING

WARNING

WARNING: You are hereby warned that the following remedial measures must be taken on or before the _____ day of _____, 19____.

Date _____ Signed _____

District Reclamation Inspector

Company Representative and Title _____



White - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

NON-COAL SURFACE MINE INSPECTION REPORT

Name of Operator _____

Permit No. _____ Date of Last Inspection _____

1. Permit Acreage _____ Estimated disturbed acreage at time of inspection _____
2. Status of operation: () Active () Inactive () Not started
If inactive, explain _____
3. Are the required signs erected and in place according to Regulations - YES NO
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 - a. Is Drainage Plan being carried out? () ()
 - b. Is water satisfactory? _____ pH _____ Iron () ()
 - c. Is there an active discharge from permit area? () ()
_____ pH _____ Iron
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9. Is blasting plan being adhered to? () ()
10. Are bench widths in accordance with sloped? () ()
11. Is reclamation current? If no, please comment? () ()
12. Comments and Recommendations _____

WARNING

WARNING

WARNING

WARNING: You are hereby warned that the following remedial measures must be taken on or before the _____ day of _____, 19____.

Date _____ Signed _____

District Reclamation Inspector

Company Representative and Title _____



STATE OF WEST VIRGINIA

DEPARTMENT OF ENERGY

1615 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25311
TELEPHONE 348-3500

Permit Status
☐ Active
☐ Inactive
☐ Not Started
☐ Grade Rel.

Permit Acres _____
Last Insp Date _____
Est Dist Acres _____
Reg. Acres _____
Insp. Act. Code _____

SURFACE MINE INSPECTION REPORT

Name of Permittee _____ Permit Number _____
Name of Operator _____
Type of Inspection ☐ Complete ☐ Partial ☐ Enforcement Action ☐ DR-6a attached

	Compliance	Noncompliance
1. Signs and Markers	_____	_____
2. Haulroad, access road and related drainage system	_____	_____
3. Blasting Plan and Operation	_____	_____
4. Drainage and Sediment Control	_____	_____
5. Method of Operation:	_____	_____
a. Backfilling and regrading	_____	_____
b. Topsoil handling	_____	_____
c. Excess overburden placement & disposal	_____	_____
d. Highwall elimination	_____	_____
e. Seed Bed Preparation	_____	_____
f. Handling of Acid or Toxic Producing Materials	_____	_____
g. Regraded Drainage Control	_____	_____
6. Water Quality Standards	_____	_____
Discharge _____ pH. _____ iron, Lab Sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is water chemically treated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Water Monitoring	_____	_____
8. Revegetation - timing and methods	_____	_____
9. Is operation proceeding in accordance with approved permit requirements and conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain in comments.	_____	_____
10. Comments and/or recommendations _____		

11. Enforcement Actions: During the inspection of this operation the following violation
(Number _____) of Chapter 22A, Article 3, Section _____ of the Code of W.Va and/or
section _____ of the Rules & Regulations was found: _____

The following remedial action must be accomplished by _____ 19____

Failure to abate this violation in the time specified will result in issuance of a Notice of Violation or Cessation Order.
Upon reinspection it was found that violation number _____ has been:
☐ Terminated ☐ Modified to NOV# _____ ☐ Withdrawn ☐ Modified to CO# _____

12. Signatures and Dates _____
Inspector Name and number _____ Date _____
Company Representative _____ Title _____



STATE OF WEST VIRGINIA

DEPARTMENT OF ENERGY

1616 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25311
TELEPHONE 348-3500

Permit Status
☐ Active
☐ Inactive
☐ Not Started
☐ Grade Rel.

Permit Acres _____
Last Insp Date _____
Est Dist Acres _____
Reg. Acres _____
Insp. Act. Code _____

SURFACE MINE INSPECTION REPORT

Name of Permittee _____ Permit Number _____
Name of Operator _____
Type of Inspection ☐ Complete ☐ Partial ☐ Enforcement Action ☐ DR-6a attached

	Compliance	Noncompliance
1. Signs and Markers	_____	_____
2. Haulroad, access road and related drainage system	_____	_____
3. Blasting Plan and Operation	_____	_____
4. Drainage and Sediment Control	_____	_____
5. Method of Operation:	_____	_____
a. Backfilling and regrading	_____	_____
b. Topsoil handling	_____	_____
c. Excess overburden placement & disposal	_____	_____
d. Highwall elimination	_____	_____
e. Seed Bed Preparation	_____	_____
f. Handling of Acid or Toxic Producing Materials	_____	_____
g. Regraded Drainage Control	_____	_____
6. Water Quality Standards	_____	_____
Discharge _____ pH. _____ iron, Lab Sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is water chemically treated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Water Monitoring	_____	_____
8. Revegetation - timing and methods	_____	_____
9. Is operation proceeding in accordance with approved permit requirements and conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain in comments.		
10. Comments and/or recommendations _____		

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Upon reinspection it was found that violation number _____ has been:
☐ Terminated ☐ Modified to NOV# _____ ☐ Withdrawn ☐ Modified to CO# _____

12. Signatures and Dates _____
Inspector Name and number _____ Date _____
Company Representative _____ Title _____



STATE OF WEST VIRGINIA

DEPARTMENT OF ENERGY

1615 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25311
TELEPHONE 348-3500

Permit Status
☐ Active
☐ Inactive
☐ Not Started
☐ Grade Rels.

Permit Acres _____
Last Insp Date _____
Est Dist Acres _____
Reg. Acres _____
Insp. Act. Code _____

SURFACE MINE INSPECTION REPORT

Name of Permittee _____ Permit Number _____

Name of Operator _____

Type of Inspection ☐ Complete ☐ Partial ☐ Enforcement Action ☐ DR-6a attached

	Compliance	Noncompliance
1. Signs and Markers	_____	_____
2. Haulroad, access road and related drainage system	_____	_____
3. Blasting Plan and Operation	_____	_____
4. Drainage and Sediment Control	_____	_____
5. Method of Operation:	_____	_____
a. Backfilling and regrading	_____	_____
b. Topsoil handling	_____	_____
c. Excess overburden placement & disposal	_____	_____
d. Highwall elimination	_____	_____
e. Seed Bed Preparation	_____	_____
f. Handling of Acid or Toxic Producing Materials	_____	_____
g. Regraded Drainage Control	_____	_____
6. Water Quality Standards	_____	_____
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Is water chemically treated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Water Monitoring	_____	_____
8. Revegetation - timing and methods	_____	_____
9. Is operation proceeding in accordance with approved permit requirements and conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain in comments.		
10. Comments and/or recommendations _____		

11. Enforcement Actions: During the inspection of this operation the following violation (Number _____) of Chapter 22A, Article 3, Section _____ of the Code of W.Va and/or section _____ of the Rules & Regulations was found: _____

The following remedial action must be accomplished by _____, 19____:

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Upon reinspection it was found that violation number _____ has been:

☐ Terminated ☐ Modified to NOV# _____ ☐ Withdrawn ☐ Modified to CO# _____

12. Signatures and Dates _____

Inspector Name and number _____

Date _____

Company Representative _____

Title _____



STATE OF WEST VIRGINIA

DEPARTMENT OF ENERGY

1615 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25311
TELEPHONE 348-3500

Permit Status
☐ Active
☐ Inactive
☐ Not Started
☐ Grade Reels.

Permit Acres _____
Last Insp Date _____
Est Dist Acres _____
Reg. Acres _____
Insp. Act. Code _____

SURFACE MINE INSPECTION REPORT

Name of Permittee _____ Permit Number _____

Name of Operator _____

Type of Inspection ☐ Complete ☐ Partial ☐ Enforcement Action ☐ DR-6a attached

	Compliance	Noncompliance
1. Signs and Markers	_____	_____
2. Haulroad, access road and related drainage system	_____	_____
3. Blasting Plan and Operation	_____	_____
4. Drainage and Sediment Control	_____	_____
5. Method of Operation	_____	_____
a. Backfilling and regrading	_____	_____
b. Topsoil handling	_____	_____
c. Excess overburden placement & disposal	_____	_____
d. Highwall elimination	_____	_____
e. Seed Bed Preparation	_____	_____
f. Handling of Acid or Toxic Producing Materials	_____	_____
g. Regraded Drainage Control	_____	_____
6. Water Quality Standards	_____	_____
Discharge _____ pH. _____ iron, Lab Sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is water chemically treated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Water Monitoring	_____	_____
8. Revegetation - timing and methods	_____	_____
9. Is operation proceeding in accordance with approved permit requirements and conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain in comments.		
10. Comments and/or recommendations _____ _____ _____ _____		

11. Enforcement Actions: During the inspection of this operation the following violation
(Number _____) of Chapter 22A, Article 3, Section _____ of the Code of W.Va and/or
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The following remedial action must be accomplished by _____, 19____:

Failure to abate this violation in the time specified will result in issuance of a Notice of Violation or Cessation Order.

Upon reinspection it was found that violation number _____ has been:
☐ Terminated ☐ Modified to NOV# _____ ☐ Withdrawn ☐ Modified to CO# _____

12. Signatures and Dates

Inspector Name and number _____

Date _____

Company Representative _____

Title _____



White - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

ARCH A. MOORE, JR.
Governor

INSPECTOR'S GRADING RELEASE REPORT
INTERIM PROGRAM RELEASE

Name of Operator _____ Permit No. _____
Address _____ Permit Acres _____
County(s) _____ Magisterial Dist _____ Issued _____
Mining Completion Date _____ Final DR-6 Date _____
(Date)

Grading and Backfilling:

The following acreage has been graded and backfilled in accordance with the Reclamation and Mining Plan filed by above company, and in accordance with all regulations applicable thereto, with all disturbance coinciding with the final map.

Bench or Terrace	_____	Acres
Outslopes	_____	Acres
Roads (Access, Haulroad)	_____	Acres
Drainage System, etc.	_____	Acres
Other (Explain below)	_____	Acres
Total Grade Release.	_____	Acres

(FOR CHARLESTON OFFICE USE ONLY)

2. PERFORMANCE BOND:

a. Posted \$ _____
b. Released \$ _____
c. Retained \$ _____

Comments _____

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE ARE
TRUE TO THE BEST OF MY KNOWLEDGE

Signed _____ Inspector

Date _____

Approved _____ Commissioner

Date _____



White - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

ARCH A. MOORE, JR.
Governor

INSPECTOR'S GRADING RELEASE REPORT
INTERIM PROGRAM RELEASE

Name of Operator _____ Permit No. _____
Address _____ Permit Acres _____
County(s) _____ Magisterial Dist _____ Issued _____
Mining Completion Date _____ Final DR-6 Date _____
(Date)

Grading and Backfilling:

The following acreage has been graded and backfilled in accordance with the Reclamation and Mining Plan filed by above company, and in accordance with all regulations applicable thereto, with all disturbance coinciding with the final map.

Bench or Terrace	_____	Acres
Outslopes.	_____	Acres
Roads (Access, Haulroad)	_____	Acres
Drainage System, etc.	_____	Acres
Other (Explain below).	_____	Acres
Total Grade Release.	_____	Acres

(FOR CHARLESTON OFFICE USE ONLY)

2. PERFORMANCE BOND:

a. Posted	\$ _____
b. Released	\$ _____
c. Retained	\$ _____

Comments _____

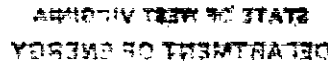
I HEREBY CERTIFY THAT THE STATEMENTS ABOVE ARE
TRUE TO THE BEST OF MY KNOWLEDGE

Signed _____ Inspector

Date _____

Approved _____ Commissioner

Date _____



1. *Phylogenetic relationships* among the studied species were determined using the maximum parsimony method. The analysis was performed using the software package PAUP 4.0 (Nelson & OlSEN, 1992). The parsimony analysis was based on 1000 random addition sequence replicates and 1000 random addition sequence replicates. The analysis was based on 1000 random addition sequence replicates and 1000 random addition sequence replicates.

SECRET

[illegible]

(b)(6), (b)(7)(C);
 . . .
 . . .
 . . .

(YJMD 320 201 230 701 4 101 1 80)

1. I AM NOT AWARE OF ANY KNOWLEDGE
2. THAT THE STATEMENTS ABOVE ARE

703:94201

1970: 22 रिप्लाय



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1815 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

Permittee Request for Release

Date _____ 19____

Name of Permittee _____ Permit # _____

Address _____

County _____ Magisterial District _____

Total Acres Permitted _____ Total Acres Disturbed _____

Date Permit Issued _____ 19____

Application is hereby made for release as follows:

- ☐ Grade Release and 60% Bond Reduction
- ☐ Vegetative Cover Release and 25% Bond Reduction
- ☐ Final Release and Total Bond Release

Date of last augmented seeding, fertilizing, irrigation or other work to ensure compliance with Chapter 22A, Article 3, Section 12(b)(19) (Not applicable for grade release):

_____ 19____

Include the following documents with this application:

1. Copy of Public Notice regarding request for release and Certificate of Publication.
2. Copies of letters sent to:
 - (a) adjoining property owners
 - (b) local government bodies
 - (c) planning agencies
 - (d) sewage and water treatment authorities or water companies.
 - (e) surface owner(s) of disturbed area
3. Final map if request is for grade release. (4 copies)
4. Pre and post mining water quality data if request is for vegetative cover release.

Signature

Date

Title



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

GRADING RELEASE
(Phase I Reduction)

Date _____ 19____

Name of Permittee _____ Permit # _____

Permit Acres _____ Total Acres Disturbed _____

	Yes	No	NA
1. Are final maps true and accurate?	_____	_____	_____
2. Is grading in accordance with the approved plans?	_____	_____	_____
3. Does water quality meet effluent limitations without chemical treatment?	_____	_____	_____
pH _____ Fe _____			
Is water being chemically treated?	_____	_____	_____
4. Are sediment controls, drainage systems and regraded drainage control systems functioning properly?	_____	_____	_____
5. Have all disturbed areas been topsoiled?	_____	_____	_____
6. Has prime farmland restoration been accomplished in accordance with the approved preplan?	_____	_____	_____
7. Have all buildings, equipment or mine structures been removed?	_____	_____	_____
8. Have mine portals or openings been properly sealed?	_____	_____	_____
9. Has this release been protested?	_____	_____	_____
10. Is operators DR-7 complete and attached?	_____	_____	_____
11. Is release recommended?	_____	_____	_____

COMMENTS

Inspectors Signature and number _____ Date _____

For Charleston Use Only

Bond Reduction (60%) Total Bond Amount \$ _____

- | | | |
|---|-----|------------|
| 1. Bond Amount Disturbed | (1) | \$ _____ |
| 2. Line(1) X 40% | (2) | X _____ .4 |
| 3. Amount retained (enter amount on line 2 or \$10,000,
whichever is greater). | (3) | _____ |
| 4. Amount released (Subtract line 3 from Total Bond Amount.) | (4) | _____ |

Date Released _____ 19____ Approved by _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

VEGETATION INSPECTION REPORT
(Phase II Reduction)

White - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

Date _____ 19____

Permittee _____ Permit No. _____

Date of last augmented seeding, fertilizing, irrigation or other such work _____

Date of Grading Release _____ 19____ Date Planting Report Approved _____ 19____

	Yes	No	N/A
1. Has a diverse, effective and permanent vegetation cover been established in accordance with approved preplan?	_____	_____	_____
2. Is water quality without treatment acceptable? pH _____ Fe _____ Date water last treated: _____	_____	_____	_____
3. Has this release been protested?	_____	_____	_____
4. Is operator's DR-7 complete and attached?	_____	_____	_____
5. Is reduction recommended?	_____	_____	_____

COMMENTS

Inspector Signature and Number _____ Date _____

For Charleston Use Only

Bond Reduction (25%)

1. Bond Amount (line 1 from DR-7a)	(1) \$ _____
	X .25
2. Line(1) X 25%	(2) _____
3. Amount retained from previous release (line 3 of DR-7a)	(3) _____
4. Subtract line 2 from line 3 (enter this amount or \$10,000 whichever is greater)	(4) _____
5. Amount released (subtract line 4 from line 3)	(5) _____

Date Released _____ 19____ Approved by _____



STATE OF MISSISSIPPI
DEPARTMENT OF AGRICULTURE
VEGETATION INSPECTION REPORT
(Phase II - Rehabilitation)

Date _____
County No. _____

Inspected by _____
Date of inspection _____

Area	Yes	No
1. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan?	_____	_____
2. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan?	_____	_____
3. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan?	_____	_____
4. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan?	_____	_____
5. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan?	_____	_____

COMMENTS

Inspected by _____
Date of inspection _____

1. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan? (Yes/No)

2. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan? (Yes/No)

3. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan? (Yes/No)

4. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan? (Yes/No)

5. Soil erosion, effective and permanent vegetation cover established in accordance with approved plan? (Yes/No)

Approved by _____
Date _____



White - Charleston
Green - Inspector
Canary - Company
Pink - Field
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

FINAL RELEASE
(Phase III Reduction)

Date _____ 19____

Permittee _____ Permit No. _____

Date of last augmented seeding, fertilizing, irrigation or other such work _____

Date of Grading Release _____ 19____

Date Vegetation Inspection Report Approved _____ 19____

	Yes	No	N/A
1. Is revegetation established in accordance with the approved reclamation plans?	_____	_____	_____
2. If permit area is designated as prime farmland, has soil productivity returned to equivalent non-mined levels?	_____	_____	_____
3. Have all drainage structures been properly abandoned or have provisions for future management been made?	_____	_____	_____
4. Is the quality of untreated postmining water discharge better than or equal to the premining water quality, discharged from the site?	_____	_____	_____
5. Has this release been protested?	_____	_____	_____
6. Is operator's DR-7 complete and attached?	_____	_____	_____
7. Is final release recommended?	_____	_____	_____

COMMENTS

Inspector Signature and Number _____ Date _____

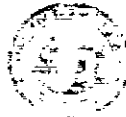
For Charleston Use Only _____

Total Bond Release

Amount of Bond Released \$ _____ (line 4 from DR-7b)

Date Released _____ 19____ Approved by _____

SECRET
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NO UNCLASSIFIED
NO UNCLASSIFIED
NO UNCLASSIFIED



UNITED STATES
DEPARTMENT OF DEFENSE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20301-6000
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20301-6000

CLASSIFIED
(EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION)

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White - Charleston
Green - Inspector
Canary - Company
Pink - Field
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

FINAL RELEASE
(Phase III Reduction)

Date _____ 19____

Permittee _____ Permit No. _____

Date of last augmented seeding, fertilizing, irrigation or other such work _____

Date of Grading Release _____ 19____

Date Vegetation Inspection Report Approved _____ 19____

	Yes	No	N/A
1. Is revegetation established in accordance with the approved reclamation plans?	_____	_____	_____
2. If permit area is designated as prime farmland, has soil productivity returned to equivalent non-mined levels?	_____	_____	_____
3. Have all drainage structures been properly abandoned or have provisions for future management been made?	_____	_____	_____
4. Is the quality of untreated postmining water discharge better than or equal to the premining water quality discharged from the site?	_____	_____	_____
5. Has this release been protested?	_____	_____	_____
6. Is operator's DR-7 complete and attached?	_____	_____	_____
7. Is final release recommended?	_____	_____	_____

COMMENTS

Inspector Signature and Number _____ Date _____

For Charleston Use Only _____

Total Bond Release _____

Amount of Bond Released \$ _____ (line 4 from DR-7b)

Date Released _____ 19____ Approved by _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

FINAL PLANTING PLAN REPORT
INTERIM PROGRAM REPORT

Name of Operator _____ Permit No. _____

Address _____ Permit Acres _____

County(s) _____ Magisterial District _____

Date Mining Completed _____ Date Grading Approved _____

Total Acres Disturbed _____ Total Acres Planted _____

Planting Completion Date _____ Method of Revegetation _____

Site Classification: Acidity (pH) _____ Stoniness _____ Steepness of Slope _____

Was soil treatment and revegetation accomplished according to Reclamation Plan? _____

() Yes () No Explain _____

Revegetation Schedule and Rate

a. Pasture and Meadowland

Species	Rate/ Acre	Planting Location	Species	Rate Acre	Planting Location

b. Woodland & Wildlife

Species	Rate/ Acre	Planting Location	Species	Rate Acre	Planting Location

Actual cost of revegetation:

1. Lime	Total Tons.....	\$
2. Fertilizer	Total Tons.....	\$
3. Seed	Total Tons.....	\$
4. Trees/Shrubs	Total Tons.....	\$
5. Mulch	Total Tons.....	\$
6. Equipment	\$
7. Other	\$
8. Labor	\$
Total Cost.....		\$

Cost per Acre \$ _____

I do hereby certify that all the above statements are true and correct.

Operator _____ Date _____

Approved _____ Commissioner _____ Date _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

FINAL PLANTING REPORT
PERMANENT PROGRAM RELEASE

Permittee _____ Permit No. _____
Address _____ Permit Acres _____
County _____ Magisterial District _____
Date Mining Completed _____ Date Grading Release Approved _____
Total Acres Disturbed _____ Total Acres Planted _____
Planting Completion Date _____ Method of Revegetation _____

1. Postmining Soil Characteristics
- Acidity (pH) _____ Stoniness _____ Steepness of Slope _____
2. Was soil treatment and revegetation accomplished according to Reclamation Plan? () Yes () No
Explain _____

Was Variance Granted? () Yes () No Date Approved _____
Substitute Species? () Yes () No Date Approved _____

3. Attach postmining soil analysis where minespoils have a past history of or the potential of producing acidic chemical characteristics.
4. Where soil pH is less than 5.5 indicate rate per acre and methods used to neutralize acidity.
Rate/acre _____ Method _____ Final soil pH _____
5. Indicate rate and analysis of fertilizer; rate/acre _____ analysis _____
6. If rate and analysis of fertilizer was based on soil analysis attach a copy of the analysis to this report.
7. Rate and type of mulch. Rate/acre _____ Type _____
8. Describe mechanical seedbed preparation: _____

9. Revegetation Schedule and Rate

Species	Rate/Acre	Planting Location	Species	Rate/Acre	Planting Location

10. Actual cost of revegetation: \$ _____ per acre

I do hereby certify that all the above statements are true and correct.

Operator _____ Date _____

Approved _____ Commissioner _____ Date _____

DR-9
rev: 7-85



White - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

FINAL INSPECTION REPORT
INTERIM PROGRAM RELEASE

Name of Operator _____ Permit No. _____
Address _____ Permit Acres _____
County _____ Magisterial District _____
Date Mining Completed _____ Date Grading Approved _____
Total Acres Disturbed _____ Total Acres Planted _____
Date Final Planting Plan Approved _____ Date Planted _____
Date(s) Replanted _____ Planting Contractor _____
Species Planted _____

Method of Planting:

Conventional () Hydroseeding ()
Aerial () Other () - Explain if other _____

Is haulageway properly abandoned? () Yes () No

Has all acid-bearing material been properly treated? () Yes () No

Is vegetation satisfactory? () Yes () No

Is release recommended? () Yes () No If no, list recommendations _____

Comments and Recommendations _____

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE
ARE TRUE TO THE BEST OF MY KNOWLEDGE

Signed _____ Inspector Date _____

Approved _____ Commissioner Date _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 343-3500

Prospect Release

White - Charleston
Green - Inspector
Canary - Company
Pink - Field
Goldenrod - OSM

Date _____ 19____

Applicant _____ Prospect Approval No. _____

Address _____

County _____ Magisterial District _____

Was prospect area covered by surface mining permit? () Yes () No
If no, complete the following:

Date Prospecting Completed _____

Date Seeded _____

Date final maps submitted _____

	Yes	No	N/A
1. Are final maps true and accurate?	_____	_____	_____
2. Is grading in accordance with approved plan?	_____	_____	_____
3. Is water quality acceptable?	_____	_____	_____
4. Have all boreholes been properly sealed?	_____	_____	_____
5. Have roads been properly abandoned	_____	_____	_____
6. Has a diverse, effective and permanent vegetative cover been established on all disturbed areas?	_____	_____	_____
7. Is release recommended?	_____	_____	_____

COMMENTS

Inspector Signature and Number _____ Date _____

For Charleston Use Only

Total Bond Release _____

Amount of Bond Released \$ _____

Date Released _____ 19____ Approved by _____

DR-10
REVISED 11/85



White - Charleston Off.
Pink - District Off.
Green - Inspector
Goldenrod - Permittee

CORRECT COMPANY ADDRESS:

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

☐ Check if different than permit

Request for SHOW CAUSE Order

1. Name of Permittee _____
2. Permit Number _____ Date Issued _____ Permit Acres _____
3. County _____ Magisterial District _____ Nearest P.O. _____
4. Surface owner _____
5. Date of last inspection _____
6. Estimated disturbed acreage at time of last inspection _____
7. Has mining been completed? () Yes () No
8. Describe circumstances which resulted in request for Show Cause Order:

9. Attach DR-10B, copy of DR-10A, photos and supporting documentation to back of report.

Signed _____ Inspector

Signed _____ Supervisor

Date _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

QUARRY FORFEITURE REPORT

1. Name of Operator _____
2. Permit No. _____ Date Issued _____ Permit Acres _____
3. County _____ Magisterial District _____ Nearest P.O. _____
4. Surface Owner _____
5. Date of on-site inspection _____
6. Accompanied by _____
7. Has mining been completed? () Yes () No
8. Is bond forfeiture recommended? () Yes () No
9. Reasons:

- | | |
|---|---|
| () Failure to pay renewal fees; | () Failure to bury all pyritic material; |
| () Failure to regrade and backfill; | () Improper drainage; |
| () Failure to revegetate; | () Failure to submit final maps; |
| () Face of coal exposed; | () Failure to remove or bury all metal,
lumber, equipment, etc. from operation; |
| () Removal of backfilling equipment
from operation; | () Underground openings. |

Additional reasons _____

10. Attach photos to back of report.

Signed _____ Inspector
Date _____

REPORT OF VIOLATION HISTORY

COMPANY NAME: _____

PERMIT NO: _____

VIOLATION #:

DATE:

Description _____

If willful or unwarranted describe: _____

VIOLATION #:

DATE:

Description _____

If willful or unwarranted describe: _____

VIOLATION #:

DATE:

Description _____

If willful or unwarranted describe: _____

List and describe any violation(s) that were an isolated departure from the law.

SUPERVISOR SUMMARY: _____

Supervisor Recommendation: _____

Supervisor Signature

Date



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

DMM-12
2/86

ARCH A. MOORE, JR.
GOVERNOR

SPECIAL USE FORM

KENNETH R. FAERBER
COMMISSIONER

For More Desirable Land Use, Impoundments, Sanitary Landfills
Recreation Sites, Building, Industrial Sites, Wells, etc.

Request is made for permission to carry out a special use project on disturbed land as detailed in the mining and reclamation plan submitted with the application for the permit listed below or as detailed in the supplemental plan attached hereto.

PERMIT NUMBER: _____ COUNTY: _____

Describe the type of project requested: _____

PERMITTEE _____ LANDOWNER _____

ADDRESS _____ ADDRESS _____

I, and/or we, the undersigned, hereby grant permission to develop a special use project as described above on disturbed land on the above named surface mining permit or adjacent thereto.

APPLICANT COMPLETED ATTACHMENTS

- () Reclamation Bond
- () Contract
- () Compliance Insured
- () Plans
- () Maps

Signed: _____
Surface Owner(s) Date

Signed: _____
Surface Owner(s) Date

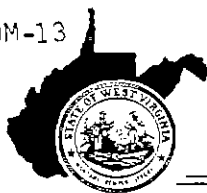
Signed: _____
Permit Representative Date

Signed: _____
Reclamation Inspector Date

Signed: _____
DOE Authorized Representative Date

If leaving sediment dam(s) with embankment, provide the following:

- () Statement as to conditions of the impoundment(s)
- () Signed Statement from:
 1. Landowner assumes all liability
 2. Landowner will inspect structure periodically
 3. Landowner will maintain structure(s) in a safe condition

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGYDOE USE ONLY
APPROVED BY _____
DATE _____

CERTIFICATION OF DRAINAGE SYSTEM

On the _____ day of _____, 19_____, at or
near _____, West Virginia, in _____
District of _____ County, operations under _____
(PERMIT NO.)

(COMPANY NAME AND ADDRESS)

I, _____, R.P.E. No. _____, hereby
certify that: (please check the appropriate box or boxes)

☐ Erosion and Sediment Control System(s)☐ Mine Seals

is/are constructed and installed in accordance with the technical aspects of the pre-plan
and any modification thereto, as approved by the Department of Energy.

(SIGNATURE OF PERSON CERTIFYING SYSTEM)

PLACE SEAL HERE

(DATE)

NOTE: If seal is not used, this Certificate must be notarized or witnessed below.

CERTIFICATION OF DRAINAGE SYSTEM

COMPANY: _____
 PERMIT NUMBER: _____ DATE ISSUED: _____ DATE STARTED: _____
 COUNTY: _____ DISTRICT: _____
 INSPECTOR: _____
 ENGINEER OR ENGINEERING COMPANY: _____

CERTIFICATION OF:	DATE APPROVED	DATE NOT APPROVED	COMMENTS
HAULROAD # _____			

VALLEY			
FILL # _____			

DRAINAGE STRUCTURE			



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

UNDERGROUND OPENING BOND RE-ALIGNMENT

Date _____

Company Name: _____

Mailing Address: _____

The above named company hereby requests of the Department of Energy that bond posted as described below be totally released. We certify that all disturbed areas have been rebonded by permit No. _____.

The following is as bonded with the West Virginia Department of Mines.

1. Portal Area _____ X _____ = \$ _____ D# _____
Acres Rate/Acre Bond

Type of Bond _____ Check _____ Certificate of Deposit _____ Surety Company
Bond Number _____ Issued by _____

2. Additional Opening _____ X _____ = \$ _____ D# _____
Acres Rate/Acre Bond

Type of Bond _____ Check _____ Certificate of Deposit _____ Surety Company

3. Additional Opening _____ X _____ = \$ _____ D# _____
Acres Rate/Acre Bond

Type of Bond _____ Check _____ Certificate of Deposit _____ Surety Company
Bond Number _____ Issued by _____

I hereby certify that all the reference Department of Mines approvals are in the name of _____. If Department of Mines applicant is different from Department of Energy applicant, letter of permission to bond and release must be submitted.

I, _____ hereby certify that the aforementioned references are true and accurate to the best of my knowledge.

Signature

County: _____

State: _____

I, _____ a Notary Public in this said county and state did have appear before me, _____ on this _____ day of _____ 19_____.

Signature

Notary Seal

ORIGINAL AND TWO COPIES REQUIRED

ATTACH THE FOLLOWING:

1. Map 1" = 2000' showing all areas for which bond is posted with the West Virginia Department of Energy and covered by this request. Label all areas according to Department of Mines approval number. Show limits of all disturbed area by coloring yellow. Map size 8 1/2" X 11".
2. Letters of permission if required.
3. Signature of Corporate Officer, Partner or Owner.

FOR DEPARTMENT OF ENERGY USE ONLY

_____ Approval to release Department of Mines Bond posted for the following:

Department of Energy

To applicant:

If all requested areas were not approved, see the following for explanation.

Remarks: _____

Violation # _____

Inspector # _____



White - Company
Green - Inspector
Canary - Charleston
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

NOTICE OF VIOLATION

To the Operator or His Agent of:

Permittee _____ Permit Number _____
Located at or near _____ in _____ District of _____ County
Person Served _____ Date _____ 19 _____ Time _____ am
_____ pm

Whereas, an inspection made of the above named operation by the Undersigned, duly authorized agent of the Commissioner, at which the following described condition or practice exists, in violation of the provisions of Chapter 22A, Article 3, Section _____ of the Code of West Virginia and/or Section(s) _____ of the Rules and Regulations promulgated thereunder in that you: _____

Therefore, pursuant to Chapter 22A, Article 3 of the Code of West Virginia, the following action is taken:

☐ CESSATION ORDER

Your operations on the above described premises on that portion of the operation hereafter described shall immediately cease.

☐ NOTICE OF VIOLATION

You are hereby notified that you are in violation of the provisions of the Code of West Virginia as stated above.

NOTE: Cessation Orders: A mandatory civil penalty of \$750.00 per day will be assessed unless the violation is corrected within 24 hours of the time noted above.
Notice of Violation: A civil penalty may be assessed on a criminal warrant may be obtained for this violation.

The following remedial measures shall be accomplished on or before the _____ day of _____, 19 _____:

Failure to accomplish the above described remedial measures within the time specified herein may result in a cessation order or revocation of your permit and the forfeiture of the appropriate bond as the case may be.

SERVICE ACCEPTED AND ACKNOWLEDGED:

Signature _____ Commissioner, Department of Energy

Acting as _____ Duly authorized agent
for the above named operator.

WAIVER - The undersigned does hereby waive, pursuant to W. Va. Code 22A-3-16(a), the informal conference on a cessation order issued pursuant to Section 16.

For Operator _____ Date _____

STATE OF WEST VIRGINIA
Department of Energy
Charleston, West Virginia 25311

White copy - Company
Green - Inspector
Canary - Charleston Office
Pink - Field Office
Goldenrod - OSM

REPORT OF NON-COMPLIANCE
NON-COAL SURFACE MINE

To: _____

WHEREAS, an inspection was made on the _____ day of _____, 19____, on your operation located at or near _____ in _____ District of _____ County, covered by Permit No. _____, revealing that you were violating the provisions of Chapter 22A, Article 4, Section _____ of the Code of West Virginia and/or Section(s) _____ of the Rules and Regulations promulgated thereunder in that you: _____

Therefore, pursuant to the authority contained in Chapter 22A, Article 4, of the Code of West Virginia, it is hereby ORDERED that: (Check what applies)

- () 1. Your operations on the above-described premises shall immediately cease.
() 2. Your Permit No. _____ is hereby suspended.
() 3. You shall accomplish the following remedial measures on or before the _____ day of _____, 19____.

Failure to accomplish the above-described remedial measures within the time specified herein may result in suspension or revocation of your permit and the forfeiture of the appropriate bond as the case may be.

Signed this _____ day of _____, 19____.

Served upon _____

as _____
Commissioner, Dept. of Energy

for the above-named operator by delivering a copy thereof to him in person on the _____ day

of _____, 19____. By _____

Inspector _____

His duly authorized agent

SERVICE ACCEPTED AND ACKNOWLEDGED:

For Operator _____

cc: Prosecuting Attorney _____



White - Company
Green - Inspector
Canary - Charleston
Pink - Field Office
Goldenrod - OSM

Violation # _____
Inspector # _____
REF: Code _____
Regs _____
STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311

To the Operator or His Agent of:

Permittee _____ Permit Number _____
Located at or near _____ in _____ District of _____ County _____
Person Served _____ Inspection Date _____ 19 _____ Time _____ am _____ pm

Whereas, an inspection made of the above named operation by the Undersigned, duly authorized agent of the Director, to determine compliance with the _____ Cessation Order _____ Notice of Violation issued on _____ 19 _____ and the remedial measure requirements stated therein.

This inspection was made:

____ Upon expiration of the time period specified therein.
____ Upon expiration of the time period as extended.
____ Upon request of the operator.
____ Within twenty-four hours after issuance of a cessation order.

Upon inspection, it was found that the violation(s) stated therein has:

____ Been totally abated _____ Not been abated
____ Been partially abated _____ Other, _____

Action taken to abate

Therefore, said _____ Cessation Order _____ Notice of Violation is hereby:

____ Terminated _____ Extended to _____ 19 _____
____ Shall remain in force as issued _____ Withdrawn _____
____ Modified to a Notice of Violation # _____ Modified to Cessation Order # _____

SERVICE ACCEPTED AND ACKNOWLEDGED:

____ Commissioner, Department of Energy

Signature _____

Acting as _____

for the above named operator.

____ Duly authorized agent

Record of Informal Conference

Names of individuals present at conference: _____

Conference results: Cessation Order was: ☐ Upheld ☐ Modified ☐ Terminated ☐ Withdrawn

Comments: _____

Supervisor _____

Date _____

Time _____

Company Representative _____

Date _____



White copy - Company
 Green - Inspector
 Canary - Charleston Office
 Pink - Field Office
 Goldenrod - OSM

STATE OF WEST VIRGINIA
 DEPARTMENT OF ENERGY
 DIVISION OF MINES AND MINERALS
 1615 Washington Street, East
 Charleston, West Virginia 25311
 Telephone: 348-3500

ARCH A. MOORE, JR.
 Governor

INSPECTION OF NON-COMPLIANCE

NON-COAL SURFACE MINE

To: _____

WHEREAS, an inspection was made on the _____ day of _____, 19____, on your operation located at or near _____ in _____ District of _____ County, covered by Permit No. _____, revealing that you were violating the provisions of Chapter 22A, Article 4, Section _____ of the Code of West Virginia and/or Section(s) _____ of the Rules and Regulations promulgated thereunder in that you: _____

Do the Remedial measures taken release the operator from the above mentioned non-compliance or violations? Yes () No ()

Signed this _____ day of _____, 19____.

Served upon _____

as _____

Commissioner, Dept. of Energy

for the above-named operator by delivering a copy thereof to him in person on the _____ day of _____, 19____.

By _____

Inspector _____

His duly authorized agent

SERVICE ACCEPTED AND ACKNOWLEDGED:

For Operator _____

DMM-17
4/88



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

ARCHA. MOORE, JR.
Governor

APPLICATION FOR PERMIT RENEWAL

PERMITTEE NAME: _____ RENEWAL DATE: _____

PERMIT NUMBER: _____ NPDES NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

In accordance with 22A-3-19 of the West Virginia Code, any valid permit issued pursuant to this article shall carry with it the right of successive renewal upon expiration with respect to areas within the boundaries of the existing permit.

I certify that the following provisions of the current Rules and Regulations have been complied with in making this request for renewal of the above referenced Surface Mining Permit:

- A. The terms and conditions of the preplan are being satisfactorily met.
- B. The operation is in compliance with the applicable environmental protection standards of the Act and the Rules and Regulations.
- C. Will not substantially jeopardize your continuing responsibility on existing permit areas.
- D. The performance bond and insurance policy for the operation will continue in effect.
- E. All required additional, revised, or updated information has been provided.

(DATE)

(PRINCIPAL OFFICER SIGNATURE AND TITLE)

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC

--NOTE: See Reverse Side for Required Attachments--

ATTACHMENTS FOR DMM-17

ARTICLE 3:

- ATTACHMENTS:
1. Current Insurance Certificate.
 2. Progress map(s) of same size and scale as proposal map indicating modification changes or I.R.R.'s.
 3. Copy of Certification of Publication in accordance with Rules & Regulations
 4. Subsidence Control Plan, Updated Mine Development Map, and Abandonment Plan.
 5. *Renewal Fee of \$2,000.00 for Article 3 Permits.
 5. *Reissuance Fee of \$100.00 for NPDES Permits.

* Fees are to be paid in form of Certified Check, Cashier's Check or Bank Money Order.

An additional copy for EPA is required when submitting Joint Application

DMM-5 (NPDES) GENERAL INSTRUCTIONS:

1. For A First-Time Application Or When The Permit Has Expired Before Reapplication, the following must be completed:
 - A. Underground Mines - Modules 1, 2, 3, 4, 7, and 8.
 - B. Surface Mines - Modules 1, 2, 3, 5, and 7.
 - C. Preparation Plants and/or associated areas (refuse, impoundments, tipples, and loadouts) - Modules 1, 2, 3, 6, and 7.
 - D. Existing Sewage Facility - Add Module 10 to modules required under A, B, and C above.
 - E. New Sewage Facility - Complete Module 9 and submit to the Department of Health.
2. For Reissuance Of Underground Mines, the following must be completed:
 - A. Module 1 - General Information
 - B. Module 2 - Outlet Information
 - C. Module 12 - If alterations were made since last permit or modification was issued.
 - D. Updated Mine Development Map
 - E. Updated Abandonment Plan
3. For Reissuance Of Surface Mines, Preparation Plants, and Associated Areas, the following must be completed:
 - A. Module 1 - General Information
 - B. Module 2 - Outlet Information
 - C. Module 12 - If alterations were made since last permit or modification was issued.

ATTACHMENTS FOR 1, 2, AND 3 ABOVE: \$100.00 Filing Fee and Completed Advertisement Form

CHARLESTON OFFICE USE ONLY:

Distribution DMM-17:	Distribution New Permit:	Distribution of NPDES Reissuance Modules:	Distribution of NPDES Permit
Original-- Charleston	Original-- Operator	Original-- Charleston	Original-- Operator
Blue----- Operator	Blue----- Charleston	Copy----- Operator	Copy----- Charleston
Green----- Inspector	Green----- Inspector	Copy----- Inspector	Copy----- Inspector
Pink----- Region	Pink----- Region	Copy----- Region	Copy----- Region
Goldenrod- OSM	Goldenrod- OSM	Copy----- EPA	Copy----- EPA

Surface of the area associated herewith is owned by:

(NAME)

(ADDRESS)

_____	_____
_____	_____
_____	_____

*and the mineral associated herewith is owned by:

(NAME)

(ADDRESS)

_____	_____
_____	_____
_____	_____

Written protest of the permit renewal application will be received by the Permit Supervisor, Department of Energy, at the address above until _____, or thirty (30) days from final date of publication. A copy of the original permit is on file at the Department of Energy Regional Office located at the address above.

Telephone No. _____

*These items are to be completed only for operations involving mineral removal.

INSTRUCTIONS

NOTE: This ad is for a renewal application
for a Chapter 22A, Article 3 permit.

Ad will be published once a week for four
successive weeks with six full days
between publication.

Initial Date of Publication _____
Final Date of Publication _____
Permit Expiration Date _____

ADVERTISEMENT

Notice is hereby given that _____
(PERMITTEE NAME AND ADDRESS)

_____ has a permit on file at the Department of Energy, _____
(REGIONAL OFFICE ADDRESS)

for the surface mining of approximately _____ acres and is applying for
renewal of Permit Number _____ to include any revision or modification as
required. The operation is discharging into _____
(RECEIVING STREAM)

of _____, and is located _____ miles,
(MAJOR SUBBASIN) (DISTANCE)

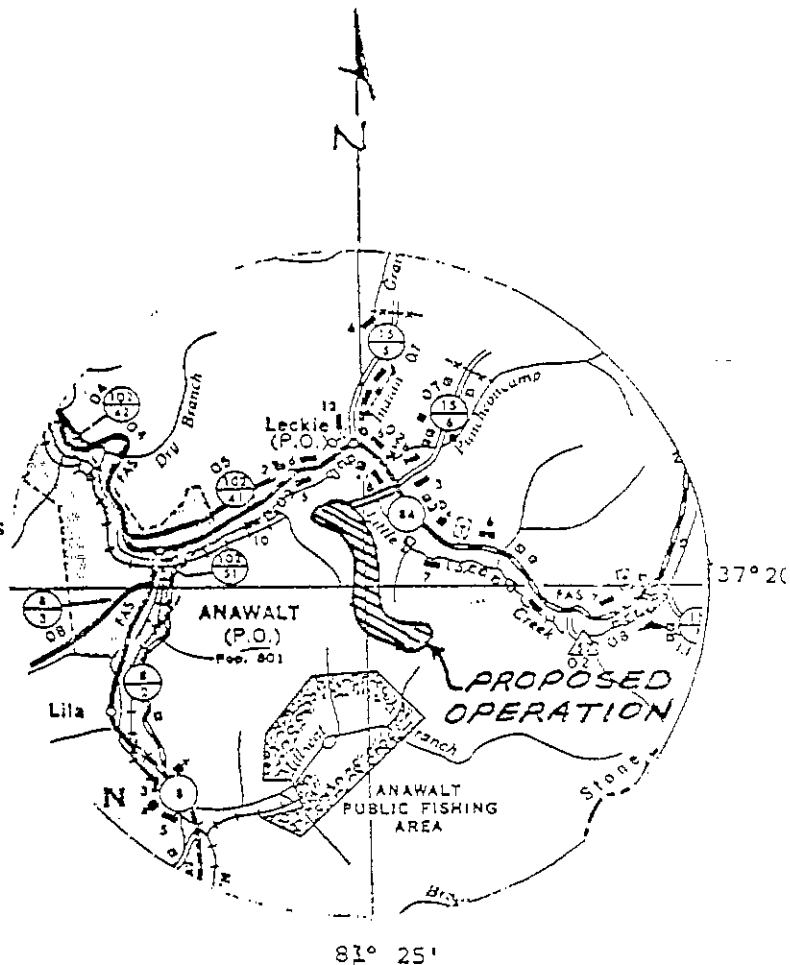
_____ of _____, In _____
(DIRECTION) (NEAREST POST OFFICE)

District of _____ County, Longitude _____° _____' _____"
Latitude _____° _____' _____" (Coordinates from USGS Topographic Map).

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. A map of this scale and detail will be the minimum standard for acceptance.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same with such lines crossing at or near the center of the proposed permit area.

The map in the newspaper shall have minimum dimensions of two inches by two inches; the north arrow shall be indicated and the boundaries of the proposed site shall be clearly defined.



RENEWAL/PROGRESS MAP

Progress maps submitted with the DMM-17 should be entitled "Renewal Progress Map" and should provide all the information contained in the original proposal map. In addition, all subsequent permit modifications affecting the original proposal map and incidental boundary revisions must also be included on the Renewal Progress Map.

Renewal Progress Maps must adhere to the size, scale, and color-coding requirements contained in Section 3C of the Rules and Regulations. Please insure that regraded, operational, and undisturbed areas are properly reflected and color-coded on the Renewal Progress Map.

It is important to note that once the renewal application is approved, the Renewal Progress Map will then become the official map for that particular permit.

DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

Series P
Date 8/87

SERIES: Permits

SUBJECT: Procedure for DMM-17 - Application For Renewal/Reissuance of Surface
Mines and NPDES Permits

-
1. The submittal of Form DMM-17, attachments, and NPDES reissuance modules from the permittee will be to the Inspection and Enforcement (I & E) Section of the Department of Energy. I & E will review DMM-17 and reissuance modules for compliance of the Article 3 and NPDES permits and forward the applications to the Permit Section. Also, the inspector should verify that the correct modules and attachments have been submitted and that the correct consolidation guidelines have been used.
 2. The Permit Section will then review the submitted information, such as subsidence control plans, certification of publication, Modifications, updates of mine development plans, abandonment plans, NPDES modules and fees. Upon the NPDES reissuance modules being complete, a draft NPDES Permit will be prepared and the permittee notified to advertise.
 3. Current regulations will now allow advertisement of the Article 3 permit renewal - and NPDES after the draft permit is prepared, as a joint application.
 4. The following will then be submitted to Charleston office:
 - DMM-17 and attachments.
 - New DMM-2
 5. Upon the draft NPDES Permit being written, normal permitting procedures will be followed. For instance, at the time of NPDES advertisement, you will still need to send the NPDES Section in Charleston a copy of the application, draft permit, etc. for EPA notification.

NOTE: Be aware that in some cases, the applicant may have already submitted the NPDES reissuance modules, and the NPDES Permit was extended. Therefore, you will need to remove the reissuance modules at this time and review it concurrently with the Article 3 renewal. Upon the reissuance modules being deemed complete, a draft NPDES Permit will be prepared. The permittee will then be notified to advertise.

Charleston office will check for insurance and performance bond verification. When approved, the new DMM-2 and DMM-17 will be signed, dated, and distributed.

SEE REVERSE SIDE FOR CONSOLIDATION GUIDELINES

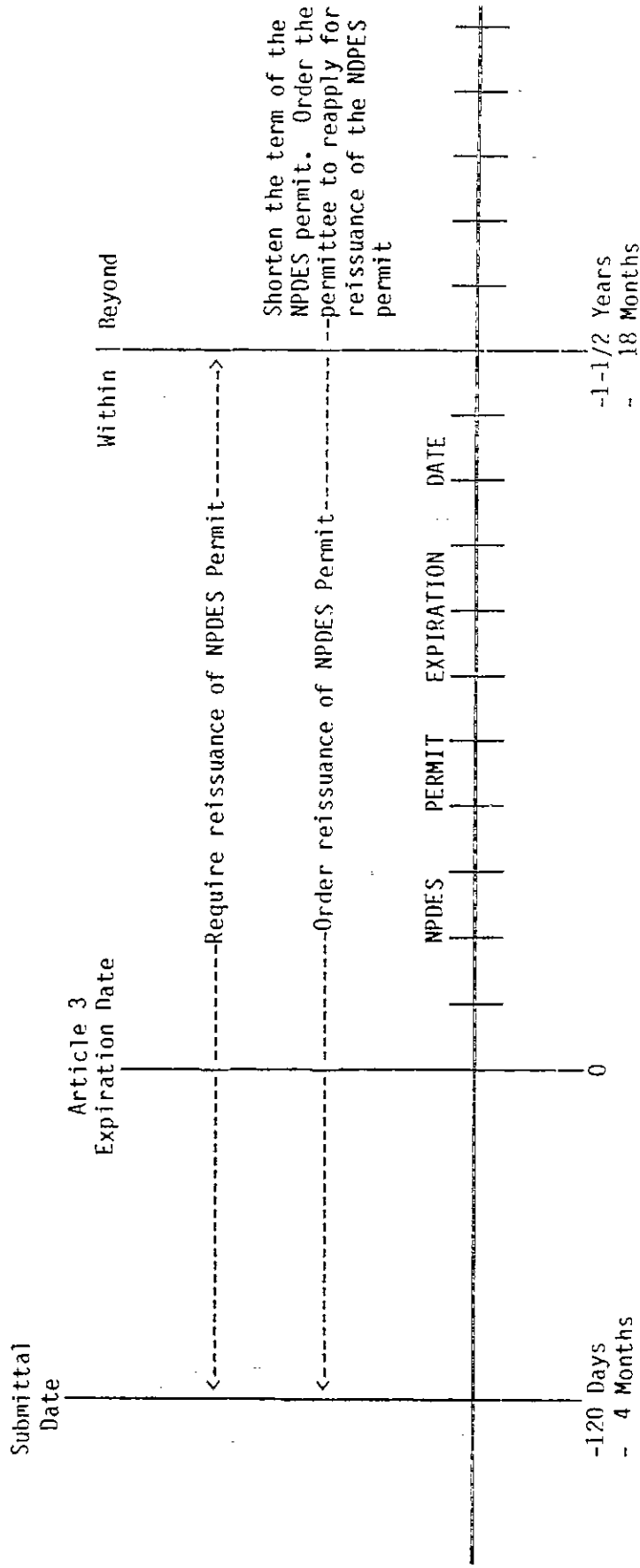
C O N S O L I D A T I O N G U I D E L I N E S

FOR ARTICLE 3/NPDES

There are many NPDES and Article 3 Permits in effect and soon to expire that must be phased into the consolidation program. The consolidation program is one which will effectuate consolidation over the next several years. Having both permits expire and reapplying at the same time will greatly aid the administration of both the NPDES and SMCRA Programs. Therefore, in order to implement and facilitate the consolidation program, the following guidelines shall be used:

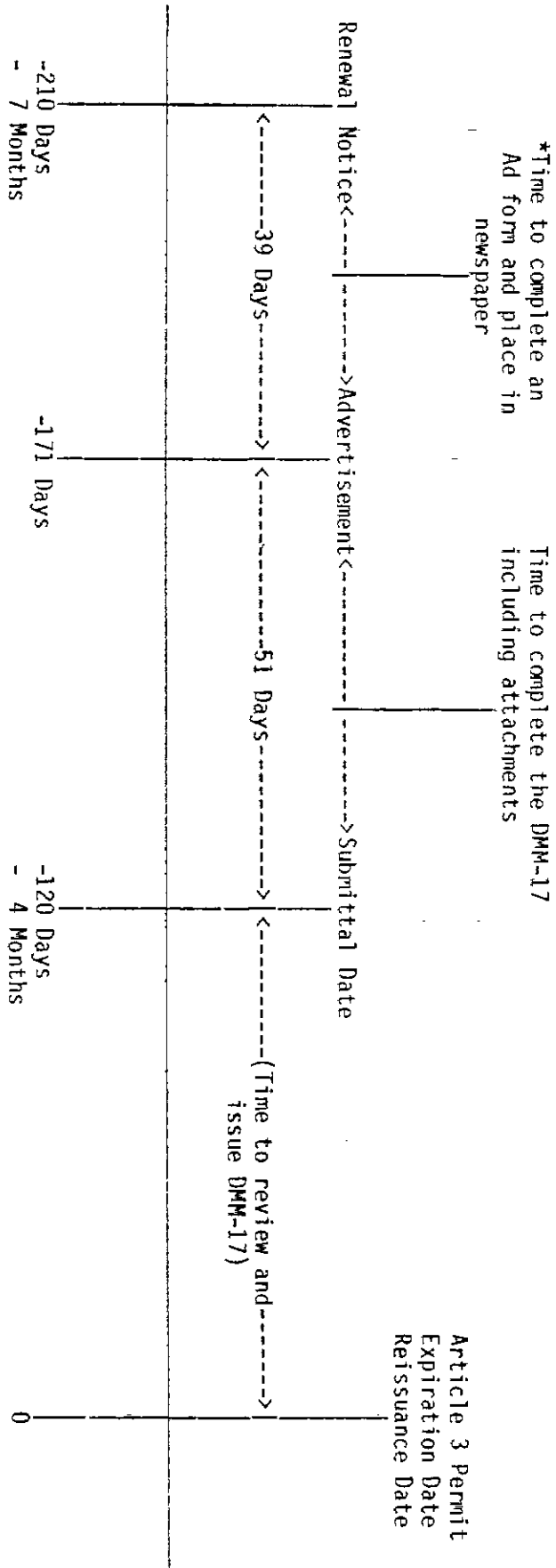
1. If you do not possess a valid NPDES Permit or have not already applied for one, then you must apply for one at the time you are reapplying for a renewal of the Article 3 Permit. You will need to complete all the appropriate Modules for your type of facility per the attachments listed on the DMM-17.
2. If your NPDES Permit expires within 18 months (1-1/2 years) after the expiration date of the Article 3 Permit, you are required to reapply for reissuance of the NPDES permit at the time you are reapplying for renewal of the Article 3 Permit. You will also need to complete the appropriate reissuance Modules per the attachments listed on the DMM-17. In cases where one NPDES Permit covers multiple Article 3 Permits, reissuance of the NPDES Permit will be administered on a case-by-case basis. Please consult your inspector and/or Permit Review Team.
3. If your NPDES Permit expires between 1-1/2 years and 3-1/2 years after the expiration date of the Article 3 Permit, then the Department is requesting that you reapply for reissuance of the NPDES Permit at the time you are reapplying for renewal of the Article 3 Permit. The Department is also requesting you to reapply since the Department cannot require you to reapply unless you agree. In cases where one NPDES Permit covers multiple Article 3 Permits, reissuance of the NPDES Permit will be administered on a case-by-case basis. Please consult your inspector and/or Permit Review Team.
4. If your NPDES Permit expired beyond 3-1/2 years after the expiration date of the Article 3 Permit, you will not need to reapply now for reissuance of the NPDES Permit. However, you will need to reapply 120 days before your NPDES expires. Your NPDES Permit will be extended to the expiration date of the renewed Article 3 Permit.

NPDES PERMIT EXPIRING AFTER THE ARTICLE 3 PERMITS

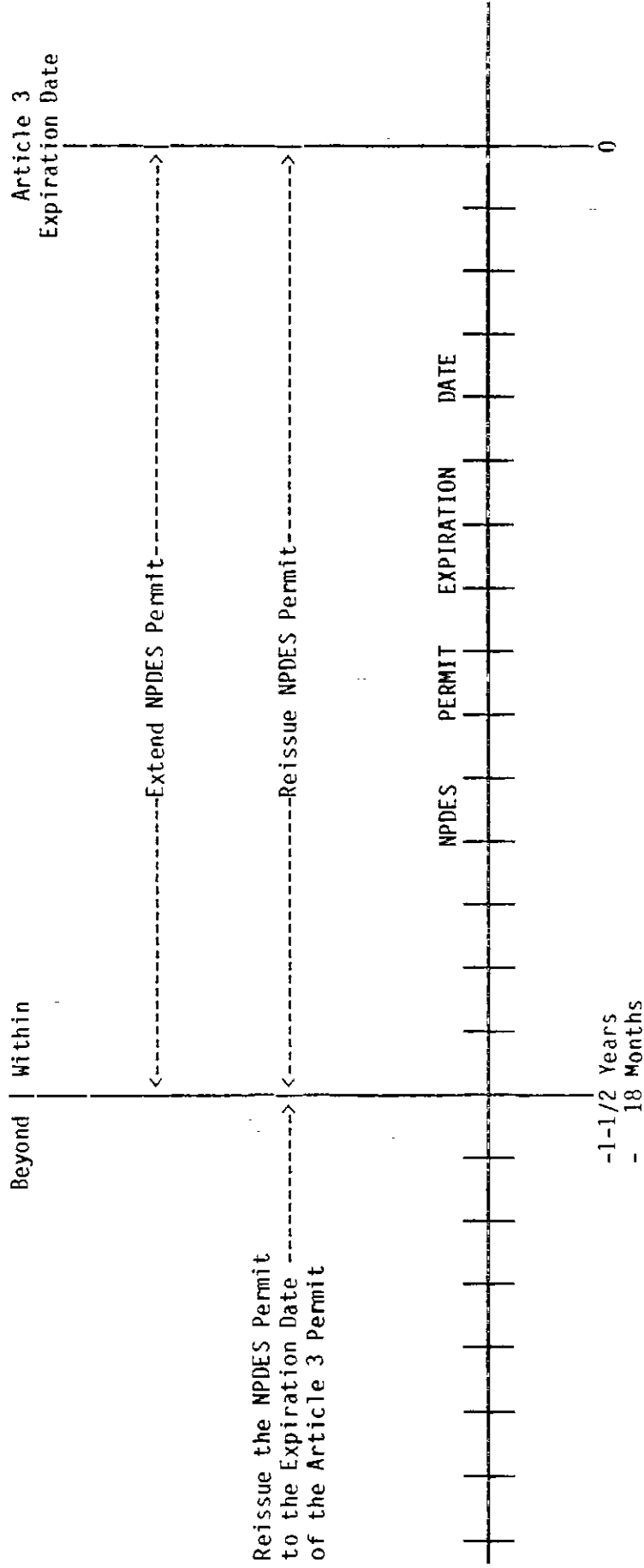


- NOTES:
1. If the NPDES Permit expires within 18 months after the expiration date of the Article 3 Permit, then the permittee must reapply for reissuance of the NPDES Permit when reapplying for renewal of the Article 3 Permit.
 2. If the NPDES Permit expires beyond 18 months after the expiration date of the Article 3 Permit, then the Director may shorten the term of the NPDES Permit to ensure expiration dates coincide. The NPDES Permit may not be shortened to less than three and one-half (3-1/2) years for the sole purpose of reconciling expiration dates unless the permittee agrees.

*Period may be extended due to proof of publication being received during the 30-day comment period



NPDES PERMITS EXPIRING BEFORE THE ARTICLE 3 PERMITS



- NOTES:
1. If the NPDES Permit expires within 18 months before the expiration date of the Article 3 Permit, then the NPDES Permit can be extended to the expiration date (up to 18 months) of the Article 3 Permit. Provided, that the permittee submits a reissuance application in accordance with 10C.05(b).
 2. If the NPDES Permit expires beyond 18 months before the expiration date of the Article 3 Permit, then the NPDES Permit will be reissued to the expiration date of the Article 3 Permit. Provided, that the permittee submits a reissuance application in accordance with 10D.04(a).

Surface Mine (Article 3) Permit
Renewal Procedure

The submittal of the Application for Permit Renewal, (DMM-17), and all appropriate attachments including proof of publication will occur in the following manner:

1. DMM-17 and appropriate attachment must be submitted to the local Surface Mine Reclamation Inspector on or before the 120 day submittal date referenced in the renewal notice.

Upon receipt, the inspector will verify those items concerning regulatory compliance referenced on the DMM-17 and signify approval in the upper right hand corner. The inspector will then notice the Charleston I & E section by memorandum, of receipt of the DMM-17 submittal.

If regulatory compliance is not being provided at the time of submittal, the inspector cannot approve the DMM-17 and will provide a narrative of the areas of concern and appropriate enforcement actions, if necessary, to the operator concerned and the regional permitting section. The inspector will note the submittal date to the Charleston I & E section by memorandum, and also note the fact that it was not approved.

It is important to note that the permit cannot

receive renewal approval until such time as necessary corrective actions are completed and approved.

This must occur prior to the permit expiration date. After inspector review, the inspector will submit the DMM-17 package to the regional permitting staff for technical review.

2. The regional permitting section will review the attachments for technical accuracy and compliance with the appropriate sections of the Act and regulations.

The permitting section will also monitor, in conjunction with the inspector, the progress of any necessary compliance corrective action which has an effect on the approval of a DMM-17.

Once all the elements of the DMM-17 are correct and approved by the permitting section, the DMM-17 submittal will be sent to the Deputy Director of Permitting for formal approval and permit renewal.

It is critical that all time elements are met within the framework established by the Act. The permittee must submit his renewal application to the inspector no less than 120 days prior to the permit expiration date. This requires the advertisement to be complete and all attachments prepared prior to that date. This is the reason that a permittee is noticed of the impending renewal 90 days prior to the submittal date.

Failure to submit a renewal application (DMM-17) on or before the 120 day requirement will necessitate the Department to take appropriate enforcement action.

If renewal has not been accomplished prior to the permit expiration date, the following actions will be mandated:

- A. If a renewal application was received in the appropriate time frame and continues to be in the review process, appropriate extensions will be granted.
- B. If a renewal application was delinquent or none was received and the expiration date has expired, the Department will invalidate the permit involved and order cessation of operations until such time as the renewal is approved. Failure to renew within 60 days after this action will result in permit revocation and bond forfeiture.

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
CHARLESTON, WEST VIRGINIA

ACKNOWLEDGEMENT OF INSURANCE COVERAGE

PURSUANT TO CHAPTER 22A, ARTICLE 3, SECTION 8, CODE OF WEST VIRGINIA, 1931:

" . . . Proof of insurance shall be required on an annual basis. Each applicant for a permit shall be required to submit to the director as a part of the permit application a certificate issued by an insurance company authorized to do business in this state covering the surface-mining operation for which such permit is sought, or evidence that the applicant has satisfied state self-insurance requirements. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any persons damaged as a result of surface coal mining and reclamation operations, including use of explosives, and entitled to compensation under the applicable provisions of state law. Such policy shall be maintained in full force and effect during the terms of the permit or any renewal, including the length of all reclamation operations . . ."

The minimum amount of insurance coverage for bodily injury shall be \$300,000 for each occurrence and \$500,000 aggregate; and minimum insurance for property damage shall be \$300,000 for each occurrence and \$500,000 aggregate with no exclusion for landslides and water wells: provided that blasting insurance will continue as long as blasting activities occur.

SUBSEQUENT TO THE STATUTORY REQUIREMENTS SET FORTH ABOVE, IT IS NECESSARY FOR THE AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY TO COMPLETE AND SUBMIT THIS AUTHORIZATION OF INSURANCE COVERAGE AS AN ATTACHMENT TO THE CERTIFICATE OF INSURANCE.

Name and Address of Insured

Insurance Company and Address

Type of Insurance	Policy No.	Effective Date	Expiration Date	Limits of Coverage each occurrence	Coverage aggregate
PERSONAL INJURY					
PROPERTY DAMAGE WITH BLASTING LIABILITY					

Remarks:

The company hereby acknowledges that it has issued to the insured named herein a policy or policies of insurance in accordance with the provisions and requirements of Chapter 22A, Article 3, Code of West Virginia, 1931, as amended and the rules and regulations promulgated thereunder.

It is further understood that such acknowledgement will be provided upon any amendment to subject coverages and/or limits, as well as upon any renewal which alters such coverage and/or limits.

Date:

Insurance Company

Authorized Representative



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

Application Form for Quarry Renewal

Permit No. _____

Expiration Date _____

Name of Applicant or Company _____

Address _____
Permanent _____ Temporary _____

Name and Title of Person Representing Company _____

Address _____ Telephone No. _____

Location of Operation _____
County _____ Magisterial District _____ Nearest P.O. _____

Name of Tract _____

A true copy of the policy of insurance as required by Chapter 22A, Article 4, Section 6 is attached.

If there has been a change in corporate officers from those listed in the original permit application, include a current listing of officers.

In accordance with Chapter 22A, Article 4, Section 6 of the Code of West Virginia, I hereby request renewal of the above named Quarry Permit. I certify that all the provisions of Chapter 22A, Article 4, and all rules and regulations promulgated thereunder, have been complied with in making the request for this permit renewal.

Signed _____

Title _____

Note: Quarry Permits require \$100 renewal fee. Be sure your permit renewal fee is up-to-date prior to this date. Complete this renewal form and return to the Department of Energy.

DO NOT WRITE IN THIS SPACE

Subject to the provisions of Chapter 22A, Article 4 of the Code of West Virginia,

Permit No. _____ is renewed and valid to _____

Approved _____
Commissioner, Department of Energy



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY
APPROVED BY _____
DATE _____

ARCH A. MOORE, JR.
Governor

APPLICATION FOR OPERATOR REASSIGNMENT

1. Company Name: _____

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

(OFFICE TELEPHONE) (MINE NAME)

2. Permit Holder: _____
(COMPANY NAME) (PERMIT NUMBER)

3. Location of the Operation: _____
(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

4. Acres Permitted: _____ Type of Operation: _____

5. If the applicant (assignee) is a business entity other than a single proprietor, give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)	(TITLE)	(ADDRESS)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. On a separate attachment, provide the number and nature of any and all violations of the surface mining laws of this state or other states for which the above named applicant or subsidiary or affiliate, or any person, partnership, association, trust, or corporation controlled by or under common control with or any person required to be identified by item five above, has been cited.

7. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director, or principal shareholder in a company which has ever held a federal or state mining permit, within the United States, which in the five (5) year period prior to the date of submission of this application, ever been permanently suspended or revoked or had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No
If Yes, attach explanation.

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

County of _____

My Commission Expires _____

I, _____, having been duly sworn, depose and attest that I am a principal executive officer of the permittee and that this application is being executed with my consent. I further understand this application transfers the mining rights only.

County of _____

My Commission Expires _____

DOE USE ONLY

Distribution: Original - Charleston
Copy ----- Inspector
Copy ----- Regional
Copy ----- OSM
Copy ----- Company



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

APPLICATION FOR TRANSFER, ASSIGNMENT
OR SALE OF PERMIT RIGHTS (22A-3-19)

PERMIT NO. _____ NPDES NO. _____

1. Permit Applicant: _____
(COMPANY NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)
()
(OFFICE TELEPHONE) (MINE NAME)

2. Current Permit Holder: _____
(COMPANY NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

3. Location of the Operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

4. Acres Permitted: _____ Disturbed Acreage: _____

5. Type of Operation: _____

6. Financial Information:
Bond Information:

Current Permit Holder --
\$ _____
(AMOUNT) (TYPE OF BOND) (BOND #)

Applicant --
\$ _____
(AMOUNT) (TYPE OF BOND) (BOND #)

7. Include advertisement (see sample ad attached) and certificate of publication.
8. If the applicant (assignee) is a business entity other than a single proprietor, give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)

(TITLE)

(ADDRESS)

9. List all names under which the applicant, officer, director, partner, or principal shareholder previously operated a surface mining operation in the United States within the five (5) year period preceding the date of submission of this application:

(INDIVIDUAL'S NAME)

(COMPANY)

(ADDRESS)

10. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director, or principal shareholder in a company which has ever held a federal or state mining permit, within the United States, which in the five (5) year period prior to the date of submission of this application, ever been permanently suspended or revoked or had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No
If Yes, attach explanation.

11. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director, or principal shareholder in a company which has ever held a West Virginia state mining permit which has been permanently suspended or revoked or has had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No
If Yes, attach explanation.

12. Include a current Certificate and Acknowledgement of Insurance.

13. A. Give a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface mining operations on the proposed permit area: _____

B. Is this right subject to pending court litigation? ☐ Yes ☐ No

C. Has the private mineral estate been severed from the private surface estate?
☐ Yes ☐ No - If Yes, address the provisions of Chapter 22A, Article 3, Section 18(b)(5). If the response is not different than the original application, write "Same".

14. List all surface mining permits, subject to P.L. 95-87, previously or currently held, or pending in the United States by the applicant:

(PERMIT IDENTIFICATION)

(STATE)

15. List all notices of violation, and/or cessation orders received, by the applicant, in West Virginia and any other state during the three year period prior to the submission of this application for violations of P.L. 95-87 and/or any rule or regulation pertaining to air or water environmental protection and indicate the final disposition of each:

16. Does the permit as issued or modified contain the following information in accordance with Chapter 22A, Article 3? ☐ Yes ☐ No

- A. Correct owners of record of property, both surface and mineral;
- B. The holder of record of any leasehold interest in the property;
- C. Any purchases of record of the property under a real estate contract;
- D. The operator, if he is a person different from the applicant (DMM-19);
- E. If any of these are business entities other than a single proprietor;
- F. The names and addresses of the principals, officers and resident agent;
- G. The owners of record of all surface and subsurface areas contiguous to any part of the permit; and
- H. A statement of all lands, interests in lands, or options on such interests held by the applicant or pending bids on interests in lands by the applicant which lands are contiguous to the permit area.

If No, specify the information not contained in the permit or that which is different from the original permit: _____

17. Does the applicant agree to conduct mining operations in accordance with the purpose and intent of the Act, regulations, and the terms and conditions of the permit?
☐ Yes ☐ No

18. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

State of _____
County of _____
Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.
My Commission Expires _____

SIGNATURE

NOTARY PUBLIC

19. Original permittee signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the original permittee and that this application has been executed by the persons required by law.

State of _____
County of _____
Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.
My Commission Expires _____

SIGNATURE

NOTARY PUBLIC

DOE USE ONLY

Distribution:	Original - Charleston
	Copy ----- Inspector
	Copy ----- Regional
	Copy ----- DSM
	Copy ----- EPA (NPDES)

ADVERTISEMENT

(TRANSFER, ASSIGNMENT, OR SALE OF PERMIT RIGHTS (DMM-19-A))

Advertisement to include location map
(See attached sample)

Advertisement will be published one time

Notice is hereby given that _____
(Current Permittee Name and Address)

has submitted an application to transfer, assign and sell Permit No. _____
(Permit No.)

NPDES No. _____ to _____
(NPDES No.) (Applicant Name and Address)

The permit proposed to be sold is located on _____ of
(Receiving Stream)

_____, _____ miles, _____
(Major Subbasin) (Distance) (Direction)

of _____ in _____ District
(Nearest Post Office)

of _____ County.

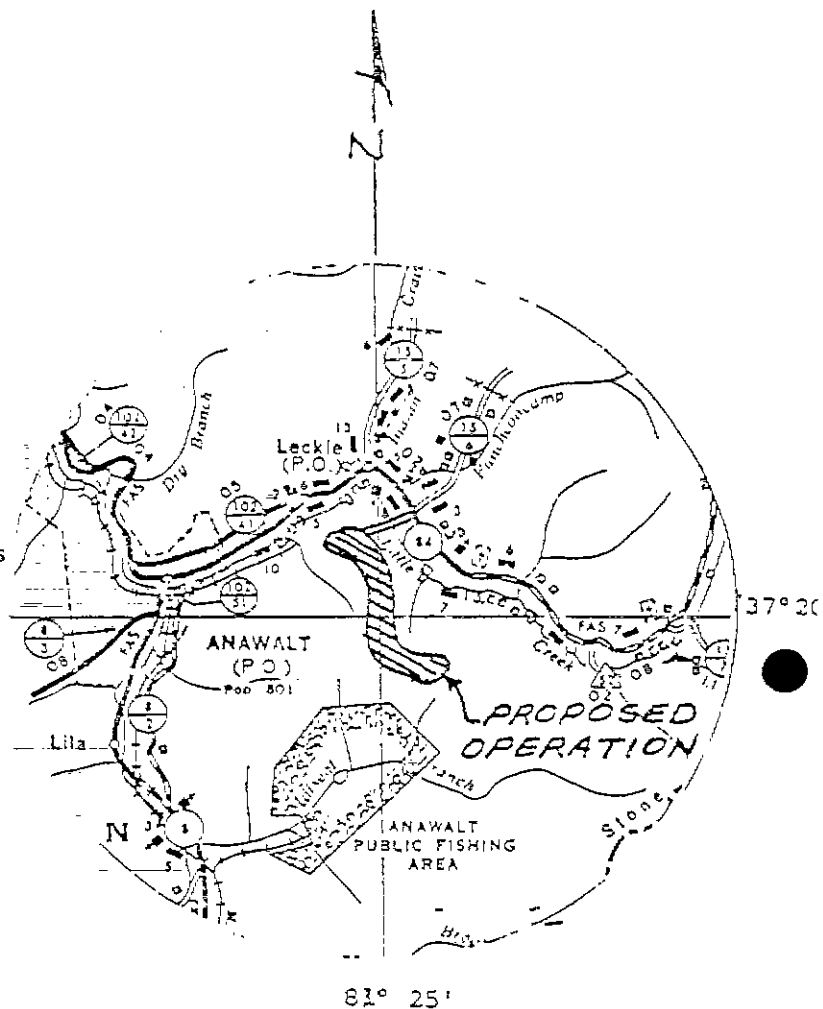
Written protest to this application will be received by the Department of Energy
located at _____ until
(Regional Office Address)

_____ or thirty (30) days from date of publication.
(Date - 30 days from date of publication)

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. A map of this scale and detail will be the minimum standard for acceptance.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same with such lines crossing at or near the center of the proposed permit area.

The map in the newspaper shall have minimum dimensions of two inches by two inches; the north arrow shall be indicated and the boundaries of the proposed site shall be clearly defined.





STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY	
APPROVED BY	S.M.R.S.
DATE	

ARCH A. MOORE, JR.
Governor

APPLICATION FOR A SPECIAL PERMIT
FOR REPROCESSING OR REMOVAL OF ABANDONED COAL REFUSE PILE

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

(OFFICE TELEPHONE) (MINE NAME)

2. ☐ Corporation ☐ Partnership ☐ Association
☐ Sole Proprietorship ☐ Agency ☐ Other (Explain)

3. Is operator different from applicant? ☐ Yes ☐ No If Yes, list below and complete Form DMM-19.

(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

4. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

LONGITUDE: _____ " LATITUDE: _____ "

5. Type and Method of Operation:

☐ Total Removal ☐ On-site screening or crusher
☐ Partial Removal ☐ Portable on-site preparation plant
☐ Off-site preparation plant

6. Will disposal of reprocessed coal refuse materials be within the Special Permit area?
☐ Yes ☐ No

7. Drainage Pattern:

(RECEIVING STREAM) (TRIBUTARY OF) (WATERSHED)

8. Type of structure to be reprocessed: ☐ Non-impounding ☐ Impounding

--NOTE-- Resubmit this page for each additional INCREMENT to be bonded under this permit.

9. Total Acres to be Permitted: _____
10. Insert certificate and acknowledgement of insurance (one copy only - for Charleston office)
- A. Insurance policy number _____
- B. Insurance policy expiration date _____
11. Performance Bond (\$10,000.00 Minimum) - Complete A or B
- A. Full Permit Bond: Total Permit Area _____ x \$1,000.00/Ac. = \$ _____ 000.00
(ACRES) (REQUIRED BOND)
- B. Incremental Permit Bond:
- Bond is being posted for Increment No. _____ as indicated on the proposal map. This increment consists of _____ acres for which bond is posted in the amount of \$ _____ 000.00
- Type of Bond:
- () Surety _____
(BONDING COMPANY) (BOND NO.)
- () Collateral: Name of Bank: _____
() Cashier's Check No. _____
() *Certificate of Deposit No. _____
() Other (Specify) _____
- () Escrow Account () Self Bonding
- () Combination _____
(SPECIFY)
12. Filing Fee: \$500.00 -- () Cashier's Check Check Number _____
() Certified Check Check Number _____

* Certificate of Deposit must be made payable to "Commissioner, Department of Energy" and must include interest penalty for early withdrawal. Must also include a statement (letter) from the bank issuing Certificate waiving the right of set-off or lien against the Certificate.

13. Owner(s) of record of the property to be permitted: .

(NAME)

(ADDRESS)

Surface _____

14. List the names and addresses of the owners, if any, of record of all surface areas contiguous to any part of the proposed permit area, and/or residents thereon.
Attachment _____ N/A _____

NOTE: Attach a sample of the letter of notification to the residents living on property contiguous to the permit area. SMA Number must be referenced.

15. Give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)

(TITLE)

(ADDRESS)

16. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director, or principal shareholder in a company which has ever held a federal or state mining permit, within the United States, which in the five (5) year period prior to the date of submission of this application, ever been permanently suspended or revoked or had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No
If Yes, attach explanation.

17. A. Give a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface mining operations on the proposed permit area: _____

- B. Is this right subject to pending court litigation? () Yes () No

18. Plans and Specifications: Insert the following information after this page:

- A. Project Narrative - Regulation D.06.a.1.
- B. Supporting Data --- Regulation D.06.a.3.
- C. Maps and Drawings - Regulation D.06.a.4.

19. Reclamation Plan:

A. Site Preparation:

1. A procedure for construction and maintenance of haulageways and access roads to include a typical cross-section and profile.
2. A method for removing and stockpiling topsoil and/or overburden material to be used in the final reclamation of the site (note specific location).
3. Blasting pre-plan where applicable.
4. A method for handling acid-forming or toxic materials.
5. The method for placing and compacting refuse.
6. A plan for fire control.
7. Location, design data, and specifications for construction and maintenance of underdrains, channels, diversions, culverts, etc.
8. Hydrologic balance:
 - a) A detailed plan for drainage and sediment control.
 - b) A procedure for sampling and monitoring of all surface water.

B. Site Abandonment Plan:

1. Detailed cross sections taken at sufficient intervals to depict as closely as possible the original ground, the present surface configuration and the final regrading and topsoiling.
2. Method for regrading and topsoiling.
3. Method for final mechanical stabilization.

C. Revegetation Plan: Describe a revegetation plan to be carried out for final vegetative cover after site abandonment to include the following:

- Seed bed preparation.
- Soil preparation and treatment (lime, fertilizer, etc.)
- Revegetation species mixture and application rates.
- Mulch (specify type and rate of application)

20. Certification of plans:

I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

R.P.E. No.

Licensed Land Surveyor

L.L.S. No.

21. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC

NOTE: The complete application must be submitted to the Department of Energy Regional Office as four (4) separate entities in 9" x 12" clasp type binders for each application.

DOE USE ONLY

Distribution:	Original - Charleston
	Copy ----- Inspector
	Copy ----- Regional
	Copy ----- OSM



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY	
APPROVED BY	S.M.R.S.
DATE	

ARCH A. MOORE, JR.
Governor

APPLICATION FOR A SPECIAL PERMIT FOR REMOVAL OF SMALL COAL REFUSE SITES

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

()
(OFFICE TELEPHONE) (MINE NAME)

2. () Corporation () Partnership () Association
() Sole Proprietorship () Agency () Other (Explain)

3. Is operator different from applicant? () Yes () No If Yes, list below and complete Form DMM-19.

(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

4. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

LONGITUDE: _____ ° _____ ' _____ " LATITUDE: _____ ° _____ ' _____ "

5. Owner(s) of the surface land to be mined:

(NAME) (ADDRESS)

6. Drainage Pattern:

(RECEIVING STREAM) (TRIBUTARY OF) (WATERSHED)

7. Total Acres to be Permitted: _____

8. Performance Bond:

Full Permit Bond: Total Permit Area _____ x \$1,000.00/Ac. = \$ _____ 000.00
(ACRES) (REQUIRED BOND)

Type of Bond:

() Surety _____
(BONDING COMPANY) (BOND NO.)

() Collateral: Name of Bank: _____
() Cashier's Check No. _____
() *Certificate of Deposit No. _____
() Other (Specify) _____

() Escrow Account () Self Bonding

() Combination _____
(SPECIFY)

9. Filing Fee: \$500.00 -- () Cashier's Check Check Number _____
() Certified Check Check Number _____

* Certificate of Deposit must be made payable to "Commissioner, Department of Energy" and must include interest penalty for early withdrawal. Must also include a statement (letter) from the bank issuing Certificate waiving the right of set-off or lien against the Certificate.

10. Give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)	(TITLE)	(ADDRESS)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director, or principal shareholder in a company which has ever held a federal or state mining permit, within the United States, which in the five (5) year period prior to the date of submission of this application, ever been permanently suspended or revoked or had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No
If Yes, attach explanation.

12. A. Give a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface mining operations on the proposed permit area: _____

B. Is this right subject to pending court litigation? () Yes () No

13. Plans and Specifications: The following information is required:

- A. Project Narrative - Regulation D.06.a.1.
- B. Proposal Map ----- Regulation D.06.a.3.
- C. Plan and cross section views of site and drainage as required on D.06.a.4.

14. Reclamation Plan:

- A. Method of Operation
- B. Method for Filling or Breaching
- C. Method of Regrading and Topsoiling
- D. Revegetation Specifications

15. Conditions of Approval for Removal of Small Coal Refuse Sites:

- A. This application is limited to:

1) Removal of coal fines from ponds defined as "all other impoundments" in Section C.01b3 of the Coal Refuse Regulations.

2) Total removal of coal refuse areas of two acres or less.

- B. This permit will be approved only for total removal of coal refuse materials. Partial removal from large sites, on-site reprocessing or return of reprocessing coal refuse to the site shall require a surface mining application submitted on the appropriate form (DMM-21 or DMM-4).
- C. Any impoundment created by the removal of coal fines shall be rendered non-impounding by breaching or filling unless otherwise approved by the Commissioner.
- D. Effluent standards must be achieved during all phases of the operation. Method of removal, operation and sediment and drainage control requirements will be based on specific site conditions, the estimated time duration of the operation and recommendations of the Department of Energy. Drainage controls shall be provided for stockpile areas.
- E. A performance bond of \$1,000.00 per acre or any fraction thereof will be required for the area covered by this application, to include: working areas, stockpile areas, borrow areas, access roads, and haulroads. The performance bond will be released upon satisfactory completion of reclamation of the disturbed areas, evidence of positive vegetative cover, and approval by the Reclamation Inspector.

16. Certification of plans: I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

R.P.E. No.

Licensed Land Surveyor

L.L.S. No.

17. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC

NOTE: The complete application must be submitted to the Department of Energy Regional Office as four (4) separate entities in 9" x 12" clasp type binders for each application.

DOE USE ONLY	
Distribution:	Original - Charleston
	Copy ----- Inspector
	Copy ----- Regional
	Copy ----- OSM

DMM-22
2/86



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
PERMITS - MIDTERM REVIEW

PERMIT NUMBER: _____ DATE ISSUED: _____

DATE OF MIDTERM REVIEW: _____ STATUS: _____

COMPANY NAME: _____ TELEPHONE NO.: _____

ADDRESS: _____
(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

LOCATION: _____
(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

1. Is operation current? () Yes () No
2. Is operation in compliance with terms and conditions of the permit? () Yes () No
If No, describe: _____
3. Do existing conditions indicate permit revision or modification is required?
() Yes () No If Yes, describe: _____
4. If underground operation, has underground mining subsidence control plan been
submitted? () Yes () No

COMMENTS: _____

INSPECTOR

SUPERVISOR

DOE CHARLESTON OFFICE USE ONLY

Insurance Policy Number: _____ Expiration Date: _____

Is Insurance in Effect? () Yes () No

Type of Bond: _____ Bond Amount: \$ _____

Is bond amount adequate? () Yes () No

DATE

DOE AUTHORIZED REPRESENTATIVE

DR-23
rev. 7-85



White - Charleston
Green - Inspector
Canary - Company
Pink - District Office

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

PROGRESS MAP REPORTING

Operator/Permittee _____ Acres _____ Permit # _____

County _____ Mag. District _____ Nearest P.O. _____

MAP INFORMATION:

Disturbed Acreage: _____

Bench or Terrace _____, Outer Spoil _____, Other _____

Access a/o Haulageway _____, Drainage System _____, Total _____

Remarks: _____

Signature and Dates _____

Surface Mine Reclamation Inspector

Commissioner, Department of Energy

Date _____ Date _____



Permit No: _____

Violation No. _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

REPORT OF RECLAMATION PROSECUTION

Name of Operator: _____

Address: _____

Street or P.O.

City

State

Zip

Name and Title of Person Representing Company: _____

Name and Title of Person DR-15 Served Upon: _____

Date: _____

County and Magisterial District of Violation: _____

County

District

Offense: _____

Chapter 22A, Article _____, Section _____

Name of Complainant: _____

Surface Mine Reclamation Inspector

Date Complaint Signed: _____

Date Tried: _____

Tried Before: _____

Address: _____

Justice of the Peace

Disposition: _____

Convicted

Dismissed

Appealed

Term of Court (if appealed): _____

Amount of Fine: \$ _____

Costs: \$ _____

Witness Fees: \$ _____

Was Fine Paid? () Yes () No In Full? () Yes () No Given time to pay: _____

How Long

Was Party Jailed in Addition to Paying Fine? () Yes () No Number of days? _____

Defense

Attorney _____

Prosecuting

Attorney _____

Arresting Officer and Title: _____

Conservation Officer

State Police

Sheriff

Constable

Other

Previous Offenses? () Yes () No

RECOMMENDATION FOR CIVIL PENALTY ASSESSMENT
(Inspector's Worksheet)

Date _____ 19____

Permittee _____ Permit No. _____

Correct Address _____ Violation No. _____

County Code _____ Date _____ 19____ () N.O.V. () C.O. () E.A.

1. Describe the violation. Include details concerning magnitude of the problem, such as pH, gallons per minute, cubic yards, linear feet, etc. If estimated, so note.

2. History of Previous Violations:

How many violations have been issued on this permit in the previous 12 months?

_____ N.O.V.'s _____ C.O.'s _____ E.A.'s

Total Violations on this permit: _____ N.O.V.'s _____ C.O.'s _____ E.A.'s

3. Determination of Non-Assessability for violations designated as such in the Code of Violations.

Is there a history of repeat violations or a pattern of violations on this permit or operation?

() Yes () No

Will this violation cause or have the potential to cause adverse environmental impact or threat to public health and safety? () Yes () No

Comments _____

4. Seriousness of the violation.

_____ Violation is of an administrative nature resulting in no harm or danger to the environment or public; or the standard is violated to such a minor degree that environmental harm or public danger will not result.

_____ Violation results in potential or actual harm or danger remaining in the permit area; or in the case where the impact extends beyond the permit area, can be demonstrated that potential danger or harm will not result.

_____ Violation extends beyond the permit area and results in a minor degree of potential or actual harm or impact on the public.

_____ Violation extends beyond the permit area and results in a significant degree of environmental harm or danger to the public.

_____ Violation is or can reasonably be expected to result in significant, imminent environmental harm or created an imminent danger to the health or safety of the public.

COMMENTS: _____

5. Operator Negligence.

_____ This violation is considered beyond control of the operator or his employees and no negligence can be attributed to this violation.

_____ This violation was a result of an oversight on the part of the operator and may have been avoided if more conscientious effort or reasonable care were given.

_____ This violation was obvious and no action was taken by the operator to correct the problem.

_____ The operator failed to adequately respond to previous enforcement action.

_____ The operator had been officially notified of this problem and did not make any effort at correcting the problem.

COMMENTS: _____

6. Operator's Good Faith

_____ Operator failed to take appropriate action.

_____ Operator took prompt but minimal action to correct the violation.

_____ Operator started promptly on remedial measures and worked diligently to correct the violation.

_____ Operator started immediately and expended all reasonable efforts to correct the violation. Violation was abated before required date.

_____ Operator was already working on remedial measures and expended extreme effort in correcting the violation. Violation was abated in minimum possible time.

COMMENTS: _____

Reclamation Inspector Signature and Number _____

Date _____

Include with this submittal copies of DR-15's and DR-16's, inspection reports and photographs.

7. List all reputed Owner(s) of all surface area within five-hundred feet of any part of proposed disturbed land. Each owner must be notified by certified mail and a copy of the return receipts and notification letter submitted.

(NAME)

(ADDRESS)

_____	_____
_____	_____
_____	_____

8. Give a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface mining operations on the proposed permit area: _____

9. Total acres to be disturbed:

Mining Operation Area	Access Road or Haulageway	Drainage System	Total Area
_____ Acres +	_____ Acres +	_____ Acres =	_____ Acres

10. Filing Fee: \$500.00 -- ☐ Cashier's Check Check Number _____
☐ Certified Check Check Number _____

11. Give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)

(TITLE)

(ADDRESS)

_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Has the applicant, any subsidiary of affiliate or any person, partnership, association, trust or corporation controlled by or under common control with applicant, or any person required to be identified by item 11 above, ever had a surface or strip mining permit issued under the laws of this state revoked or has ever had a surface or strip mining bond, or security deposited in lieu of bond, forfeited?
☐ Yes ☐ No

13. The following items must be included as part of the application:

- A. Class III Legal Advertisement and Certificate of Publication.
- B. True copy of an original Insurance Policy with correct coverage.
- C. 500' landowner notification letters and return receipts.
- D. Accurate Proposal and Drainage Map(s).



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY	
SMA #	
APPROVED BY	S.M.R.S.
DATE	

ARCH A. MOORE, JR.
Governor

APPLICATION FOR SURFACE MINING (QUARRY)

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

(OFFICE TELEPHONE) (INDIVIDUAL REPRESENTING COMPANY)

() Corporation () Partnership () Association
() Sole Proprietorship () Agency () Other (Explain)

2. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

3. Mineral to be mined: () Limestone Method of Removal: () Open Cut
() Sandstone () Other _____
() Sand

4. Geological Title: _____

5. Do you or any person, partnership or corporation associated with you, now hold or have ever held a prospecting or surface mining permit issued by the State of West Virginia? () Yes () No If Yes, list all permit numbers now under bond.

(INDIVIDUAL'S NAME) (COMPANY) (PERMIT NO.)

6. Owner(s) of record of the property to be permitted:
(NAME) (ADDRESS)

A. Surface

B. Mineral

14. Certification of plans: I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

R.P.E. No.

Licensed Land Surveyor

L.L.S. No.

15. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC

NOTE: The complete application must be submitted to the Department of Energy Regional Office as three (3) separate entities in 9" x 12" clasp type binders for each application.

DOE USE ONLY

Distribution: Original - Charleston
Copy - Inspector
Copy - Regional

CLASS III LEGAL ADVERTISEMENT

Notice is hereby given that _____

APPLICANT NAME AND ADDRESS

has submitted an application for the surface mining of approximately _____ acres

in order to _____ seam of _____ located on
SURFACE MINE, QUARRY MINERAL

located on _____ of _____,
SECONDARY DRAINAGE PRIMARY DRAINAGE

_____ miles, _____ of _____ in
DISTANCE DIRECTION NEAREST POST OFFICE

_____ District of _____ County,

_____, Longitude _____ " and Latitude
NEAREST POST OFFICE

_____ " (Coordinates from USGS Topographic Maps). Surface of the

area to be mined is owned by _____
NAME AND ADDRESS

and the mineral to be mined is owned by _____
NAME AND ADDRESS

The source of the applicant's legal right to enter and conduct operations on the land to
be covered by this permit application is by _____
DEED, LEASE, CONTRACT, ETC.

The following is a listing of all active surface mining permits now held by the applicant:

ALL PERMIT NUMBERS WHICH DO NOT HAVE GRADING APPROVAL

The reputed owner(s) of all surface area within five-hundred feet (other than surface
owners already listed) of any part of the proposed disturbed land in this application are
as follows:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

The name and address of every officer, partner, director, and applicant is as follows:

NAME

ADDRESS

_____, any subsidiary, affiliate, or any person
APPLICANT

controlled by or under common control with applicant _____ had a surface
(has) or (has not)
mining bond or security forfeited.

Written protest to such application will be received until _____
DATE

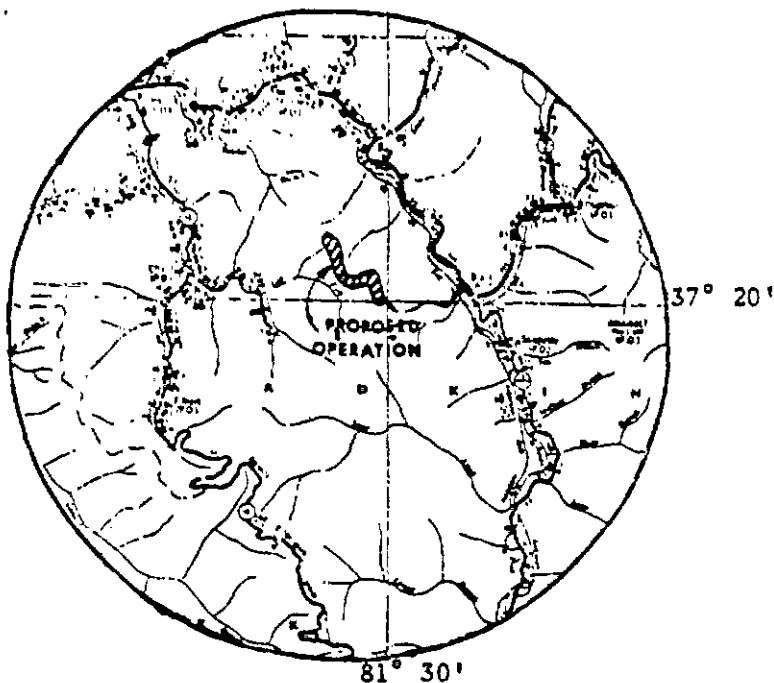
or thirty (30) days from original date of publication by the Department of Energy at

DISTRICT OFFICE ADDRESS

ATTENTION: SMA No. _____

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. Other possible sources include the U. S. Geological Topographic Maps or a handsketched map showing all information required by Article 6, Chapter 20, Section 9 of the Code of West Virginia, as amended.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same and should cross at or near an end of strip marker for the proposed operation.



County
District
File Number _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DOE USE ONLY	
SMA #	
APPROVED BY	S.M.R.S.
DATE	

ARCH A. MOORE, JR.
Governor

APPLICATION FOR SURFACE MINING (QUARRY)
Mining and Reclamation Plan For Minerals Other Than Coal
Excluding Limestone, Sandstone, and Sand

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

() _____
(OFFICE TELEPHONE) (INDIVIDUAL REPRESENTING COMPANY)

() Corporation () Partnership () Association
() Sole Proprietorship () Agency () Other (Explain)

2. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

LONGITUDE: _____ ° _____ ' _____ " LATITUDE: _____ ° _____ ' _____ "

3. Mineral to be mined: Method of Removal:
() Clay () Gravel () Open Cut
() Manganese () Shale () Other _____
() Iron Ore () Other _____

4. Geological Title: _____

5. Give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)	(TITLE)	(ADDRESS)
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Has the applicant, or any officer, partner, director, principal shareholder of the applicant, any subsidiary, affiliate, or persons controlled by or under common control with the applicant ever been an officer, partner, director, or principal shareholder in a company which has ever held a West Virginia state mining permit which has been permanently suspended or revoked or has had a mining bond, or similar security deposited in lieu of bond, forfeited? () Yes () No
If Yes, attach explanation.

7. Do you or any person, partnership or corporation associated with you, now hold or have ever held a prospecting or surface mining permit issued by the State of West Virginia? () Yes () No If Yes, list all permit numbers now under bond.
(INDIVIDUAL'S NAME) (COMPANY) (PERMIT NO.)

8. Owner(s) of record of the property to be permitted:
A. Surface (NAME) (ADDRESS)

B. Mineral

9. List all reputed Owner(s) of all surface area within five-hundred feet of any part of proposed disturbed land. Each owner must be notified by certified mail and a copy of the return receipts and notification letter submitted.
(NAME) (ADDRESS)

10. Give a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface mining operations on the proposed permit area:

Check Number _____
Check Number _____

12. Performance Bond (\$10,000.00 Minimum)

Total Permit Area _____ x \$1,000.00/Ac. = \$ _____
(ACRES) (REQUIRED BOND)

Type of Bond:

() Surety _____ (BONDING COMPANY) _____ (BOND NO.) _____

() Collateral: Name of Bank: _____
 () Cashier's Check No. _____
 () *Certificate of Deposit No. _____
 () Other (Specify) _____

* Certificate of Deposit must be made payable to "Commissioner, Department of Energy" and must include interest penalty for early withdrawal. Must also include a statement (letter) from the bank issuing Certificate waiving the right of set-off or lien against the Certificate.

13. The following items must be included as part of the application:

- A. Class III Legal Advertisement and Certificate of Publication.
- B. True copy of an original Insurance Policy with correct coverage.
- C. 500' landowner notification letters and return receipts.
- D. Accurate Proposal and Drainage Map(s).
- E. Accurate Cross-Sections.

14. Describe specifically a detailed procedure for: (Attachments, drawings, or supplements - 8-1/2" x 11" sheets where possible)

- A. The mining sequence.
- B. A procedure for constructing and maintaining haulageways, to include a typical cross-section and profile of the proposed road.
- C. A procedure for site preparation to include removing and disposing of trees and brush.
- D. A detailed procedure for blasting including reputed surface owners within 1000' of operation.
- E. A method for removing and stockpiling topsoil or upper horizon material.
- F. A method for the placement of all overburden, to include the method for handling of all acid-producing and toxic material.
- G. A method for control of the overburden after placement, with particular emphasis on overburden placed on the outer slope.
- H. A procedure for final mechanical stabilization of overburden.

15. Grading - Specifically describe the following:

- A. Operable equipment to be used for regrading.
- B. The method of spreading topsoil or upper horizon material on the regraded area and the approximate thickness of the final surfacing material.
- C. The method of drainage control for the final regraded area.

16. Revegetation - Specifically describe the following:

- A. The method for testing soil and treatment to neutralize soil acidity if pH is less than 5.5.
- B. The mechanical seed bed preparation.
- C. Fertilization analysis and rate per acre.
- D. Mulch - type and rate per acre.
- E. Seasonal revegetation schedule and rate.

17. Certification of plans: I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

R.P.E. No.

Licensed Land Surveyor

L.L.S. No.

18. Applicant signature and notarization:

I, _____, having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge; that I am a principal officer (President, Vice-President) of the applicant and that this application has been executed by the persons required by law.

SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC

NOTE: The complete application must be submitted to the Department of Energy Regional Office as three (3) separate entities in 9" x 12" clasp type binders for each application.

DOE USE ONLY

Distribution: Original - Charleston
Copy ----- Inspector
Copy ----- Regional

CLASS III LEGAL ADVERTISEMENT

Notice is hereby given that _____

APPLICANT NAME AND ADDRESS

has submitted an application for the surface mining of approximately _____ acres

in order to _____ seam of _____ located on
SURFACE MINE, QUARRY MINERAL

located on _____ of _____,
SECONDARY DRAINAGE PRIMARY DRAINAGE

_____ miles, _____ of _____ in
DISTANCE DIRECTION NEAREST POST OFFICE

_____ District of _____ County,

_____, Longitude _____ ° _____ ' _____ " and Latitude
NEAREST POST OFFICE

_____ ° _____ ' _____ " (Coordinates from USGS Topographic Maps). Surface of the

area to be mined is owned by _____
NAME AND ADDRESS

and the mineral to be mined is owned by _____
NAME AND ADDRESS

The source of the applicant's legal right to enter and conduct operations on the land to
be covered by this permit application is by _____
DEED, LEASE, CONTRACT, ETC.

The following is a listing of all active surface mining permits now held by the applicant:

ALL PERMIT NUMBERS WHICH DO NOT HAVE GRADING APPROVAL

The reputed owner(s) of all surface area within five-hundred feet (other than surface
owners already listed) of any part of the proposed disturbed land in this application are
as follows:

NAME

ADDRESS

The name and address of every officer, partner, director, and applicant is as follows:

NAME

ADDRESS

_____, any subsidiary, affiliate, or any person
APPLICANT

controlled by or under common control with applicant _____ had a surface
(has) or (has not)
mining bond or security forfeited.

Written protest to such application will be received until _____
DATE

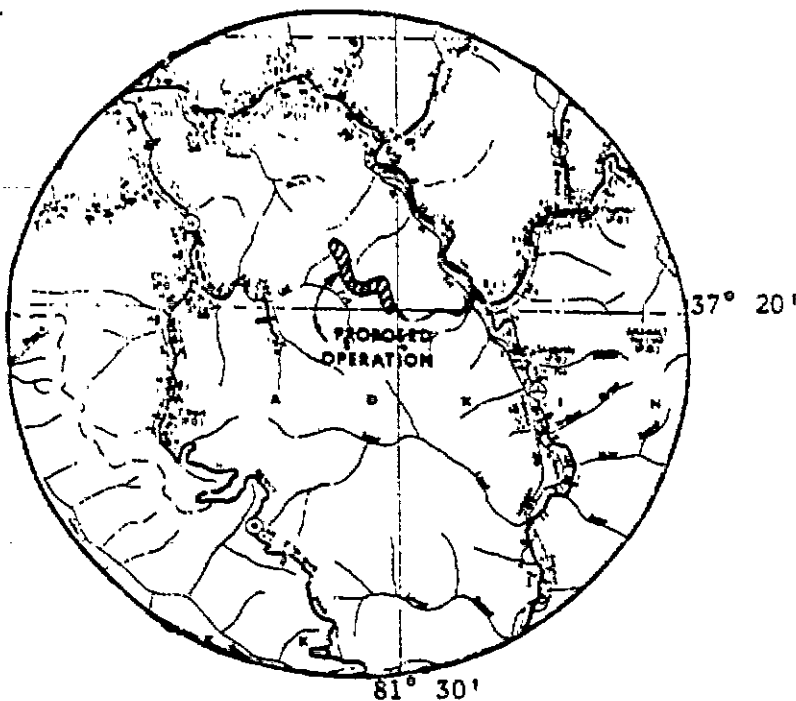
or thirty (30) days from original date of publication by the Department of Energy at

DISTRICT OFFICE ADDRESS

ATTENTION: SMA No. _____

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. Other possible sources include the U. S. Geological Topographic Maps or a handsketched map showing all information required by Article 6, Chapter 20, Section 9 of the Code of West Virginia, as amended.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same and should cross at or near an end of strip marker for the proposed operation.



County
District
File Number _____

DR-26
rev. 7-85

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
Charleston, West Virginia 25311

FIELD RECORDING DATA SHEET

Company Name _____ County _____ Date _____
Type of Blast _____ Seis. No. _____
Seis. Position _____
Owner _____ Type of Property _____
Address _____ Age _____
Direction from Source _____ Distance _____ Elevation _____
Weather _____ Temp. _____ Wind _____

PRIME BLASTING INFORMATION

Location of Shot Point _____
Loaded by _____ Fired by _____ Time Fired _____
Max. Explosive/delay _____ No. Holes/delay _____
No. Holes _____ Diameter _____
Total Explosives Charge _____ Type _____ Manufacturer _____
Cartridge Size _____ Rated Strength _____
Type of Loading: Solid Column _____ No. Decks _____ Stemming _____
Type of Delay _____
Max. Velocity _____ long _____ Vertical _____ Tranverse _____

SHOT DIAGRAM

Witnesses: _____

Remarks: _____

Blasting Specialist

DR-30
Revised 7/10/85
Page 1 of 5



WHITE: SOAP Office
BLUE: Applicant
GREEN: Hydrologist
CANARY: District Office
PINK: Contractor
GOLDENROD: Assignee

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

SMALL OPERATORS ASSISTANCE PROGRAM APPLICATION
(SOAP)

1. Name of Applicant and/or Company: _____
Corporation () Partnership () Individual ()
2. Address of Applicant: _____
Street City State Zip
Telephone Number: _____
3. Name and Address of Operator if Different from Applicant: _____
Name
Street City State Zip
Telephone Number: _____
4. Location of Operation: _____
County Magisterial District Nearest P.O.
5. Name of Tract: _____
6. Type of Mining Operation: _____
Deep Mining or Surface Mining
7. Geological Title and Thickness: _____
8. Have You or Any Person, Partnership or Corporation Associated With You Ever Been Denied Small Operators Assistance? Yes () No ()
If Yes, Attach a Full Explanation of the Circumstances and Reasons for Denial.
9. Do You or Any Person, Partnership or Corporation Associated With You Now Hold or Have You Ever Held a Surface Mining Permit or Deep Mining Permit Issued by the State of West Virginia or any other State? Yes () No ()
If Yes, Complete the Table on Page Two.

WHITE: SOAP Office
BLUE: Applicant
GREEN: Hydrologist
CANARY: District Office
PINK: Contractor
GOLDENROD: Assignee

10. Owner (or Owner's of the Surface Land to be Mined): (State Name and Address)

NAME

ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____

11. Owner (or Owner's) of Minerals to be Mined: (State Name and Address)

NAME

ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____

12. Reputed Owner (or Owner's) of all Surface Areas Contiguous To Any Part of Proposed Disturbed Land:

NAME

ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____

WHITE: SOAP Office
BLUE: Applicant
GREEN: Hydrologist
CANARY: District Office
PINK: Contractor
GOLDENROD: Assignee

13. Give a Description of the Legal Documents Upon Which the Applicant Bases His Legal Right to Enter and Conduct Surface Mining Operations on the Proposed Permit Area:

- a. ☐ The above described instrument is not recorded.
- b. ☐ The above described instrument is recorded in _____
Book # _____, Page _____ at the _____
County Courthouse.
- c. ☐ The above described instrument is on file at _____
_____.
- d. Is this right subject to pending court litigation? ☐ Yes ☐ No
- e. Has the private mineral estate been severed from the private surface estate? ☐ Yes ☐ No
- f. If yes, address provision of Chapter 22A, Article 3 Section 18(b) (5).

14. Acreage to be Disturbed: _____

Mining Operation Acres + Drainage System + Haulageway or Access Road = Total Acres
_____ Acres + _____ Acres + _____ Acres = _____ Acres

15. Proposed Life of Operation: _____ Months

16. Give Names and Post Office Addresses of Every Officer, Partner, Director (or Person Performing a Similar Function) of Applicant, Together With All Persons, if Any, Owning of Record or Beneficially (Alone or With Associates), Five Percent or More of Any Class of Stock of the Applicant:

	<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

DR-30
Revised 7/10/85
Page 5 of 5

WHITE: SOAP Office
BLUE: Applicant
GREEN: Hydrologist
CANARY: District Office
PINK: Contractor
GOLDENROD: Assignee

17. Attach U.S.G.S. Topographic Map in Accordance with Section 11E.01(h) of the West Virginia Surface Mining Reclamation Regulations as Promulgated and a Clear and Accurate Location Map of a Scale and Detail Found in the West Virginia General Highway Maps will be Minimal Standard for Acceptance Shall be Made Part of the Application.

STATE OF: _____

COUNTY OF: _____

I, _____, having been duly sworn, depose and attest that all of the representations contained in the foregoing application are true to the best of my knowledge; that I am the principal executive officer of the applicant and that this application has been executed by the persons required by law.

SIGNED: _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____ 19____.

Notary Public: _____

My commission expires _____ 19____.

COUNTY

Inspector

Date _____

(1) Excellent (2) Good (3) Average (4) Needs Improvement (5) Non-Compliance (needs immediate attention)

[illegible]

- Temporary Drainage Control
- Drainage Control
- Revegetation



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

APPLICATION FOR PERMANENT FACILITIES EXEMPTION

(1) Names and Address of:

A. Permit Applicant _____

Telephone No. _____ Street or Post Office _____

County _____ Magistral District _____ State _____

B. Owner of record of the property on which the permanent facility is situated
Name _____ Street _____ City _____ State _____ Zip _____

(2) Describe the exact location of the facility and the applicants closest permit area. (Attachment)

A. Describe the present use and the proposed use of the facility both during and after mining. (Attachment)

B. Submit a verified statement that the permanent facility is not and will not be directly involved in the extracting, loading, storage or processing of coal. (Attachment)

(3) STATE OF: _____

COUNTY OF: _____

I, _____, having been duly sworn, depose

and attest that all of the representations contained in the forgoing application are true to the best of my knowledge; that I am the principal executive officer of the applicant and that this application has been executed by the persons required by law.

SIGNED: _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____ 19 _____.

Notary Public: _____.

My Commission expires _____ 19 _____.

INSTRUCTIONS

NOTE: This ad is for joint applications for a Chapter 22A, Article 3 and Chapter 20, Article 5A (WV/NPDES) Permits.

Ad will be published once a week for four successive weeks with six full days between publication.

Initial Date of Publication _____
Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(APPLICANT NAME AND ADDRESS)

has submitted a joint application to the Department of Energy, _____

(REGIONAL OFFICE ADDRESS)

for an Article 3 Permit for the surface disturbance of approximately _____
acres in order to *

(SURFACE MINE) OR (CONSTRUCT A TIPPLE, PREPARATION PLANT, HAULROAD,

SHOP AREA, ETC.) OR (FACE-UP A DEEP MINE)

in the _____ seam of coal and for an Article 5A (State
(GEOLOGICAL TITLE)

Water Pollution Control Permit) WV/NPDES No. _____. The proposed
operation is to discharge into _____
(RECEIVING STREAM)

of _____, and is located _____ miles,
(MAJOR SUBBASIN) (DISTANCE)

_____ of _____, In _____
(DIRECTION) (NEAREST POST OFFICE)

District of _____ County, Longitude _____° _____' _____"
Latitude _____° _____' _____" (Coordinates from USGS Topographic Map).

Surface of the area to be disturbed is owned by:

(NAME)

(ADDRESS)

*and the mineral to be mined is owned by:

(NAME)

(ADDRESS)

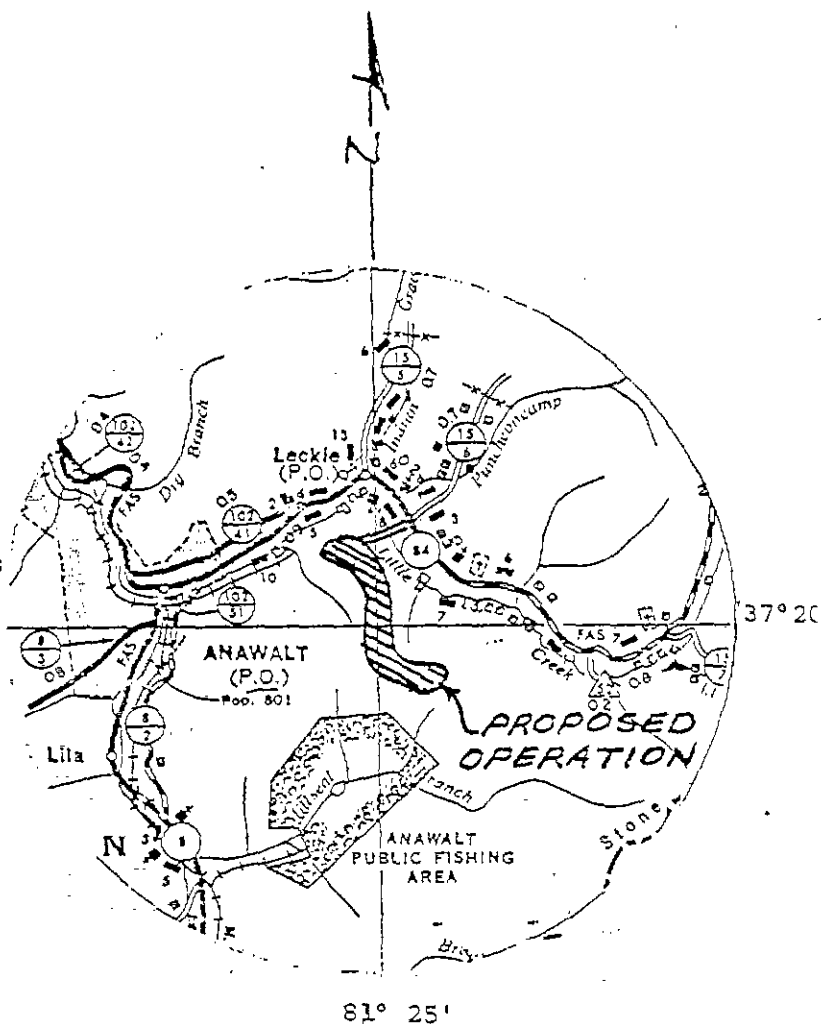
Comments on the Article 5A (WV/NPDES) application or requests for a public hearing regarding the WV/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Commissioner, Department of Energy at the above address. Comments received by _____, thirty (30) days from date of initial publication, will be considered. The NPDES application draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the Department of Energy Regional Office located at the address above. Written protest of the Article 3 permit application will be received by the Permit Supervisor, Department of Energy, at the address above until _____, or thirty (30) days from final date of publication. A copy of the application will be available until _____, or thirty (30) days from final date of publication, in the Department of Energy Regional Office located at the address above. Telephone No. _____
Application: File No. _____

*These items are to be completed only for operations involving mineral removal.

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. A map of this scale and detail will be the minimum standard for acceptance.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same with such lines crossing at or near the center of the proposed permit area.

The map in the newspaper shall have minimum dimensions of two inches by two inches; the north arrow shall be indicated and the boundaries of the proposed site shall be clearly defined.



INSTRUCTIONS

NOTE: This ad is for a single application for a Chapter 22A, Article 3 permit. Applications for an NPDES permit must use forms DMM-34 or 34-B.

Ad will be published once a week for four successive weeks with six full days between publication.

Initial Date of Publication _____
Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(APPLICANT NAME AND ADDRESS)

has submitted an application to the Department of Energy, _____

(REGIONAL OFFICE ADDRESS)

for an Article 3 Permit for the surface disturbance of approximately _____

acres in order to * _____
(SURFACE MINE) OR (CONSTRUCT A TIPPLE, PREPARATION PLANT, HAULROAD,

SHOP AREA, ETC.) OR (FACE-UP A DEEP MINE)

in the _____ seam of coal. The proposed
(GEOLOGICAL TITLE)

operation is to discharge into _____
(RECEIVING STREAM)

of _____, and is located _____ miles,
(MAJOR SUBBASIN) (DISTANCE)

_____ of _____, In _____
(DIRECTION) (NEAREST POST OFFICE)

District of _____ County, Longitude _____ ° _____ ' _____ "

Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Surface of the area to be disturbed is owned by:

(NAME)

(ADDRESS)

_____	_____
_____	_____
_____	_____

*and the mineral to be mined is owned by:

(NAME)

(ADDRESS)

_____	_____
_____	_____
_____	_____

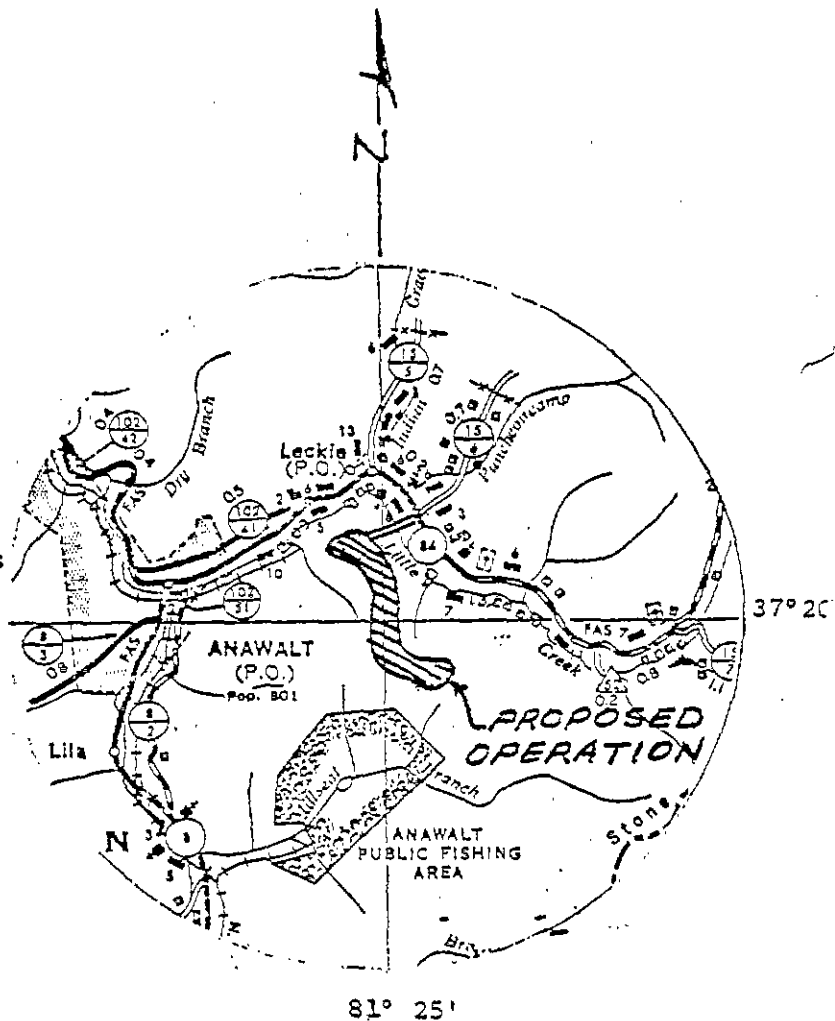
Written protest of the permit application will be received by the Permit Supervisor, Department of Energy, at the address above until _____, or thirty (30) days from final date of publication. A copy of the application will be available until _____, or thirty (30) days from final date of publication, in the Department of Energy Regional Office located at the address above. Telephone No. _____
Application: File No. _____

*These items are to be completed only for operations involving mineral removal.

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. A map of this scale and detail will be the minimum standard for acceptance.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same with such lines crossing at or near the center of the proposed permit area.

The map in the newspaper shall have minimum dimensions of two inches by two inches; the north arrow shall be indicated and the boundaries of the proposed site shall be clearly defined.



INSTRUCTIONS

NOTE: This ad is for a single application for an Article 5A (WV-NPDES) permit. Joint Reclamation/NPDES applications must use form DMM-34.

Ad will be published once in a qualified newspaper of general circulation in the location of the proposed permit area. Applicant shall fill in the date of publication prior to advertisement.

Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(APPLICANT NAME AND ADDRESS)

has submitted a WV/NPDES Application No. _____, for a WV/NPDES Permit to
the Department of Energy, _____
(REGIONAL OFFICE ADDRESS)

in order to _____
(SURFACE MINE) OR (CONSTRUCT A TIPPLE, PREPARATION PLANT, HAULROAD, SHOP AREA)
_____ * in the _____
(FACE-UP DEEP MINE) (GEOLOGICAL TITLE)

seam of coal. The proposed operation is to discharge into _____
(RECEIVING STREAM)

of _____, and is located _____ miles,
(MAJOR SUBBASIN) (DISTANCE)

_____ Of _____, In _____
(DIRECTION) (NEAREST POST OFFICE)

District of _____ County, Longitude _____ ° _____ ' _____ "
Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Comments on the Article 5A (WV/NPDES) application or requests for a public hearing regarding the WV/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Department of Energy at the above address. Comments received by _____, thirty (30) days from date of publication, will be considered. The NPDES application draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the Department of Energy Regional Office located at the address above.

A copy of the application will be available until _____, or thirty (30) days from final date of publication, in the Department of Energy Regional Office located at the above address.

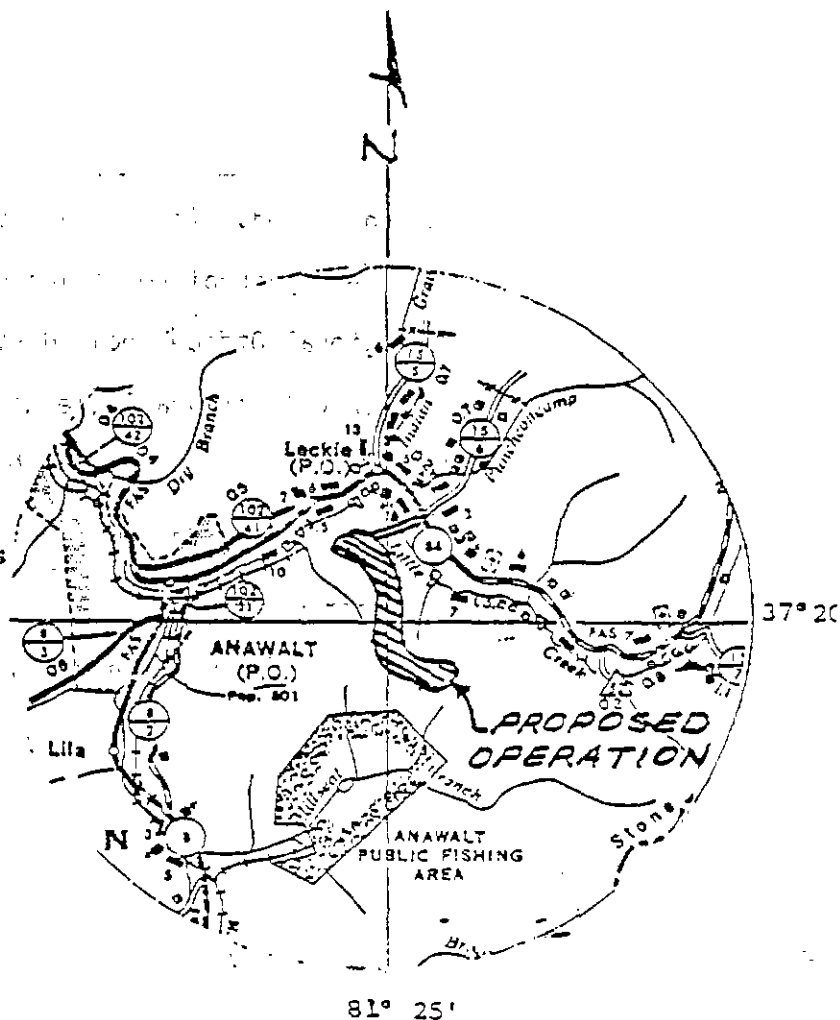
Telephone No. _____

Application: File No. WV/NPDES _____

This map is provided as a guideline only. The sample depicted is from the West Virginia Department of Highways General Highway County Maps. A map of this scale and detail will be the minimum standard for acceptance.

The longitudinal and latitudinal coordinates for the advertisement and the map must be the same with such lines crossing at or near the center of the proposed permit area.

The map in the newspaper shall have minimum dimensions of two inches by two inches; the north arrow shall be indicated and the boundaries of the proposed site shall be clearly defined.





White Copy - Charleston
Green - Inspector
Canary - Company
Pink - Field Office
Goldenrod - OSM

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
ABANDONED MINE LANDS PROGRAM
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500

ARCH A. MOORE, JR.
Governor

COMPLAINT INVESTIGATION

Type of Complaint:

Citizens Complaint _____
Citizens Request for Inspection _____ Date Received _____ 19__

Complaint Information

Name of Complainant* _____ Phone _____
 Address _____
 Name of Company Involved _____ Permit No. _____
 Location Complaint: County _____ Nearest P.O. _____
 Did Complainant notify company involved? _____ Yes _____ No _____
 Nature of complaint _____

Investigation Results

Date Investigated _____ 19____
 Has company involved been contacted? _____ Yes _____ No _____ Date _____ 19____
 Name of person representing company _____
 Has Complainant been contacted? _____ Yes _____ No _____ Date _____ 19____
 Complaint has been determined to be: _____ valid _____ not valid _____
 Enforcement action taken: _____ CO _____ NOV _____ NONE _____
 _____ OTHER _____ (Specify) _____
 If permit is active date of last inspection: _____
 Has area supervisor been advised of complaint? _____ Yes _____ No _____
 Investigation observations, comments and/or recommendations: _____

Investigator's Signature _____ Date 19

*If complainant requests anonymity, enter "withheld" and omit any identifying information

DR-36
Revised 7-85



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 Washington Street, East
Charleston, West Virginia 25311
Telephone: 348-3500
RELEASE ADVERTISEMENT

To Be published once a week for four
(4) consecutive weeks with a thirty
(30) day public comment period.

Notice is hereby given that _____ is
(Company Name)
applying for a _____ release on Permit Number _____
issued for _____ acres, on _____, 19____. The permit
(Date)
is located in _____ District of _____
County, _____ miles _____ of _____ on
(Direction) (Nearest Post Office)
_____ of _____ of
(primary receiving stream) (secondary receiving stream)
_____. _____ completed
(major drainage basin) (company name)
_____ on _____, 19____, and is
(type of reclamation) (date)
requesting release of _____% _____
(portion of bond to be released) (original bond amount)
reclamation performance bond.

Written protests will be received until _____ or thirty

(30) days from final date of publication by the Commissioner, Department of Energy,
1615 Washington Street, East, Charleston, West Virginia 25311.

WEST VIRGINIA
DEPARTMENT OF ENERGY
BLASTING LOG
GENERAL INFORMATION

1. Company Name _____ Permit # _____
2. Location of Blast _____ Date/Time _____
3. Nearest protected structure: _____
Direction & Distance (feet) _____
4. Weather Conditions: _____
5. Type(s) of material blasted: _____
6. Mats or other protection used: _____

BLAST INFORMATION

7. Type(s) of explosives used: Powder _____ Primers _____
8. Total weight of explosives used: Powder _____ + Primers _____ = _____ Lbs.
9. BlastHole Data: Number _____ Diameter _____ Depth _____
Burden _____ Spacing _____
10. Stemming Data: Type of material _____
Length _____
11. Types of Delays used, and Delay periods: _____
12. Maximum weight of explosives allowed per delay period (Show approximate Formula and Answer): _____
 $0-300 \text{ ft } W=(d/50)^2$ $300-5000 \text{ ft } W=(d/55)^2$ Over 5000 ft $W=(d/65)^2$
13. Maximum weight of explosives used per delay period: _____
14. Method of Firing, and type(s) of circuits: _____

NOTE: In (7) and (11), give brand names, as well as type.

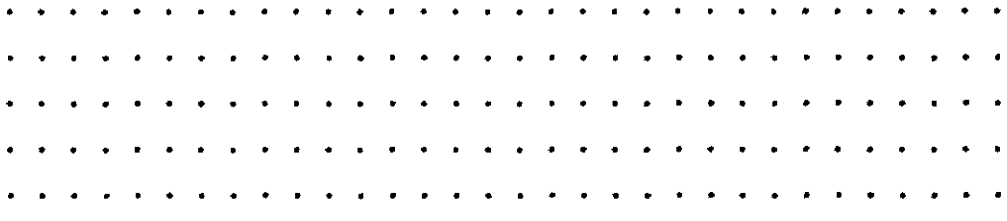
SEISMOGRAPH DATA

15. Date and Time of Recording _____
16. Type of Instrument _____
17. Sensitivity _____
18. Calibration signal or certificate of annual calibration: (ATTACH)
19. Name of person taking readings _____
20. Location of Seismograph (including distance from blast): _____

22. Name of person and firm analyzing readings: _____

SKETCH OF DELAY PATTERN

23.

A 15x15 grid of dots, intended for a dot plot. The grid is 15 columns wide and 15 rows high.

NOTE: Show Direction to Nearest Protected Structure on sketch.

COMMENTS

24. _____

NOTE: Include any special design features, such as decking. Include reasons and conditions for unscheduled blasts.

Name of Blaster-in-Charge (Print): _____

Signature of Blaster-in-Charge: _____

Certification number of Blaster-in-Charge

INSTRUCTIONS

NOTE: In accordance with Regulation 4C.03, Public Notice of Blasting Operations shall be at least ten (10) days, but not more than thirty (30) days, prior to any blasting operations. The operator shall publish in a newspaper of general circulation in the county of the proposed permit area.

Date of Publication: _____

ADVERTISEMENT

Notice is hereby given that _____
(APPLICANT NAME AND ADDRESS)

(TELEPHONE NUMBER)

intends to conduct blasting activities on _____,
(TYPE OF PERMIT)

Permit/Application No. _____ located _____
(SPECIFIC AREAS)

(NOTE: DO NOT USE COORDINATES)

All blasting shall be conducted in accordance with the following schedule of dates and times, unless emergency conditions dictate unscheduled detonation. Blasting will be conducted between _____ during
(TIMES)

_____, through _____.
(MONTH-DAY-YEAR BLASTING WILL BEGIN) (*MONTH-DAY-YEAR BLASTING WILL END)

Public access to the area prior to blasting will be controlled by _____

The pre-blast audible warning shall sound three (3) minutes prior to blast. A warning signal audible to a range of one-half (1/2) mile from blast site will be given -- three (3) short signals of five (5) seconds duration with five (5) seconds between each signal. The "All Clear" signal shall consist of one (1) long warning signal of twenty (20) seconds duration.

*NO BLASTING SHALL BE CONDUCTED ON SUNDAYS.

Permit #	Company Name	Type	SMA #	County	District	Acreage	Date Issued

Inspector I.D. _____ Report Year 19____

Date	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1												
2												
3												
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CODES: 6C = Complete Inspection
 6P = Partial Inspection
 7 = Grade Release
 8 = Planting Plan
 9 = Final Release
 13 = Certification
 24 = Report of Prosecution
 29 = Water Report
 CP = Civil Penalty

35(W) = Written Complaint Investigation
 35(O) = Oral Complaint Investigation
 W = Warrant
 N = Notice of Violation
 CO = Cessation Order
 16P = Partially Abated (DR-16)
 16T = Totally Abated (DR-16)
 BA = Blasting Ad
 WC = Wildcat Operation Cited

T1 = Active Operation
 T2 = Inactive Operation
 T3 = Oper. in Reclamation
 T4 = Aban. or Pend. Forf.
 T5 = Not Started
 T6 = Prosp/Not of Int (> 250 tons)
 T7 = Prosp/Not of Int (< 250 tons)

NOTE: Put violation numbers in parenthesis ().

COMMENTS MAY BE RECORDED ON BACK OF FORM

OSM REPORT DATA SHEET

INSPECTOR _____
(Office Code - Badge Number)

REPORT PERIOD _____

Assigned Permits	Interim			Perm Prog/ PPM			Nbr Complete Inspections	Nbr Partial Inspections
	srf	und	oth	srf	und	oth		
ACTIVE OPERATIONS								
INACTIVE OPERATIONS								
OPER. IN RECLAMATION								
ABAND. OR PEND. FORF.								
NOT STARTED								
PROSP. OR NOT. OF INT. MORE THAN 250 TONS								
LESS THAN 250 TONS								

ACTIONS TAKEN	ISSUED	MODIFIED	TERMINATED	VACATED
ENF. ACT. (DR-6)				
NOV's				
CO's				

Number of Warrants Obtained _____

Number of Wildcat Operations Cited _____

Number of Citizen Complaints investigated: Oral _____ Written _____

		NOV		FAILURE TO ABATE	CO IMMINENT HARM OR DANGER
		DR-6 ENFORC. ACT.	DR-15 NOT. OF VIOL.		
DISTANCE PROHIBITIONS	(1)				
EXCEEDING PERMIT LIMITS	(2)				
SIGNS AND MARKERS	(3)				
SEDIMENT CONTROL MEASURES	(4)				
DESIGN AND CERTIFICATION	(5)				
EFFLUENT LIMITS	(6)				
SURFACE WATER MONITORING	(7)				
GROUND WATER MONITORING	(8)				
BLASTING PROCEDURES	(9)				
HAULROAD DESIGN AND MAINT.	(10)				
REFUSE IMPOUNDMENTS	(11)				
TOPSOIL HANDLING	(12)				
BACKFILLING AND GRADING	(13)				
FOLLOWING RECLAMATION SCHED.	(14)				
REVEGETATION REQUIREMENTS	(15)				
DISPOSAL OF EXCESS SPOIL MAT	(16)				
HIGHWALL ELIMINATION	(17)				
DOWNSLOPE SPOIL DISPOSAL	(18)				
POSTMINING LAND USE	(19)				
CESSATION OF OPS: TEMPORARY	(20)				
ACID OR TOXIC PRODUCING MAT	(21)				
METHOD OF OPERATION	(22)				
OTHER	(23)				

DATE: _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

1. Applicant: _____ (NAME)

()
(OFFICE TELEPHONE)

2. Type of Operation: () Surface Mine () Underground
 () DMM-3 () DMM-3 - Greater Than 250 Tons
 () DMM-21 or DMM-21-A

- (COUNTY) (DISTRICT) (NEAREST P.O.)

(LONGITUDE) (LATITUDE) (QUADRANGLE)

- (PREPARED BY) _____ (DATE) _____

Yes No

_____ Nothing Known
 _____ Rare, Threatened, or Endangered Species (Plant or Animal)
 _____ Sensitive Habitat (wetlands, riparian areas, cliffs, migration
 _____ routes, special shelter or protection, reproduction areas, and
 _____ wintering areas).
 _____ High Quality Streams
 _____ Eagles, Migratory Birds, or Other Animals Requiring Special Protection
 _____ Stocked Game Areas

COMMENTS: _____

5. Please mail response to: West Virginia Department of Energy
Attention: Regional Biologist

DMM-47-B
1/87



SMA NO. _____

DATE: _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

RESOURCE INFORMATION INQUIRY REQUEST

1. Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

(OFFICE TELEPHONE)

2. Type of Operation: ☐ Surface Mine ☐ Underground
☐ DMM-3 ☐ DMM-3 - Greater Than 250 Tons
☐ DMM-21 or DMM-21-A

3. Location of Operation: (Map of proposed operation is attached)

(COUNTY) (DISTRICT) (NEAREST P.O.)

(LONGITUDE) (LATITUDE) (QUADRANGLE)

4. West Virginia Department of Natural Resources
Wildlife Heritage Data Base
Elkins Operation Center
Box 67 Ward Road
Elkins, West Virginia 26241

(PREPARED BY) (DATE)

Please note if any of the conditions below exist in the proximity of the proposed application. If so, give more detail in the comments section as to the type of habitat or species, the distance and direction from mine site, and a description. Your comments must be received within thirty (30) days after receipt of this form.

Yes. No

_____	_____	Nothing Known
_____	_____	Rare, Threatened, or Endangered Species (Plant or Animal)
_____	_____	Sensitive Habitat (wetlands, riparian areas, cliffs, migration routes, special shelter or protection, reproduction areas, and wintering areas).
_____	_____	High Quality Streams
_____	_____	Eagles, Migratory Birds or Other Animals Requiring Special Protection
_____	_____	Stocked Game Areas

COMMENTS: _____

5. Please mail response to: West Virginia Department of Energy
Attention: Regional Biologist

DMM-48
1/87



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

DEPARTMENT OF ENERGY - RESOURCE INFORMATION RESPONSE

Below is a listing of the resource information available on the proposed operation and adjacent areas along with the comments of the Regional Biologist. This information is required in accordance with the Surface Mining Rules and Regulations.

Habitat, Features, Species, Etc.	Distance and Direction From Mine Site	Description	Suggested Protective Measures

1. Have comments from U.S. Fish and Wildlife Service been received?

() Yes () No () Attached

2. Have comments from West Virginia Department of Natural Resources, Division of Wildlife, been received?

() Yes () No () Attached

3. Comments: _____

(DATE)

(REGIONAL BIOLOGIST)



PERMIT NO.: _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

DISTRICT INSPECTOR _____

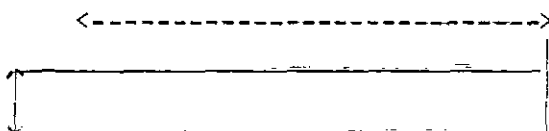
ORIGINAL PERMITTEE _____

APPLICATION FOR PERMIT TO SHOOT COAL THAT HAS NOT BEEN
UNDER CUT, MIDDLE CUT, TOP CUT, RIB OR CENTER SHEARED

1. Permit Applicant: _____
(NAME)
- _____
(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)
2. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)
3. Mine Name: _____ Classification: () Gassy () Non-Gassy
4. Type of Opening: () Drift () Slope () Shaft
5. Name and Thickness of Coal Seam: _____
6. Areas to be Covered by Permit: _____
(ENTRIES, ROOM, STUMPS)

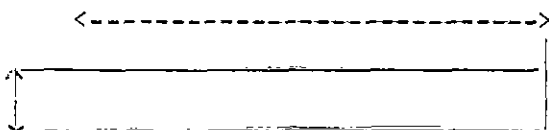
If breaker shots are used, give number to be fired simultaneously: _____ (Maximum 4)
and indicate the holes that are to be used for breaker shots on diagram below. All others
to be fired singularly.



ENTRIES

DEPTH OF HOLES _____

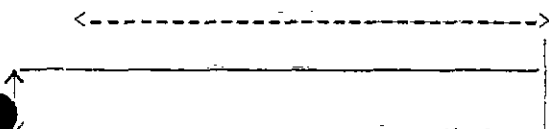
NUMBER OF HOLES _____



ROOMS

DEPTH OF HOLES _____

NUMBER OF HOLES _____



STUMPS

DEPTH OF HOLES _____

NUMBER OF HOLES _____

Show distance between holes and
distance from top and ribs.

(NAME AND TITLE OF MINE OFFICIAL)



PERMIT NO.: _____

DISTRICT INSPECTOR_____
ORIGINAL PERMITTEE

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

APPLICATION FOR PERMIT TO MULTIPLE SHOOT

1. Permit Applicant: _____
(NAME)
- (STREET OR POST OFFICE ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____
2. Location of the operation:

(COUNTY) _____ (DISTRICT) _____ (NEAREST POST OFFICE) _____
3. Mine Name: _____ Classification: () Gassy () Non-Gassy
4. Type of Opening: () Drift () Slope () Shaft
5. Name and Thickness of Coal Seam: _____
6. Areas to be Covered by Permit: _____
(ENTRIES, ROOMS)
7. Number of Holes to be Shot at One Time: _____

<----->

ENTRIES

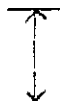


DEPTH OF HOLES _____

NUMBER OF HOLES _____

<----->

ROOMS



DEPTH OF HOLES _____

NUMBER OF HOLES _____

1. SHOW DISTANCE BETWEEN HOLES AND DISTANCE FROM TOP AND RIBS.
2. SHOW LOCATION OF CUT AND/OR SHEAR WITH A DOTTED LINE.

SAFETY DIRECTOR_____
NAME AND TITLE OF MINE OFFICIAL



PERMIT NO.: _____

DISTRICT INSPECTOR _____

ORIGINAL PERMITTEE _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

APPLICATION FOR PERMIT TO MULTIPLE SHOOT - IN ROCK ONLY

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

2. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

3. Mine Name: _____ Classification: () Gassy () Non-Gassy

4. Type of Opening: () Drift () Slope () Shaft

5. Name and Thickness of Coal Seam: _____

6. Areas to be Covered by Permit: _____
(ENTRIES, ROOM, STUMPS)

Rock to be Shot: () Top () Bottom () Overcast () Tunnel
() Fault () Wants () Room Holes

Number of Holes to be Shot at One Time: _____ Depth of Holes: _____

Kind of Explosives: _____ Kind of Detonators: _____

Maximum Charge - Each Hole: _____ Minimum Charge - Each Hole: _____

Total Pounds of Explosives to be Shot at One Time: _____

Capacity and Kind of Shooting Unit: _____

Maximum Pound of Rock Dust: _____

Linear Feet of Rock to be Shot: _____ () Intake Air () Return Air

Coal Producing Shift: _____

Idle Day or Non-Producing Shift: _____

NOTE: A sketch or diagram must be attached to this application showing blasting pattern.

SAFETY DIRECTOR _____

NAME AND TITLE OF MINE OFFICIAL _____

DMM-53

PERMIT NO.: _____



DISTRICT INSPECTOR

ORIGINAL PERMITTEE

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

APPLICATION FOR PERMIT TO STOP THE FAN WHILE THE MINE
IS IDLE AND NO MEN ARE IN THE MINE

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

2. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

3. Mine Name: _____ Classification: () Gassy () Non-Gassy

4. Name and Thickness of Coal Seam: _____

5. Number of Underground Employees: _____

6. Minimum time fan shall run prior to commencing pre-shift examination is _____
minutes.

NOTE: Two permissible flame safety lights must be available at the mine and the pre-shift examiner must test for methane or oxygen deficiency in all working places during his examination.

NAME AND TITLE OF MINE OFFICIAL

DMM-64



PERMIT NO.: _____

DISTRICT INSPECTOR

ORIGINAL PERMITTEE

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

APPLICATION FOR MODIFICATION PERMIT*

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

2. Location of the operation:

(COUNTY)

(DISTRICT)

(NEAREST POST OFFICE)

3. Mine Name: _____ Classification: () Gassy () Non-Gassy

4. Name and Thickness of Coal Seam: _____

I am requesting permission to * _____

NAME AND TITLE OF MINE OFFICIAL

DMM-55



PERMIT NO.: _____

DISTRICT INSPECTOR

ORIGINAL PERMITTEE

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

APPLICATION FOR COMMUNICATION WAIVER

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

2. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

3. Mine Name: _____

I hereby request a waiver from the Commissioner of the Department of Energy to permit the use of a Back-Up System of Communication in the event the primary communication system malfunctions.

Explain in detail the Back-Up Communication System and procedures that will be followed if such communication waiver request is approved: _____

NAME AND TITLE OF MINE OFFICIAL

DMM-56



PERMIT NO.: _____

DISTRICT INSPECTOR

ORIGINAL PERMITTEE

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

APPLICATION FOR GROUND MONITOR SYSTEM WAIVER - A.C. AND D.C.

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

2. Location of the operation:

(COUNTY) (DISTRICT) (NEAREST POST OFFICE)

3. Mine Name: _____

4. Name and Thickness of Coal Seam: _____

I am indicating by checking the blocks below the exact methods to be used at this mine which will enable us to achieve compliance with previously issued guidelines, January 3, 1979, (attached to this form) for Waiver of Ground Monitor System, in lieu of Chapter 22A, Article 2, Section 40(43).

II. _____ - Portable and Mobile Three-Phase Equipment

III. Stationary Three-Phase Equipment:

A (1) _____ A (2) _____ A (3) _____ A (4) _____

B (1) _____ B (2) _____ B (3) _____

IV. _____ - Portable, Mobile, and Stationary Single-Phase Equipment

V. _____ - Portable, Mobile, and Stationary D.C. Equipment

VI. _____ - Preparation Plants

NAME AND TITLE OF MINE OFFICIAL

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

GUIDELINES FOR GROUND MONITOR SYSTEM WAIVER - A.C. AND D.C.
In Lieu of Chapter 22A, Article 2, Section 40(43)

CHAPTER 22A, ARTICLE 2, SECTION 40(43) PROVIDES:

Except where waived by the director, metallic frames, casings, and other enclosures of electric equipment that can become alive through failure of insulation or by contact with energized parts shall be grounded, and on or before the first day of January, One Thousand Nine Hundred and Seventy-Eight, shall have a ground monitoring system.

The following guidelines shall govern waiver of the grounding and ground monitoring requirements by the director.

I. DEFINITIONS --

"Low-Resistance Ground Field" constructed of electrodes, buried metallic piping system, metal framework of a building, well or borehole casing, steel piling or other buried metallic materials having a total resistance to ground of not more than 5 ohms. Low-resistance grounding fields shall be measured at the time of installation and at least annually thereafter to insure that a sufficiently low-resistance to ground has been achieved and is being maintained. The results of such measurements shall be recorded and made available to an authorized representative of the Department of Energy.

"Ground-Fault Indicator" means a device to provide ground fault indication for an ungrounded circuit. Ground-fault indicators shall be adjusted to give a visual indication when the line-to-ground voltage on any power conductor decreases to less than 30 percent of the nominal system voltage for a circuit supplied power from a three phase system, or less than 50 percent of the nominal voltage for a circuit supplied power from a single phase system.

"Ground-Check Circuit" device to insure a safe dependable path for fault current which will cause the circuit breaker to open:

- (a) If a ground check conductor is used, when the ground check conductor is broken; or
- (b) If no ground check conductor is used, then the ground wire is broken at any point in the grounding circuit.

However, where low resistance parallel paths for fault current and monitoring current are present, then ground check circuit will be acceptable if it is designed to open the circuit breaker when the impedance of the grounding circuit increases beyond the amount necessary to cause a 40-volt drop in the grounding circuit external to the grounding resistor under fault conditions in low and medium voltage circuits or a 100 volt drop in the grounding circuit external to the grounding resistor under fault conditions in high voltage circuits.

II. PORTABLE AND MOBILE THREE PHASE EQUIPMENT --

All three phase circuits extending to low, medium, and high voltage portable and mobile equipment shall be provided with a ground check circuit for the grounding conductor pursuant to Chapter 22A, Article 2, Section 40, Subsections (61) and (73).

III. STATIONARY THREE PHASE EQUIPMENT --

All stationary three phase equipment shall comply with the provisions of Chapter 22A, Article 2, Section 40(43) unless a waiver is granted by the Director of the Department of Energy. A Waiver will be granted on a mine-by-mine basis upon application to the Director if one of the following methods is used:

A. UNGROUNDED SYSTEMS1. Low, Medium, and High Voltage Circuits

A grounding conductor one-half the size of the power conductors shall originate from a low resistance ground field at the power source. Such grounding conductor shall be connected to the metallic frames and enclosures of the power source and shall extend along with the power conductors as a grounding circuit for the metallic frames and other metallic enclosures of all stationary equipment receiving power from the system. The grounding conductor shall also be connected to a low resistance ground field(s) at the service equipment for buildings and other stationary installations. Such circuits shall be provided with a ground fault indicator located at a location monitored by a competent person, and a ground fault shall not be allowed to exist for more than 24 hours.

2. High Voltage Circuits

When earth is used as a grounding conductor for the metal frames and enclosures of stationary equipment, the interrupting time of the circuit breaker or fuses and the design of the ground grid shall be in accordance with the Institute of Electrical and Electronics Engineers (IEEE), No. 80-1972, "Guide for Safety in Alternating Current Substation Grounding." A professional engineer shall certify that the ground grids and circuit protection are installed in accordance with said standard.

3. High Voltage Circuits

Circuits being supplied power from an ungrounded system shall be protected by a circuit breaker equipped with a device to provide ground fault protection when one phase becomes grounded. The device shall cause the circuit breaker to trip when the line-to-ground voltage on any power conductor decreases to less than 30 percent of the nominal system voltage for a circuit supplied power from a three phase system. Low resistance ground fields shall be installed and maintained at the source transformers and service equipment installations. The ground fields shall have sufficiently low impedance to facilitate opening the circuit breaker under fault conditions. The grounding conductors, metal frames and enclosures of the source transformers and service and utilization equipment shall be connected to the respective ground field.

4. Low, Medium, and High Voltage Circuits

Systems shall be installed in accordance with the recommendations set forth in the National Electric Code which is in effect at the time of installation. Existing systems installed according to the "1968" dated National Electric Code may also be accepted. The Director of the Department of Energy shall have jurisdiction over enforcement of the Code and will have responsibility for making interpretations of its rule.

B. GROUNDING SYSTEMS1. Low, Medium, and High Voltage Circuits

Equipment receiving power from a grounded power system shall be protected by a circuit breaker equipped with devices to provide ground fault tripping for the circuit. Low resistance ground field shall be installed at the source transformers and each service

equipment installation. A grounding conductor shall originate from the ground field at the source transformers and serve as the grounding circuit for the metal frames and enclosures of all equipment receiving power from the circuit. The grounding conductor shall also be connected to a low resistance ground field at each service equipment installation.

2. Low, Medium, and High Voltage Circuits

Systems shall be installed in accordance with the recommendations set forth in the installation. Existing systems installed according to the "1968" dated National Electrical Code may be accepted. The Director of the Department of Energy shall have jurisdiction over enforcement of the Code and will have responsibility for making interpretations of its rules.

3. High Voltage Circuits

When earth is used as a grounding conductor for the metal frames and enclosures of stationary equipment, the interrupting time of the circuit breaker or fuses and the design of the ground grid shall be in accordance with the Institute of Electrical and Electronics Engineers (IEEE) No. 80-1971 "Guide for Safety in Alternating Current Substation Grounding". A professional engineer shall certify that the ground grids and circuit protection are installed in accordance with said standards.

IV. PORTABLE, MOBILE, AND STATIONARY SINGLE PHASE EQUIPMENT --

All portable, mobile, and stationary single phase equipment shall comply with the provisions of Chapter 22A, Article 2, Section 40(43), unless a waiver is granted by the Director of the Department of Energy. A Waiver will be granted upon application thereof which sets forth a positive program that will assure continuity of the grounding circuit. Criteria for acceptance shall be as follows:

1. Double Grounding (separate connections);
2. UL Approved Double Insulated;
3. GFCI (Ground Fault Circuit Interrupter);
4. Compliance with National Electrical Code in effect at time of installation; or
5. Any Other No Less Effective Approved Method.

V. PORTABLE, MOBILE, AND STATIONARY D.C. EQUIPMENT --

Temporary waivers will be granted for monitoring D.C. Ground Circuits upon request by a mine operator until effective systems for conducting such monitoring have been developed and are commercially available.

VI. PREPARATION PLANTS --

Where not already provided for above, in preparation plants, shops, and other metal structure installations, the metal frames and enclosures of electric equipment shall have two separate grounding connections to the grounding medium (Double-Grounded). In addition, where flexible conduit is used as part of the grounding circuit, shunts shall be installed to bridge the flexible conduit.

WEST VIRGINIA DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
1615 WASHINGTON STREET, EAST
CHARLESTON, WV 25311

Director: _____

I hereby request a change in the status of the following underground mine permit or surface mine permit pertinent to 22A-2-63b or 22A-2-77.

Company Name: _____

Mine Name or Number: _____ Permit No.: _____

Address: _____

Contact Person: _____

Title: _____ Phone Number: _____

Please state the reason you are requesting this status change:

Effective _____ this mine/permit will become: Inactive []; Active [].

Signature: _____ Title: _____ Date: _____

***** For Department of Energy Use Only *****

Approval is hereby: Granted []; Denied []. Date: _____

Reason for Denial: _____

Signature: _____ Title: _____ Date: _____



ORIGINAL PERMITTEE NAME _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

CERTIFICATE OF APPROVAL FOR MINE OPENINGS
(UNDERGROUND)

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Mine Name: _____ Phone No.: _____

County: _____ Location: _____

Type of Mine: _____ Type Opening: () Drift () Slope () Shaft
(COAL, CLAY, ETC.)

Name and Thickness of Coal Seam: _____

The undersigned operator has the right to conduct mining operations at the location herein described, upon the above named tract of land as follows: (Check appropriate designation and fill in appropriate blanks.)

() By having fee title to land and coal;

() By grant or lease of coal dated _____, and recorded in the office of the Clerk of the County Court of _____ County, in Book _____ Page _____;

() By contract with _____ Dated _____;

NAME AND TITLE OF MINE OFFICIAL _____

STATE OF WEST VIRGINIA - COUNTY OF _____

Taken, subscribed and sworn to before me this _____ day of _____, 19_____.

My Commission Expires _____

(NOTARY PUBLIC)

DISTRICT INSPECTOR _____

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

See Reverse Side

22A-2-1 --Each operator or superintendent of a mine (coal, clay, etc.) shall, before making any new or additional opening from the outside, submit to the Commissioner of the Department of Energy for his information and approval, a map and plan showing the proposed system of mining the coal bed, the proposed system of ventilation and equipment of the openings, and their locations and relative positions to adjacent developments.

--The attached plat or map was supervised by a competent engineer or land surveyor and shows the exact location of the opening to be made by the undersigned coal operator and the land in the county above named, determined by survey and courses and distances from three permanent points or landmarks. Surveying calculations and mapping of underground coal mines which were or are opened or reopened after July 1, 1969, shall be done by the rectangular coordinate traversing method and meridians carried through and tied between at least two parallel entries of each development panel and panels of workings adjacent to mine boundaries or abandoned workings. These surveys shall originate from at least three permanent survey monuments on the surface of the mine property. The monuments shall be clearly referenced and described in the operator's records. Elevations shall be tied to either the U. S. Geological Survey or the U. S. coast and geodetic survey bench mark system, be clearly referenced and described on such map.

22A-2-63--No mine to be opened or reopened without prior approval of the Commissioner of the Department of Energy; approval fee; extension of certification of approval; certificates not transferable; section to be printed on certificates. (Effective upon proclamation of governor.)

(a) After the effective date of this section, no mine shall be opened or reopened unless prior approval has been obtained from the Commissioner of the Department of Energy, which approval shall not be unreasonably withheld. The operator shall pay for such approval a fee of ten dollars, which payment shall be tendered with the operator's application for such approval: Provided, That mines producing coal solely for the operator's use shall be issued a permit without charge if coal production will be less than fifty tons a year.

(b) Within thirty days after the first day of January of each year, the operator of each mine holding a certificate evidencing approval of the commissioner to open a mine shall apply for the extension of such certificate of approval for an additional year. Such approval, evidenced by a certificate of the commissioner, shall be granted as a matter of right and without charge if, at the time such application is made, the operator is in compliance with the provisions of section seventy-seven of this article and has paid or otherwise appealed all coal mine assessments imposed under article one-a, chapter twenty-two-a of this code. Applications for extension of such certificates of approval not submitted within the time requires shall be processed as an application to open or reopen a mine and shall be accompanied by a fee of ten dollars.

(c) Certificates of approval issued pursuant to this section shall not be transferable.

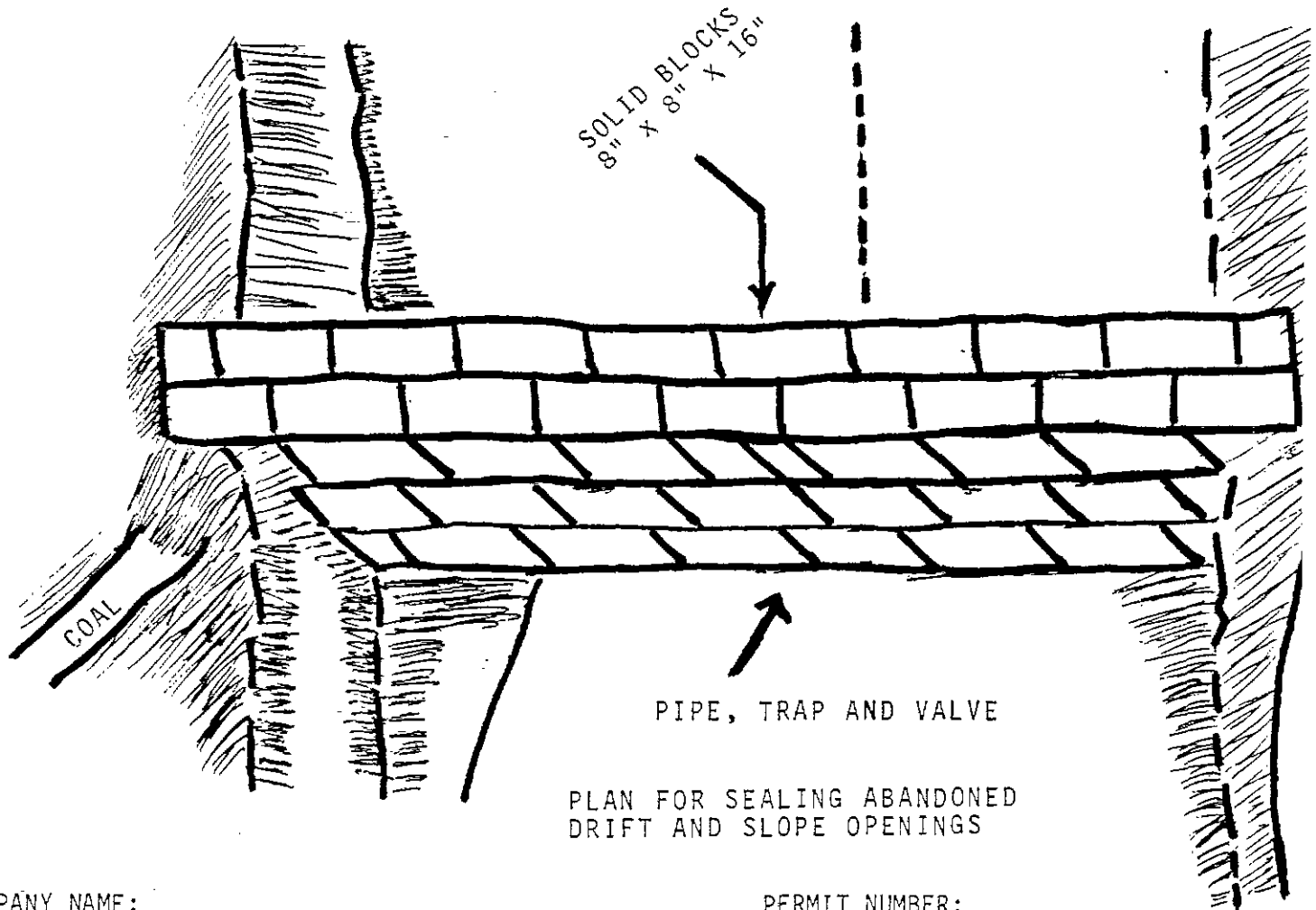
(d) The provisions of this section shall be printed on the reverse side of every certificate issued hereunder.

(e) The district mine inspector shall be contacted for a preinspection of the area proposed for underground mining prior to the issuance of any new opening approval.

NOTE: By proclamation of the Governor, this section became effective January 19, 1981.

THIS PAGE SHALL ACCOMPANY ALL "CERTIFICATES OF APPROVAL FOR MINE OPENINGS - UNDERGROUND"

1. Drift and slope openings shall be sealed with block and/or concrete of no less than sixteen (16) inches thick.
2. One (1) seal located on the lowest side of the mine opening shall be equipped with no less than two inch (2") pipe, trap, and valve.
3. The tail pipe and valve from the seal shall extend to a length that it remains accessible after reclamation.
4. Where conditions permit, seals shall be hitched without shooting no less than six inches (6") in the top, sides, and bottom.
5. Before the sealing of a mine begins, and at the completion of the sealing, the Division of Water Resources of the Department of Natural Resources, and the Department of Energy shall be notified.



COMPANY NAME: _____ PERMIT NUMBER: _____

MINE NAME: _____ COUNTY: _____

DATE APPROVED_____
COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

ARCH A. MOORE, JR.
Governor

A P P R O V A L
FOR CONTRACTOR AS PRODUCTION - OPERATOR ON MINE SITE
(U N D E R G R O U N D)

Name of Contractor: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____ Phone No.: _____

Give names and addresses of every officer, partner, resident agent, director or person performing a function similar to a director, together with the names and addresses of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant:

(NAME)

(TITLE)

(ADDRESS)

Name of Permit Holder: _____

Permit Number: _____ Date Issued: _____

NOTE: Approval contingent upon compliance with statutory requirements set forth in State Code Chapter 21, Article 5, Section 14 titled "Employers Bond for Wages and Benefits".

(PERMITTEE SIGNATURE)

(CONTRACTOR SIGNATURE)

(DATE)

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DOE USE ONLY

DISTRIBUTION:	Original - Charleston	Copy ---- Contractor
	Copy ----- Inspector	Copy ---- Permittee
	Copy ----- Regional	Copy ---- Dept. of Labor



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

*P E R M I T

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Name and Thickness of Coal Seam: _____

Permission is hereby granted to * _____

CONTINGENT UPON THE FOLLOWING CONDITIONS:

- The practice is to be performed strictly in accordance with Chapter 22A of the Code of West Virginia.
- The practice of LONGWALL AND/OR SHORTWALL MINING ONLY is to be performed in accordance with West Virginia Administrative Regulations, Chapter 22-4, Series 17 and 18.
- A copy of the permit shall be kept at the mine site.
- This permit is NON-TRANSFERABLE.

NOTE: The permit is void upon District Inspector's recommendation.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

ARCH A. MOORE, JR.
Governor

P E R M I T

FOR MULTIPLE SHOOTING - IN ROCK ONLY

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Name and Thickness of Coal Seam: _____

Permission is hereby granted to perform multiple shooting in rock, as follows:

☐ Top ☐ Bottom ☐ Overcast

☐ Boom Holes ☐ Faults, etc. ☐ Other _____

Number of Holes Per Round: _____

Detonators: ☐ Instantaneous ☐ Regular Delay ☐ Millisecond Delay

Area Covered: ☐ On Intake Airways ☐ On Return Airways ☐ INBY Open Entry or
Crosscut

NOTE:--This Permit is issued subject to the conditions and limitations on the reverse side.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED

LIMITATIONS ON PERMIT FOR MULTIPLE SHOOTING - IN ROCK ONLY
--FOR ALL PERMITS IN EXCESS OF 10 SHOTS PER BLAST--

1. In addition to the provisions listed below, strict compliance with all legal requirements of Chapter 22A, Article 2, Section 29, through Article 2, Section 35, shall be adhered to.
2. The immediate areas shall be freshly rock dusted a distance of 100 feet in all directions before blasting.
3. Shooting shall be done only by a specially trained certified shot firer trained in the use of a blasting galvanometer. Training will be done by a competent person from a powder company. The Department of Energy representative will be present to monitor the training.
4. During the charging and shooting operations, the care and operation of blasting unit shall be under the exclusive control of the designated certified shot firer. A record of all misfires shall be maintained in the designated pre-shift, on-shift, and daily report book, and kept at the mine office.
5. The primer cartridge shall be placed in the rear of the hole with the explosive end of the detonator facing the bulk of the charge. Care shall be taken to avoid air gaps or dust between cartridge.
6. The blasting cable shall not be less than #16 gauge insulated copper wire 250 feet in length. In blasting, the shot firer shall be around a corner out of the line of fire.
7. Only a certified shot firer or firers shall be involved in the actual firing and preparation of the shots. A certified mine foreman fire-boss shall be the supervisor during blasting operations.
8. Examinations following a multiple shot blast include an examination of the ventilation system in the vicinity that might be affected by the blast.
9. The area in which the shots are being fired shall be examined to assure that all potential power sources or conductors have been removed. A check for stray currents shall be continuously made with a ground monitor system designed especially for this purpose.
10. Methane examinations shall be made with a permissible flame safety lamp, and with an approved methane detector prior to and immediately following all shootings.
11. The roof and ribs shall be examined prior to and immediately following all shooting, during installation of roof bolts, and during loading operations.
12. Test for continuity shall be made prior to blasting with a blasting galvanometer. The time and date the blasting unit is taken into and brought out of the mine and where blasting will be done, shall be recorded in the designated fire-boss and on-shift record book.
13. A copy of this permit together with a copy of the application for same shall be kept and posted at the mine bulletin board. A copy of these limitations will be taken underground and posted near the blast area.
14. This permit is void upon District Inspector's recommendation.



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

ARCH A. MOORE, JR.
Governor

P E R M I T
TO STOP THE FAN

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____ Classification: () Gassy () Non-Gassy

Name and Thickness of Coal Seam: _____

Number of Underground Employees: _____

Permission is hereby given the above noted operation to stop the fan while the mine is idle, the underground power disconnected, and no men are inside. The fan shall be started and have been in continuous operation for a reasonable period of time established and appropriately noted on this permit by the District Inspector, prior to the beginning of the pre-shift examination. At least two workable permissible flame safety lights must be available for use.

Minimum time fan shall run prior to commencing pre-shift examination is _____ minutes.

A pre-shift examination shall be made as required by law and this examination must include proper tests for methane and black damp by a certified person.

CONDITIONS AND LIMITATIONS:

- A copy of this permit shall be posted at the mine.
- If this mine should become gassy after this permit is issued, the permit is NULL AND VOID and the fan must run continuously.
- This permit is Non-Transferable.
- This permit is void upon District Inspector's recommendation.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

ARCH A. MOORE, JR.
Governor

REQUIREMENTS
FOR INTENTIONAL FAN STOPPAGE

1. No person shall be permitted underground.
2. Should the fan remain inoperative in excess of 15 minutes, all underground power shall be de-energized in a timely manner. However, should the fan remain inoperative for an undetermined time, and the need arises to pump water, and a multiple fan system is used, permission may be granted on a mine to mine basis, to operate such pumps as may be necessary, after first notifying the Regional Office of the Department of Energy where additional requirements may be instituted.
3. Should the fan remain inoperative in excess of 15 minutes, when re-starting, it shall operate normally for 60 minutes before persons are permitted to enter the mine. However, if accurate and recent, (one day prior to stoppage) air analysis of the fan is taken and recorded, such fan will only be required to operate for a time period, where the air analysis will be the same as it was recorded prior to the stoppage.
4. Before any person is permitted to re-enter an underground coal mine after an intentionally fan stoppage in excess of 15 minutes, the underground mine shall be pre-shift examined as stated under 22A-2-20.
5. Notify your District Inspector of the Department of Energy Regional Office when intentionally stopping the fan, other than the regular maintenance schedule you have submitted.



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

ARCH A. MOORE, JR.
Governor

P E R M I T

FOR SOLID SHOOTING

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Permission is hereby granted to shoot coal that has not been under cut, middle cut, top cut, rib or center sheared.

CONTINGENT UPON STRICT COMPLIANCE WITH THE FOLLOWING

1. The working area shall be adequately rock dusted to within 40 feet of the face and including the last open crosscuts regardless of their proximity to the face.
2. No more than _____ breaker shots shall be fired simultaneously. The remaining holes must be fired singularly, unless a multiple shooting permit is obtained.
3. Shooting shall be done by a certified shot firer and the fact must be carefully examined before and after shooting.
4. A copy of this permit, together with a copy of the application for the same, shall be posted and kept at the mine.
5. This permit supersedes and voids all prior shooting permits issued to this mine.
6. Whenever permits are issued by the Department of Energy, frequent examinations shall be made by the Mine Inspector during the tenure of this permit to determine that the requirements and limitations of this permit are complied with.
7. Supervisors and employees handling explosives must be thoroughly acquainted with the requirements of Chapter 22A of the West Virginia Code, pertaining to explosives and blasting and shall be in compliance therewith.

NOTE: This permit shall become void upon the District Inspector's recommendation.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

ARCH A. MOORE, JR. TO USE PROPANE GAS IN MAKING PERMANENT CABLE SPLICES
Governor

P E R M I T

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Permission is hereby granted to use propane gas in making permanent cable splices underground.

CONTINGENT UPON STRICT COMPLIANCE WITH THE FOLLOWING

1. That Chapter 22A, Article 2, Section 46, where applicable, is fully complied with.
2. When splices are made in the face region, a certified mine foreman shall be present at all times. He shall examine for gas, fire, and other unsafe conditions while work is in progress.
3. Propane tanks shall not exceed twenty (20) pounds maximum. Tanks shall not be filled to exceed thirty-nine (39) pounds total weight.
4. If tanks are filled by the company, a scale shall be provided to weigh tanks to prevent overcharging before they are taken underground.
5. Propane tanks stored on the surface shall be in a well ventilated area away from heat. If stored in a building, at least one side of the building must be open.
6. A container shall be provided for safe holding of tanks in transportation. The container shall be at least four (4) inches higher than the top of the tank.
7. Propane tanks stored underground shall be in a well ventilated area away from heat, shall be located from roadways and power lines, and shall be protected from fall of roof and rib in a well rock-dusted location.
8. All propane tanks shall be properly identified.
9. The torch hose must have the approved underwriter's laboratory number.
10. Only trained, qualified men shall be permitted to use propane gas torch.
11. All propane tanks must be equipped with a welded collar to protect valve system.
12. Propane tanks must be in upright position while in use.

NOTE: This permit is void upon District Inspector's recommendation.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

ARCH A. MOORE, JR.
Governor

P E R M I T

FOR MULTIPLE SHOOTING - IN COAL ONLY

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Name and Thickness of Coal Seam: _____

Permission is hereby granted to perform multiple shooting in coal, not to exceed _____ shots at one time.

CONTINGENT UPON STRICT COMPLIANCE WITH THE FOLLOWING

1. The working area shall be adequately rock dusted to within 40 feet of the face and including the last open crosscuts regardless of their proximity to the face.
2. Multiple shooting shall be performed by a certified shot firer who has been examined and certified by the Department of Energy and designated by mine management. The face must be carefully examined before and after shooting and a careful check made to see that there are no misfired shots.
3. The section on which multiple shooting is being performed shall be under the direction of a certified person.
4. The power source shall be a permissible unit of sufficient capacity to assure that all charges are detonated.
5. A record shall be kept of all misfired detonators and explosives.
6. A copy of this permit together with a copy of the application for same shall be posted and kept at the mine.
7. This permit supersedes and voids all prior multiple shooting permits issued this mine.
8. Supervisors and employees handling explosives must be thoroughly acquainted with the requirements stated in Chapter 22A of the West Virginia Code pertaining to explosives and blasting and shall be in compliance therewith.

NOTE: This permit is void upon District Inspector's recommendation.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED

DMM-67



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

SMA NO.: _____
OR
PERMIT NO.: _____

ARCH A. MOORE, JR.
Governor

A P P R O V A L

TO CONDUCT SURFACE MINE OPERATIONS
WITHIN 500 FEET OF AN ACTIVE OR TOTALLY ABANDONED DEEP MINE

COMPANY NAME: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Name and Thickness of Coal Seam: _____

PERMISSION IS HEREBY GRANTED TO CONDUCT MINE ACTIVITY WITHIN 500 FEET OF UNDERGROUND MINE:

☐ ACTIVE

☐ TOTALLY ABANDONED

☐ BLASTING

☐ ENCROACHMENT

1. The mining operations shall be performed strictly in accordance with 22A-3-12(b)(13) of the West Virginia Code.
2. A copy of this Approval shall be posted at the mine.
3. This Approval is non-transferrable.

NOTE: This Approval is VOID upon District Inspector's recommendation.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
1615 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25311
TELEPHONE: 348-3500

A P P R O V A L
TO DISCHARGE INTO UNDERGROUND MINE

COMPANY NAME: _____

SURFACE MINE PERMIT NUMBER: _____ NPDES NO.: WV _____

Mailing Address: _____

Preparation Plant Name: _____

Location: _____ (COUNTY) _____ (NEAREST P.O.)

PERMISSION IS HEREBY GRANTED: _____

CONTINGENT UPON THE FOLLOWING CONDITIONS:

1. The practice is to be performed strictly in accordance with West Virginia Surface Mine Rules and Regulation, 6B.04(e).
2. A copy of this Approval shall be posted at the mine.
3. This Approval is non-transferrable.

NOTE: This Approval is VOID upon District Inspector's recommendation.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

W A I V E R

TELEPHONE SERVICE OR COMMUNICATION FACILITIES
22A-2-42(c)

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

This waiver is issued in accordance with Chapter 22A, Article 2, Section 42(c), Coal Mine Safety Laws of the State of West Virginia.

A WAIVER REQUEST IS GRANTED for connection to regular telephonic and other means of communication since communication in the community is unavailable. However, two-way communication facilities shall be provided at the mine surface portal to a base station for immediate arrangements to be made for ambulance service to promptly remove a person in case of injury to a health care facility.

--Two-way communication facilities on the surface shall be maintained in good operating condition at all times. In the event of any failure in the system that results in loss of communication, repairs shall be started immediately, and the system restored to operating condition.

--A copy of this waiver shall be posted and maintained on the mine bulletin board.

--This waiver is non-transferable and may be modified or terminated if an inspection or investigation reveals that the safety of persons in the mine is endangered.

--The waiver is void after _____

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

W A I V E R

USE OF AN AUTOMATED TEMPORARY ROOF SUPPORT SYSTEM

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Name and Thickness of Coal Seam: _____

Type of Roof Bolter: _____

This waiver is issued in accordance with West Virginia Administrative Regulations, Chapter 22-4, Series 21, Section 5.02(b).

--An investigation by an authorized representative of the Department of Energy revealed that the use of an automated temporary roof support system could create a condition which could cause a greater hazard to persons working inby the area where permanent supports have been installed, than the method presently being employed.

--Temporary roof supports shall be installed in accordance with the adopted approved roof control plan.

--This waiver is void after _____.

NOTE: This waiver is void upon recommendation of the Roof Control Inspector.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

W A I V E R

TELEPHONE SERVICE OR COMMUNICATION FACILITIES
"BACK-UP COMMUNICATION SYSTEM"
22A-2-42(c)

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

This waiver is issued in accordance with Chapter 22A, Article 2, Section 42(c), Coal Mine Safety Laws of the State of West Virginia.

A WAIVER REQUEST IS GRANTED to utilize the approved back-up communication system if a malfunction occurs in the primary communication system; PROVIDED, that repairs are started immediately and the primary communication system is restored to operating condition as soon as possible.

--If there is a malfunction in the primary communication system and the approved back-up communication system at the same time, the operator shall immediately remove all persons from the mine. Once the primary communication system or the back-up communication system is restored to operating condition, normal underground mining operations may resume.

--Any employee at such mine shall be permitted to examine the approved back-up communication system when being utilized, to the extent that such communication system is performing adequately.

--When a malfunction to the primary communication system occurs and the approved back-up communication system is put in service, the operator shall notify the Inspector-at-Large or District Mine Inspector within the division of such.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

W A I V E R
FOR GROUND MONITOR SYSTEM -- A.C.
22A-2-40(43)

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Name and Thickness of Coal Seam: _____

--This waiver is issued in accordance with Chapter 22A, Article 2, Section 40(43)--
Coal Mine Safety Laws of the State of West Virginia.

--This waiver request is approved to cover electrical equipment at preparation plants
and surface facilities where it is not feasible to monitor.

--All specific provisions indicated on the attached application form (within the
guidelines of January 3, 1979) submitted for such waiver, shall be complied with.

--A copy of this approved waiver shall be posted and maintained on the mine bulletin
board.

--This waiver is non-transferrable and may be modified or terminated if an inspection
or investigation reveals that the safety of persons in or around the mine is endangered.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS

W A I V E R
FOR GROUND MONITOR SYSTEM -- D.C.
22A-2-40(43)

COMPANY NAME: _____ PERMIT NUMBER: _____

Mailing Address: _____

Location: _____
(COUNTY) (DISTRICT) (NEAREST P.O.)

Mine Name: _____

Name and Thickness of Coal Seam: _____

--This waiver is issued in accordance with Chapter 22A, Article 2, Section 40(43)--
Coal Mine Safety Laws of the State of West Virginia.

--This waiver request is approved to cover underground electrical equipment.

--All specific provisions indicated on the attached application form (within the
guidelines of January 3, 1979) submitted for such waiver, shall be complied with.

--A copy of this approved waiver shall be posted and maintained on the mine bulletin
board.

--This waiver is non-transferrable and may be modified or terminated if an inspection
or investigation reveals that the safety of persons in or around the mine is endangered.

COMMISSIONER OR AUTHORIZED REPRESENTATIVE
DEPARTMENT OF ENERGY

DATE APPROVED



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

ARCH A. MOORE, JR.
Governor

GENERAL INFORMATION FORM

Permit No.: _____ MSHA ID No.: _____ NPDES No.: _____

Permitted Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contractor Name (If Applicable): _____

Mine or Facility Name: _____

County: _____ Location: _____ Acres: _____

Contact Person At This Mine Or Facility:

Name: _____

Title: _____ Phone: _____

Latitude: _____° _____' _____" Longitude _____° _____' _____" Quadrangle: _____

Seam Information:

1st Seam Name: _____ 1st Seam Size: _____

2nd Seam Name: _____ 2nd Seam Size: _____

3rd Seam Name: _____ 3rd Seam Size: _____

Geological Formation (Quarries): _____

Material Produced (Quarries): _____

Date Permit Issued: _____ Date of Permanent Program Status: _____

Working Status: _____

Mining Method/Mine Type: _____

Signature: _____

Date: _____

INSTRUCTIONS FOR COMPLETING GENERAL INFORMATION FORM

Permit No.

Enter your Department of Energy U, S, O, P, I, R, or Q identification number.

MSHA ID No.

Enter your Federal Mine Safety and Health Administration ID Number (Note: This number will be of the form 46-0xxxx.)

NPDES No.

Enter your state National Pollutant Discharge Elimination System number (Note: This number will be of the form WV00-xxxxx.)

Permitted Company

Enter the company name that appears as the permittee on your West Virginia Department of Energy Permit (DMM-2).

Street Address, City, State, Zip

Enter the mailing address of this mine site or facility.

Contractor Name

If a contract mining company is performing the mining activity on this permit, enter its name here.

Mine or Facility

Enter the mine or facility name of the area covered by this permit.

County

Enter the county in which the mine or facility is located.

Location

Enter a short descriptive location for this mine site or facility.

Acres

Enter the number of acres covered by this permit (Surface operations only).

Contact Person Information

Enter the name, title, and telephone number of the person you wish to serve as the contact person for this permit. Please provide the contact person's phone number at the mine site - not at home or office.

Specific Location

Enter the specific location information requested: Latitude, longitude, and USGS quadrangle name.

Seam Information

Enter the seam names and seam heights (in inches) for each seam being mined under this permit.

Geological Formation (Quarries Only)

Enter the name of the geological formation being mined (e.g., Greenbrier Limestone).

Material Produced (Quarries Only)

Enter the material being excavated (e.g., sandstone, limestone, sand and gravel, coal).

Date Issued

Enter the date this permit was issued.

Date of Permanent Program Approval

Enter the date the permanent reclamation program was approved for this permit.

Working Status

Enter the working status of this permit (i.e., active, temporarily inactive, finished production (surface operations only), or permanently closed).

Mining Method/Mine Type

For underground operations, enter the mining method employed at this mine site (i.e., shaft, slope, drift, or some combination of these three). For surface O permits, indicate the type of facility covered by your permit (i.e., haulroad, tipple, stockpile, landfill, storage area, preparation plant, refuse disposal area, or some combination of these categories). For all other surface permits, indicate the mining method employed at the mine site (i.e., surface, auger, mountaintop removal, contour, area, etc. or some combination of these categories).

Signature and Date

Upon completion of this report, please sign and date.



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

SMA NO. _____
NPDES NO. _____
ACRES _____

FIELD REVIEW SITE QUESTIONNAIRE - PART A

1. Permit Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

Contact Person: _____ Office Telephone: () _____

2. Type of Permit/Application to be reviewed for effect(s):

_____ DMM-4 - Surface Mine Application _____ DMM-4-IBR - Incidental Boundary Revision
_____ DMM-5 - NPDES Application _____ Significant Revision
_____ Other: _____ DMM-17 - Permit Renewal

3. Will any previously undisturbed area be disturbed by this operation? _____ Yes _____ No

4. Nature of Project - Operation, method, and/or facility:

_____ Area Mine	_____ Treatment Facility
_____ Contour Mine	_____ Preparation Plant
_____ Auger Mining	_____ Refuse Disposal Area
_____ Mountaintop Removal	_____ Load Out Area
_____ Deep/Underground Mine	_____ Tipple
_____ Topsoil Borrow Area	_____ Uphill Refuse Expansion
_____ Sewage Disposal System	_____ Additional Opening
Other _____	

5. Project Location: County: _____ Quadrangle: _____

Longitude: _____ ° _____ ' _____ " Latitude: _____ ° _____ ' _____ "

6. Maps (Attach Both):

_____ USGS 1:24,000 topographic quadrangle (legible partial photocopy with permit area outlined) NOTE: Copy of Blasting Map is sufficient if legible.

_____ 1":500' Proposal Map - Copy of Proposal Map with permit area outlined in red.

7. Present land use and acreage of proposed permit area:

<u>Acres</u>	<u>Land Use Category</u>	<u>Acres</u>	<u>Land Use Category</u>
_____	Urban, built-up, residential	_____	Reclaimed land
_____	Agricultural, range	_____	Other areas of significant distur-
_____	Forest	_____	bance (5' or more of topsoil,
_____	Bare exposed rock (natural)	_____	subsoil, or overburden removal, or
_____	Surface Mine	_____	removal to bedrock)
_____	Wetland	_____	OTHER: _____
		_____	---TOTAL PERMIT ACREAGE

8. Attach photographs of man-made features located on disturbed area which may be of historic significance. (All photographs must be keyed to the project map. Indicate places where photographer stood and direction the camera was aimed.)

9. The following features are located on the proposed permit area (Check those that are present):

- _____ Building, outbuildings, foundations, structures, cellar-holes.
_____ Petroglyphs (rock carvings), rock shelters or overhangs, cave entrances.
_____ Earthworks or Indian Mounds.
_____ Cemeteries or isolated graves.
_____ Features of historic mining operations
_____ Other man-made features. Please specify in comments.
_____ Areas of significant prior disturbance (when more than 20% of permit area).

10. Are there any known archaeological or historic sites within 1000' of the permit area?
_____ Yes _____ No If Yes, attach explanation.

11. Has this permit area been reviewed previously by the State Historic Preservation Office?
_____ Yes _____ No (Attach copy of SHPO comments)

If Yes, provide SMA No. or Permit No.: _____; and SHPO Log No.: _____

COMPLETE AND SEND TO: Department of Culture and History
Historic Preservation Unit
Capitol Complex
Charleston, West Virginia 25305

DATE OF FIELD PRE-INSPECTION

COMPLETED BY

RETURN PART B TO THE DEPARTMENT OF ENERGY AT THE FOLLOWING ADDRESS:

ATTENTION: _____

DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
FIELD REVIEW SITE QUESTIONNAIRE - PART B
(REVIEW OF PERMIT APPLICATION BY THE STATE HISTORIC PRESERVATION OFFICE)

Permit Applicant: _____

SMA No. _____ NPDES NO. _____ SHPO NO. _____

Acres _____ Region _____ Date of Field Pre-Inspection _____

The State Historic Preservation Office (SHPO) has reviewed this permit application for effects on cultural resources and has determined that:

1. _____ The review cannot be done until complete information is provided for items # _____ on Part A.

2. _____ No known properties* are within the proposed permit area.

3. _____ The permit application will have no effect on properties*.

4. _____ The permit application will have no known adverse effect on properties*.

* = Sites, structures, buildings, objects, and/or districts on or eligible for the National Register of Historic Places

5. _____ No further consideration or work with regard to cultural resources is required. (This permit application only)

6. _____ The SHPO's comments and recommendations are detailed in the letter attached.

7. _____ Archaeological remains (artifacts, deposits) have been reported from within the proposed permit area. (See survey request below and attached location map)
_____ Archaeological remains (artifacts, deposits) have been reported nearby the proposed permit area. (See attached description)
_____ Sites listed on or eligible for the National Register are located on or within 100' of the proposed permit area. (Appropriate maps and documentation enclosed)

_____ Other (See Letter) _____

Type of Survey Requested:

_____ Architectural Survey

_____ Archaeological Survey

_____ Surface inspection (_____ systematic _____ judgmental)

_____ Subsurface testing (_____ systematic _____ judgmental)

Areas requested to be surveyed:

_____ All of project area

_____ Part of permit area only (see attached map or description in SHPO Letter)

8. Signatures - State Historic Preservation Office (SHPO)

Reviewed by: Archaeologist _____

Historian _____

Architectural Historian _____



ACRES _____

STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY

FIELD REVIEW SITE QUESTIONNAIRE - PART A
(DMM-3 - NOTICE OF INTENT TO PROSPECT - GREATER THAN 250 TONS)

1. Applicant: _____
(NAME)

(STREET OR POST OFFICE ADDRESS) (CITY) (STATE) (ZIP CODE)

Contact Person: _____ Office Telephone: () _____

2. Will any previously undisturbed area be disturbed by this operation? _____ Yes _____ No

3. Project Location: County: _____ Quadrangle: _____

Longitude: _____ ° _____ ' _____ " Latitude: _____ ° _____ ' _____ "

4. Maps (Attach Both):

USGS 1:24,000 topographic quadrangle (legible partial photocopy with proposed area outlined) NOTE: Copy of Blasting Map is sufficient if legible.

1":500' Proposal Map - Copy of Proposal Map with proposed area outlined in red.

5. Present land use and acreage of proposed area:

Acres	Land Use Category	Acres	Land Use Category
_____	Urban, built-up, residential	_____	Reclaimed land
_____	Agricultural, range	_____	Other areas of significant distur-
_____	Forest	_____	bance (5' or more of topsoil,
_____	Bare exposed rock (natural)	_____	subsoil, or overburden removal, or
_____	Surface Mine	_____	removal to bedrock)
_____	Wetland	_____	OTHER: _____

-----TOTAL PROPOSED ACREAGE

6. Attach photographs of man-made features located on disturbed area which may be of historic significance. (All photographs must be keyed to the project map. Indicate places where photographer stood and direction the camera was aimed.)

7. The following features are located on the proposed area (Check those that are present):

- ☐ Building, outbuildings, foundations, structures, cellar-holes.
☐ Petroglyphs (rock carvings), rock shelters or overhangs, cave entrances.
☐ Earthworks or Indian Mounds.
☐ Cemeteries or isolated graves.
☐ Features of historic mining operations
☐ Other man-made features. Please specify in comments.
☐ Areas of significant prior disturbance (when more than 20% of permit area).

8. Are there any known archaeological or historic sites within 1000' of the proposed area?
☐ Yes ☐ No If Yes, attach explanation.

9. Has the proposed area been reviewed previously by the State Historic Preservation Office?
☐ Yes ☐ No (Attach copy of SHPO comments)

If Yes, provide Approval No.: _____; and/or SHPO Log No.: _____

COMPLETE AND SEND TO: Department of Culture and History
Historic Preservation Unit
Capitol Complex
Charleston, West Virginia 25305

DATE OF FIELD PRE-INSPECTION

COMPLETED BY

RETURN PART B TO THE DEPARTMENT OF ENERGY AT THE FOLLOWING ADDRESS:

ATTENTION:

DEPARTMENT OF ENERGY
DIVISION OF MINES AND MINERALS
FIELD REVIEW SITE QUESTIONNAIRE - PART B
(REVIEW OF PROSPECTING APPLICATION BY THE STATE HISTORIC PRESERVATION OFFICE)

Applicant: _____ SHPO NO. _____

Acres _____ Region _____ Date of Field Pre-Inspection _____

The State Historic Preservation Office (SHPO) has reviewed this proposed application for effects on cultural resources and has determined that:

1. _____ The review cannot be done until complete information is provided for items # _____ on Part A.

2. _____ No known properties* are within the proposed area.

3. _____ The proposed application will have no effect on properties*.

4. _____ The proposed application will have no known adverse effect on properties*.

* = Sites, structures, buildings, objects, and/or districts on or eligible for the National Register of Historic Places

5. _____ No further consideration or work with regard to cultural resources is required. (This application only)

6. _____ The SHPO's comments and recommendations are detailed in the letter attached.

7. _____ Archaeological remains (artifacts, deposits) have been reported from within the proposed area. (See survey request below and attached location map)
_____ Archaeological remains (artifacts, deposits) have been reported near the proposed area. (See attached description)
_____ Sites listed on or eligible for the National Register are located on or within 100' of the proposed area. (Appropriate maps and documentation enclosed)

_____ Other (See Letter) _____

Type of Survey Requested:

_____ Architectural Survey

_____ Archaeological Survey

_____ Surface inspection (_____ systematic _____ judgmental)

_____ Subsurface testing (_____ systematic _____ judgmental)

Areas requested to be surveyed:

_____ All of project area
_____ Part of proposed area only (see attached map or description in SHPO Letter)

8. Signatures - State Historic Preservation Office (SHPO)

Reviewed by: Archaeologist _____
Historian _____
Architectural Historian _____



STATE OF WEST VIRGINIA
DEPARTMENT OF ENERGY
1615 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25311

BOND NUMBER

PERMIT NUMBER

RECLAMATION SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

- (1) That we, _____
- (2) _____
- (3) As Principal, and _____
- (4) _____
a firm and/or corporation authorized to do business in the State of West Virginia, as
Surety, are held and firmly bound unto the State of West Virginia in the just and full
- (5) sum of _____ dollars (\$ _____) to the payment
whereof, well and truly to make, we bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents:
- (6) THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, WHEREAS, the above bound principal,
in pursuance of the provisions of Chapter 22A, Article 3, of the Code of West Virginia,
1931, as amended, are about to obtain from the State of West Virginia, a permit to
conduct "Prospecting", "Surface Mining" or "Other Mining Operations" upon _____ acres
of land situated in _____ District of _____ County, in the State of
West Virginia, at or near _____.

NOW, THEREFORE, if the said principal, in carrying on said "Prospecting", "Surface
Mining" or "Other Mining Operations" shall faithfully perform all of the requirements of
Chapter 22A, Article 3, of the Code of West Virginia, 1931, as amended, and all
requirements of all rules and regulations lawfully promulgated and adopted by the
Commissioner, Department of Energy, State of West Virginia, then this obligation shall
be considered void; otherwise to remain in full force and effect.

- (7) IN WITNESS WHEREOF the said principal has hereunder set his or its hand and affixed his
or its seal, and the said surety has caused its corporate name to be signed hereto and
its corporate seal to be hereunto affixed by its duly authorized officer or agent and
executed this instrument this _____ day of _____, 19____.

- (10) Principal _____ (Seal)
Corporate Seal _____ (Principal)

- (9) BY: _____ (Seal)
Title (Must be President or Vice-President)

- (13) Surety _____
Corporate Seal _____ (Surety)

- (12) By: _____

- (14) Countersigned: _____
(Resident West Virginia Agent)

(Acknowledgement by Principal if Individual or Partnership)

- (15) STATE OF _____
(16) County of _____, to wit: _____
(17) I, _____, a Notary Public in and for the
(18) county and state aforesaid, do hereby certify that
(19) whose name is signed to the foregoing writing, bearing date the _____ day of
(20) _____, 19____, has this day acknowledged the same before me in my said
county.
(21) Given under my hand this _____ day of _____, 19____.
(22) Notary Seal _____ (23) _____
Notary Public
(24) My commission expires on the _____ day of _____, 19____.

(Acknowledgement by Principal if Corporation)

- (25) STATE OF _____
(26) County of _____, to wit: _____
(27) I, _____, a Notary Public in and for the
(28) county and state aforesaid, do hereby certify that
(29) who, as _____, signed the foregoing writing for
(30) _____, a corporation, bearing date the _____ day of
(31) _____, 19____, has this day, in my said county, before me,
acknowledged the said writing to be the act and deed of the said corporation.
(32) Given under my hand this _____ day of _____, 19____.
(33) Notary Seal _____ (34) _____
Notary Public
(35) My commission expires on the _____ day of _____, 19____.

(Acknowledgement for Surety)

- (36) STATE OF _____
(37) County of _____, to wit: _____
(38) I, _____, a Notary Public in and for the
(39) county and state aforesaid, do hereby certify that
(40) who, as _____, signed the foregoing writing for
(41) _____, a corporation, bearing date the _____ day of
(42) _____, 19____, has this day, in my said county, before me,
acknowledged the said writing to be the act and deed of the said corporation.
(43) Given under my hand this _____ day of _____, 19____.
(44) Notary Seal _____ (45) _____
Notary Public
(46) My commission expires on the _____ day of _____, 19____.

Sufficiency in Form and Manner
of Execution Approved.

COMMISSIONER

Dated this _____ day of _____, 19____. BY _____

BOND PREPARATION INSTRUCTIONS

1. IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP:
 - a. Complete the bond, lines (1) through (14);
 - b. Have Notary complete the applicable section of acknowledgement titled, Acknowledgement by Principal if Individual or Partnership, on the back of the bond.
2. IF PRINCIPAL IS A CORPORATION:
 - a. Complete the bond, lines (1) through (14);
 - b. Have Notary complete the applicable section of acknowledgement titled, Acknowledgement by Principal if Corporation, on the back of the bond;
 - c. Affix corporate seal as requested on face of bond.
3. SURETY:
 - a. Complete applicable portion of bond;
 - b. Have Notary complete applicable section of acknowledgement titled, Acknowledgement by Surety, on the back of the bond;
 - c. Attach Power of Attorney to bond if surety signatory is an attorney in fact;
 - d. Affix raised Surety Seal to bond and to Power of Attorney.
4. LINE NUMBER INSTRUCTIONS:
 - (1-2) Enter name and address of Principal (Specify individual, partnership, or corporation) to be covered by bond.
 - (3-4) Enter name and address of Surety Company issuing bond.
 - (5) Enter amount of bond.
 - (6) Enter acres, district, county and nearest post office.
 - (7) Enter bearing date of bond (also known as the execution date of bond).
 - (8) Enter name of the Principal (individual, partnership, or corporation covered by bond).
 - (9) If principal is an individual, affix signature. If principal is a corporation, President or Vice-President must sign bond and underline the appropriate title. If bond is to be signed by one other than the President or Vice-President, affix copy of corporate resolutions showing authorization of individual to bind corporation.
 - (10) If principal is a corporation, be sure to affix corporate seal.
 - (11) Enter name of Surety.
 - (12) Affix signature and title of person having Power of Attorney to bind Surety.
 - (13) Affix corporate seal of Surety.
 - (14) If Surety's Agent is a non-resident, bond must be countersigned by a West Virginia resident agent.

ACKNOWLEDGEMENT PREPARATION INSTRUCTIONS

IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP, HAVE NOTARY COMPLETE LINES (15) THROUGH (24).

IF PRINCIPAL IS A CORPORATION, HAVE NOTARY COMPLETE LINES (25) THROUGH (35).

SURETY MUST HAVE NOTARY COMPLETE LINES (36) THROUGH (46).

4. Notaries must:

A. ACKNOWLEDGEMENT BY PRINCIPAL IF INDIVIDUAL OR PARTNERSHIP; OR,

- (15) Enter name of State.
- (16) Enter name of County.
- (17) Enter name of Notary Public witnessing transactions.
- (18) Enter name of principal covered by bond if individual or partnership.
- (19-20) Enter bearing date of bond (also known as execution date). Must be same date entered on line 7 of the bond.
- (21) Notary enters date bond was witnessed. May be same as bearing date or any date thereafter.
- (22) Affix Notary Seal. If notary is located outside the State of West Virginia, seal must be affixed.
- (23) Notary affixes his signature here.
- (24) Notary enters commission date.

B. ACKNOWLEDGEMENT BY PRINCIPAL IF CORPORATION; AND,

- (25) Enter name of State.
- (26) Enter name of County.
- (27) Enter name of Notary Public witnessing transactions.
- (28) Enter name of Corporate Officer signing bond. (Should be President or Vice-President).
- (29) Enter designate Title of Corporate Officer signing bond.
- (30-31) Enter bearing date of bond (also known as execution date). Must be same date entered on line 7 of bond.
- (32) Notary enters date bond was witnessed. May be same as bearing date or any date thereafter.
- (33) Affix Notary Seal. If notary is located outside the State of West Virginia, seal must be affixed.
- (34) Notary affixes his signature here.
- (35) Notary enters commission date.

C. ACKNOWLEDGEMENT BY SURETY

- (36) Enter name of State.
- (37) Enter name of County.
- (38) Enter name of Notary Public witnessing transactions.
- (39) Enter name of person having power of attorney to bind Surety Company.
- (40) Designate title of person binding Surety Company.
- (41) Enter name of Insurance Company (Surety).
- (41-42) Enter bearing date of bond (also known as execution date). Must be same date entered on line 7 of the bond.
- (43) Notary enters date bond was witnessed. May be same as bearing date or any date thereafter.
- (44) Affix Notary Seal. If notary is located outside the State of West Virginia, seal must be affixed.
- (45) Notary affixes his signature here.
- (46) Notary enters commission date.

POWER OF ATTORNEY INSTRUCTIONS

Power of Attorney for Surety must be attached and it must show that it was in full force and effect on bearing date (execution) indicated on the face of the bond, also the corporate seal must be affixed to the Power of Attorney.

- a. Name of attorney in fact must be listed (if attorney is a non-resident, bond must be countersigned by West Virginia resident agent).
- b. Power of Attorney may not exceed imposed limitations.
- c. Certificate date, preferably the bearing date of bond, but no later than bearing date, must be entered.
- d. Signature of authorizing official must be affixed. (Signature may be facsimile).
- e. Raised seal must be affixed.