

103(k) Orders

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data		3. Citation/Order Number	
1. Date Mo Da Yr 08/22/2005	2. Time (24 Hr. Clock) 0550	7149366	
4. Served To BRAD PHIPPS		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE		7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>	

A roof fall has occurred in the number 1 entry of the 2-left working section, 003 mmu. Only the persons selected by the company, state officials, representative of the miners, and MSHA personnel may enter the effective area.

This order is issued to assure the safety of the miners

The company may add additional roof support at all approaches to the roof fall.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				D. Number of Persons Affected:
	C. Significant and Substantial: Yes <input type="checkbox"/> No <input type="checkbox"/>				
11. Negligence (check one)	A. None <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
103(k)		13. Type of Issuance (check one)		Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/>	
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	F. Dated

15. Area or Equipment All areas in-by the 2-left section dumping point.

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E08	20. Event Number	4077387	21. Primary or Mill		23. AR Number	[6]
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MSHA Form 7 established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

ME 9/07

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action To: Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/22/2005	3. Citation/ Order Number 7149366 - 01
4. Served To BRAD PHILIPS	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

An investigation of the area has been conducted. The company has submitted a change to the roof control plan. The order is terminated.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E08	10. Event Number 4077387	
11. Signature [Signature]	12. Date Mo Da Yr 08/22/2005	13. Time (4 Hr. Clock) 1550

MC
9/07



Section I--Violation Data

1. Date Mo Da Yr 08/11/2005	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7149365
4. Served To Ty Coleman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The mine has experience a serious accident during mining operations in the 3 to 2 cross -cut of the 2 left, 003 MMU section. A rock measuring 36 inches by 26 inches and 10 inches thick fell from the right rib to the roof bolt striking the miner operation on the head and back; this order is issued to assure the safety of any persons on the 2 left section. Only those persons selected from company officials, state officials, miners' representative and other persons who are deemed by MSHA to have information relevant to the investigation may enter or remain in the effected area.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected:

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 103(k) 13. Type of issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment All entries inby the loading point on the 2 left section.

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

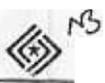
19. Type of Inspection (activity code) 20. Event Number 4077386 21. Primary or Mill
23. AR Number 6

MSHA Form 7000-3, Mar 85 (revised) In accordance with the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

mc
8/19

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) 08/11/2005	3. Citation/Order Number 7149365 - 01
4. Served To Ty Coleman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Change	From	To
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8. Condition Or Practice

Reason The operator may roof bolt, do examinations, and move equipment to facilitate roof bolting.

An investigation of the accident has been conducted and it has been determined that a change in the roof control plan is needed to resume normal activities.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E06	10. Event Number 4077386	
11. AR Number 6 1167	12. Date Mo Da Yr 08/11/2005	13. Time (24 Hr. Clock) 1600

ME 8/19

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

Subsequent Action To: Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>		2. Dated (Original Issue)	Mo Da Yr	3. Citation/ Order Number	7149365-02
		08/11/2005			
4. Served To Ty Coleman			5. Operator ANKER WEST VIRGINIA MINING COMPANY		
6. Mine SAGO MINE			7. Mine ID 46-08791		(Contractor)

The company has submitted changes to the roof control plan. The order is terminated.

See Continuation Form

Section IV--Inspection Data

10. Event Number		4077386			
11. Signature	6] [6]	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)	
		08/12/2005		1000	

me
8/19

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I - Violation Data

1. Date Mo Da Yr 01/02/2006	2. Time (24 Hr. Clock) 0830	3. Citation/ Order Number 7098692
4. Served To Al Schonover	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	

(Contractor)

Ba. Written Notice (103g)

AN ALLEGED EXPLOSION OCCURRED IN-BY THE 1 LEFT SECTION AT APPROXIMATELY 06:30 A. M. , 01-02-2005. THERE ARE CURRENTLY 13 WORKMEN UNACCOUNTED FOR. THIS ORDER IS ISSUED TO INSURE THE SAFETY OF ALL PERSONS AT THIS OPERATION. ONLY THOSE PERSONS DEEMED NECESSARY BY MSHA, FROM WV HEALTH AND SAFETY, MINERS REPRESENTATIVE AND COMPANY REPRESENTATIVES, MAY ENTER OR LEAVE THE AFFECTED AREA.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
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Section II - Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected:

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 103(k)

13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated

15. Area or Equipment THE ENTIRE MINE AND SURFACE AREA

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III - Termination Action

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV - Automated System Data

19. Type of Inspection (activity code) E07	20. File Number 4054769	21. Primary of Mill
		23. AR Number 6

MSHA is committed to the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20415. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration



Section I—Subsequent Action/Continuation Date

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 01/02/2006	3. Citation/ Order Number 7098692 - 01
4. Mine SAGO MINE	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	7. Mine ID 46-08791 (Contractor)

Change	From	To
1. Issue Date	01/02/2006	

Reason

8. Condition Or Practice

Reason THE MODIFICATION OF THIS ORDER REFLECTS THAT THE WORK CONDUCTED UNDERGROUND IS NO LONGER RESCUE. THEREFORE ANY PLANS SUBMITTED AND APPROVED DURING RESCUE ACTIVITY, WITH THE EXCEPTION OF PLAN NUMBER NINE, ARE NO LONGER NECESSARY AND ARE HEREBY NULLIFIED AND VOIDED. IN THE EVENT OF A POWER INTERRUPTION OR ANY CRITICAL MAINTENANCE NEEDED TO INSURE THE OPERATION OF NO. 2 DEWATERING PUMP, THE AFFECTED AREA IS FURTHER MODIFIED TO ALLOW THE MINE OPERATOR TO MAINTAIN THIS PUMP WITH THE PRESENCE OF AN MSHA REPRESENTATIVE.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection E07	10. Event Number 4054769	12. Date Mo Da Yr 01/05/2006	13. Time (24 Hr. Clock) 1205
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11. Signature

[6 116]

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Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 01/02/2006	Mo Da Yr	3. Citation/ Order Number 7098692 - 02
4. Served To TYRONE COLEMAN		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Change	From	To
8. Condition Or Practice		
Reason CHANGE DATE 01-02-2005 TO DATE 01-02-2006		

See Continuation Form

Section III—Subsequent Action Taken

B. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection E07	10. Event Number 4054769
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11. Signature [6]	12. Date Mo Da Yr 01/06/2006	13. Time (24 Hr. Clock) 0915
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up 1/10