

0018



State of Utah
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL, GAS AND MINING

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April 18, 2000

Incoming
Copy NOV file

To: Internal File

Thru: Pamela Grubaugh-Littig, Permit Supervisor, Assessment Officer

From: Peter Hess, Reclamation Specialist III *PH*

RE: Notice of Violation N2000-46-1-2, 1 of 2, "Failure to Maintain Diversions," Lodestar Energy, Inc., White Oak Mines #1 and #2, ACT/007/001

Information Relative to Assessment Points

Notice of Violation N2000-46-1-2, 1 of 2 was issued on April 12, 2000 to the permittee based on evidence collected during the partial inspection of the site on April 11, 2000.

On April 17, 2000, the permittee informed the UDNR/OGM inspector in the PFO that the culvert had been repaired and could now function as designed. This was the first step of the remedial action required by the Notice of Violation; same was completed five days following issuance of the violation. This was verified by this individual on April 18, 2000.

During the April 18, 2000 inspection, the permittee showed the inspector the proposed remedial action to mitigate the erosion gullies associated with violation 1 of 2. Same was instructed to submit the proposal as an amendment, with proper C-1 and C-2 forms.

It is obvious that the permittee is anxious to correct the compliance situation. It is recommended that this attitude be reflected in the determination of good faith points (point reduction) for the evaluation of the assessment.

sd
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Post-It® Fax Note	7671	Date	4/19/2000	# of pages	1
To	Pam Grubaugh	From	Pete Hess		
Co./Dept.	Littig	Co.			
Phone #	SLO-UDNR/perm	Phone #			
Fax #		Fax #			

Apr 19 '00 8:44 P. 01/01
 FOSTER FAX NOTE /b/1
 To: Pam Grunough From: Pete Hess
 Co./Dept: Litig. Co.: PFO-UDNR/
 Phone #: SLO-UDNR/ Phone #: OGM
 Fax #: OGM Fax #:

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

Section A - Identification Data

MSHA ID Number 42-1230 Contractor I.D. Report Category
 Metal/Nonmetal Mining

Mine Name WHITE OAK #2 Company Name LOCESTAR ENERGY, INC.

Section B - Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code - see instructions)
 01 - Death 02 - Serious Injury 03 - Entrapment
 04 - Inundation 05 - Gas or Dust Ignition 06 - Mine Fire 07 - Explosives 08 - Roof Fall

2. Name of Investigator WALTERS 3. Date Investigation Started 8/24/99 4. Steps Taken to Prevent Recurrence of Accident DANGERED AREA

Section C - Complete for Each Reportable Accident, Injury or Illness

5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions)
 (a) Surface Location: 02 Surface at Underground Mine 30 Mill, Preparation Plant, etc. 03 Strip/Open Pit Mine 04 Surface Auger Operation
 05-Culm Bank/Refuse Pile 06 Dredge Mining 12 Other Surface Mining 17 Independent Shops (with own MSHA ID) 99 Office Facilities
 (b) Underground Location: 01 Vertical Shaft 02 Slope/Inclined Shaft 03 Face 04 Intersection 05 Underground Shop/Office 06 Other
 (c) Underground Mining Method: 01 Longwall 02 Shortwall 03 Conventional Stopping 05 Continuous Miner 06 Hand 07 Caving 08 Other

6. Date of Accident 08/23/99 7. Time of Accident 3:00 8. Time Shift Started 7:00 am

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
 FROM SURFACE FLOWING INTO #1 ENTRY THROUGH CRACK IN SURFACE. SMALL SURFACE CRACK (10' X 5' X 3' DEEP) LOCATED ON SURFACE. LOCATION IS ABOUT 150' IN BY PORTAL. DID NOT OBSTRUCT ACCESS OR RESTRICT VENTILATION AREA IS NOT NORMALLY TRAVELED

10. Equipment Involved NONE

11. Name of Witness to Accident/Injury/Illness LARA KUNIG - DISCLOSED 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence NONE

13. Name of Injured/Ill Employee N/A 14. Sex Male 15. Date of Birth

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title 18. Check if this injury/illness resulted in death. 19. Check if injury/illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle applicable code - see instructions) 24. Occupational Skin Diseases 25. Disorders (physical agents) 26. Disorders (repeated trauma) 29. Other

24. Employee's Work Activity When Injury or Illness Occurred	Experience		Years	Weeks
	25. Experience in This Job Title	26. Experience at This Mine		
N/A				
	27. Total Mining Experience			

Section D - Return to Duty Information

28. Permanently Transferred or Terminated (if checked, complete items 29, 30 & 31) N/A 29. Date Returned to Regular Job at Full Capacity (for item 28) 30. Number of Days Away from Work (if none, enter 0) 31. Number of Days Restricted Work Activity (if none, enter 0)

Preparing Form (Name) JOHN WALTERS Title LOSS PREVENTION CO-ORDINATOR
 Date This Report Prepared (month, day, year) 8-30-99 Area Code and Phone Number 970

For Official Use Only
 Degree
 Accident Type
 Accident Class
 Scheduled Charge
 Keyword