

0009

Document Information Form

Mine Number: C/007/018

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: March 24, 1994

Explanation:

Certificate of Insurance

cc:

File in: C/007, 018, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

007/2.8 #4

ACORD. CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY)
 3/09/94

PRODUCER
FLAT TOP INSURANCE AGENCY
320 FEDERAL STREET
P. O. BOX 1439
BLUEFIELD, WV 24701
304-327-3421

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	Fidelity & Casualty Co. of NY
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED
The Coastal Corporation, Etal.
c/o Energy Insurance Int'l.
P.O. Box 36429
Houston TX 77236-6429

COVERAGES
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MCD001870	3/16/94	3/16/95	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 2000000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 2000000
	<input checked="" type="checkbox"/> XCU				FIRE DAMAGE (Any one fire) \$ 100000
	<input checked="" type="checkbox"/> Blasting				MED. EXPENSE (Any one person) \$ 10000
	AUTOMOBILE LIABILITY				
<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$			
<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident) \$			
<input type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE \$			
<input type="checkbox"/> HIRED AUTOS		EACH OCCURRENCE \$			
<input type="checkbox"/> NON-OWNED AUTOS		AGGREGATE \$			
<input type="checkbox"/> GARAGE LIABILITY		STATUTORY LIMITS			
EXCESS LIABILITY			EACH ACCIDENT \$		
<input type="checkbox"/> UMBRELLA FORM			DISEASE-POLICY LIMIT \$		
<input type="checkbox"/> OTHER THAN UMBRELLA FORM			DISEASE-EACH EMPLOYEE \$		
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY					
OTHER					
A	Pollution	MCP001871	3/16/94		

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No 0009 Date 3-24-94
 In C/ 007, 018, Incoming
 For additional information

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Soldier Creek Coal Company is included as a Named Insured referenced policies as respects permits ACT/007/034 ar

CERTIFICATE HOLDER
 State of Utah
 Division of Oil, Gas & Mining
 3 Triad Center, Suite 350
 Salt Lake City, UT 84108-1203

CANCELLATION
 SHOULD ANY OF THE ABOVE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL SEND BY REGISTERED MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
FLAT TOP INSURANCE AGENCY
 PER Audrey O'Meara 090250000
 © ACORD CORPORATION 1990

007/08 #4

ENDORSEMENT CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 3/09/94

PRODUCER
 FLAT TOP INSURANCE AGENCY
 320 FEDERAL STREET
 P. O. BOX 1439
 BLUEFIELD, WV 24701
 304-327-3421

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	Fidelity & Casualty Co. of NY
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED
 The Coastal Corporation, Etal.
 c/o Energy Insurance Int'l.
 P. O. Box 36429
 Houston TX 77236-6429

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MCD001870	3/16/94	3/16/95	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 2000000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 2000000
	<input checked="" type="checkbox"/> XCU				FIRE DAMAGE (Any one fire) \$ 100000
	<input checked="" type="checkbox"/> Blasting				MED. EXPENSE (Any one person) \$ 10000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE \$
	<input type="checkbox"/> NON-OWNED AUTOS				AGGREGATE \$
	<input type="checkbox"/> GARAGE LIABILITY				STATUTORY LIMITS
	EXCESS LIABILITY				EACH ACCIDENT \$
	<input type="checkbox"/> UMBRELLA FORM				DISEASE-POLICY LIMIT \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				DISEASE-EACH EMPLOYEE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
A	OTHER Pollution	MCP001871	3/16/94	3/16/95	\$500,000 Aggregate \$500,000 Ea. Inc. \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Soldier Creek Coal Company is included as a Named Insured as respects the referenced policies as respects permits ACT/007/034 and ACT/007/016

CERTIFICATE HOLDER
 State of Utah
 Division of Oil, Gas & Mining
 3 Trisd Center, Suite 350
 Salt Lake City, UT 84108-1203

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~SEND BY REGISTERED MAIL~~ MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
FLAT TOP INSURANCE AGENCY 090250000
 PER *Sidney D. Nash*
 © ACCORD CORPORATION 1990

THE COASTAL CORPORATION**NAMED INSUREDS**

- A. ANR Coal Company
ANR Western Coal Development Company
Birmingham Coal Company
Brooks Run Coal Company
Cat Run Coal Company
Coastal Coal Sales, Inc. (formerly Coastal Coal International, Inc.)
Cravat Coal Export Co., Inc.
Enterprise Coal Company (formerly Apache Mining Co.)
Greenbrier Coal Co.
Kingwood Coal Company
Sage Point Coal Company
Skyline Coal Company
Soldier Creek Coal Company
Southern Utah Fuel Company
Unique Mining Systems, Inc.
Utah Fuel Company
Virginia City Coal Company
Virginia Iron, Coal and Coke Company

and/or subsidiary, associated and affiliated companies or owned or controlled companies as were or are now or may hereinafter constituted, and

- B. The Coastal Corporation, Coastal Natural Gas Company, Coastal States Energy Company and American Natural Resources Company but only in their capacity as parent and/or holding company to those entities scheduled in (A) above and, only as respects liabilities arising out of operations carried out by or for those entities scheduled in (A) above.

For the purpose of receiving and giving notice and payment or return of premium The Coastal Corporation shall be deemed the only named insured and shall act as the agent of any and all other named insureds.

Prepared by:

Flat Top Insurance Agency
P. O. Box 1439
Bluefield, WV 24701

3-16-94

EVENT VIOLATIONS INSPECTORS STATEMENT

Company/Mine Soldier Creek Coal Co./Soldier Creek Mine NOV/CO # 94-38-1-1
Permit # ACT/007/018 Violation # 1 of 1

A. SERIOUSNESS

1. What type of event is applicable to the regulation cited? Refer to the DOGM reference list of events below and remember that the event is not the same as the violation. Circle and explain each event.

- a. Activity outside the approved permit area.
- b. Injury to the public (public safety).
- c. Damage to property.
- d. Conducting activities without appropriate approvals.
- e. Environmental harm.
- f. Water pollution.
- g. Loss of reclamation/revegetation potential.
- h. Reduced establishment, diverse and effective vegetative cover.
- i. No event occurred as a result of the violation.
- j. Other.

f. The operator exceeded the UPDES discharge limitations for the Sediment Pond Outlet Permit no. UT0023680 discharge point 002 A.

2. Has the event occurred? Yes X No ___

X Yes: Describe it.
Exceeded TDS Daily Maximum of 1200 mg/l discharging 3180 mg/l for 6,732 gallons of decanted pond water.

___ No: What would cause it to occur and what is the probability of the event(s) occurring? (None, Unlikely, Likely).

3. Did any damage occur as a result of the violation?

X No
No evidence of damage was presented nor could be determined.

___ Yes: Describe the duration and extent of the damage or impact. How much damage may have occurred if the violation had not been discovered by a DOGM inspector? Describe this potential damage and whether or not it would extend off the disturbed and/or permit area.

B. DEGREE OF FAULT (Check the statements which apply to the violation and discuss.)

- () Was the violation not the fault of the operator (due to vandalism or an act of God), explain. Remember that the permittee is considered responsible for the actions of all persons working on the mine site.

Explanation

- (X) Was the violation the result of not knowing about DOGM regulations, indifference to DOGM regulations or the result of lack of reasonable care, explain.

Explanation

Lack of reasonable care.

The operator did have evidence of a high conductivity reading prior to discharge of the pond water. The operator could have brought the sample to the lab and requested a short turnaround time. The discharge was the result of controlled decant procedures. The operator was notified several months in advance of the clean-out that they had reached the 60 % clean-out level. If the operator had been timely with the pond clean-out the need for decanting may have been prevented.

- () If the actual or potential environmental harm or harm to the public should have been evident to a careful operator, describe the situation and what, if anything, the operator did to correct it prior to being cited.

Explanation

- () Was the operator in violation of a specific permit condition?

Explanation

- () Did the operator receive prior warning of noncompliance by State or Federal inspectors concerning this violation?

Explanation

- () Has DOGM or OSM cited the violation in the past? If so, give the dates and the type of warning or enforcement action taken.

Explanation

C. GOOD FAITH

1. In order to receive good faith for compliance with an NOV or CO, the violation must have been abated before the abatement deadline. If you think this applies, describe how rapid compliance was achieved (give dates) and describe the measures the operator took to comply as rapidly as possible.

2. Explain whether or not the operator had the necessary resources on site to achieve compliance.

Potentially, the operator could have diluted the water discharged with on-site water.

3. Was the submission of plans prior to physical activity required by this NOV/CO? Yes___ No x If yes, explain.

Sharon Falvey
Authorized Representative

Sharon Falvey
Signature

1/27/94
Date