

**FRASURE CREEK MINING, LLC.  
P. O. BOX 100  
ARY, KENTUCKY 41712-0100  
(606) 251-3884**

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**FRASURE CREEK MINING, LLC.  
PERMIT NUMBER 897-8048  
KPDES NUMBER KY0046981  
OLD BUCKHORN PROCESSING FACILITY  
RENEWAL**

**KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM  
FORM 1  
AND  
FORM C**

**FRASURE CREEK MINING, LLC.**

P. O. Box 100, Ary, Kentucky 41712-0100  
Telephone Number (606) 251-3884, Fax Transmission (606) 251-3776

December 11, 2009

CERTIFIED MAIL NUMBER 7009 1410 0000 8515 5756  
Return Receipt Requested



Ms. Vickie L. Prather, Supervisor  
Energy and Environment Cabinet  
Department for Environmental Protection  
Division of Water  
Surface Water Permits Branch  
PS Section  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

Re: Frasure Creek Mining, LLC.  
KPDES Number KY0046981  
Initial Submittal of Form 1 and Form C

Dear Ms. Prather:

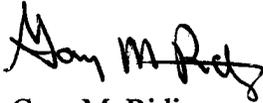
Please find enclosed the original of the above referenced KPDES Forms, along with Cashier's Check Number 9407501619, made payable to the Kentucky State Treasurer, in the amount of \$240.00, for the Filing Fee for the Facility Category of "Surface Mining Operation". Please be advised these forms are being submitted pursuant to your letter dated December 1, 2009, that references the KPDES permit expiring on December 15, 2009. Please be advised, this form was not submitted prior to the June 19, 2009 deadline.

Please be advised, pursuant to my telephone conversation with Mr. Larry Sowder during the morning of Tuesday, December 8, 2009, he stated that the above referenced letter references the Bulan Load-Out, however the KPDES Number is for the area where the Buckhorn Processing Preparation Plant is located, on Permit Number 897-8048. Please be advised, this is an abandoned, non-producing preparation plant.

Ms. Vickie Prather  
December 11, 2009  
Page 2 of 2

If you have any questions or require any additional information, please contact me at the above referenced telephone numbers or my cell telephone number at (606) 794-4442, or e-mail me at [garyridings@trinitycoal.com](mailto:garyridings@trinitycoal.com).

Sincerely,



Gary M. Ridings  
Engineering Department of  
Frasure Creek Mining, LLC.

GMR/gmr

282111107 NEW 01/08 8810004306

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

**CASHIER'S CHECK**

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK



9407501619 <sup>25-3</sup>/<sub>440</sub>

Date 12/09/2009

Remitter TRINITY COAL CO

Pay: TWO HUNDRED FORTY DOLLARS AND 00 CENTS

\$ \*\*\*\*\*240.00 \*\*\*

Pay To The Order Of KENTUCKY STATE TREASURER

Drawer: JPMORGAN CHASE BANK, N.A.

*Michael Andrews*

Senior Vice President  
JPMorgan Chase Bank, N.A.  
Columbus, OH



⑈9407501619⑈ ⑆044000037⑆ 758661318⑈

# KPDES FORM 1

AI 3430

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

DEC 14 2009

### PERMIT APPLICATION

This is an application to: (check one)

- Apply for a new permit.
- Apply for reissuance of expiring permit.
- Apply for a construction permit.
- Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

**For additional information contact:**

**KPDES Branch (502) 564-3410**

|  |  |  |   |   |   |   |   |   |   |
|--|--|--|---|---|---|---|---|---|---|
| <b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>  |  | AGENCY USE   | 0 | 0 | 4 | 6 | 9 | 8 | 1 |
| A. Name of business, municipality, company, etc. requesting permit<br>Frasure Creek Mining, LLC. |  |  |   |   |   |   |   |   |   |
| <b>B. Facility Name and Location</b>   |  | <b>C. Facility Owner/Mailing Address</b>                               |   |   |   |   |   |   |   |
| Facility Location Name:<br><br>Frasure Creek Mining, LLC.  |  | Owner Name:<br><br>Frasure Creek Mining, LLC.                          |   |   |   |   |   |   |   |
| Facility Location Address (i.e. street, road, etc.):<br><br>459 Lost Creek Road                  |  | Mailing Street:<br><br>4978 Teays Valley Road                          |   |   |   |   |   |   |   |
| Facility Location City, State, Zip Code:<br><br>Hazard, Kentucky 41701                           |  | Mailing City, State, Zip Code:<br><br>Scott Depot, West Virginia 25560 |   |   |   |   |   |   |   |
|  |  | Telephone Number:<br><br>(304) 204-1455                                |   |   |   |   |   |   |   |

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This operation is a surface processing operation affecting approximately 322.00 acres, that was originally permitted under Buckhorn Processing Company, DNR Permit Number 697-8005 but has been transferred to LCC Kentucky, LLC., Permit Number 897-8044 and was subsequently transferred to Frasure Creek Mining, LLC., Permit Number 897-8048. This operation contains two (2) KPDES Monitoring Sites, Pond Number 1 and Dam Number 1.

#### B. Standard Industrial Classification (SIC) Code and Description

|                                   |                                   |  |  |
|-----------------------------------|-----------------------------------|--|--|
| Principal SIC Code & Description: | 1221 - Coal Mining and Processing |  |  |
| Other SIC Codes:                  |                                   |  |  |

### III. FACILITY LOCATION

|  |   |
|--|---|
| A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)      |   |
| B. County where facility is located:<br>Perry, Kentucky  | City where facility is located (if applicable):                     |
| C. Body of water receiving discharge:<br>Harris Branch and an unnamed tributary of Trace Fork        |   |
| D. Facility Site Latitude (degrees, minutes, seconds):<br>37° 20' 10"                                | Facility Site Longitude (degrees, minutes, seconds):<br>83° 10' 17" |
| E. Method used to obtain latitude & longitude (see instructions): <u>Topographic Map Coordinates</u> |   |

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A

|   |  |
|---|--|
| <b>IV. OWNER/OPERATOR INFORMATION</b>   |  |
| A. Type of Ownership:<br><input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned |  |
| B. Operator Contact Information (See instructions)  |  |
| Name of Treatment Plant Operator:<br>N/A  | Telephone Number:<br>N/A   |
| Operator Mailing Address (Street):<br>N/A   |  |
| Operator Mailing Address (City, State, Zip Code):<br>N/A  |  |
| Is the operator also the owner?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | Is the operator certified? If yes, list certification class and number below.<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Certification Class:<br>N/A   | Certification Number:<br>N/A   |

|   |   |   |
|---|---|---|
| <b>V. EXISTING ENVIRONMENTAL PERMITS</b>  |   |   |
| Current NPDES Number:<br>KY0046981        | Issue Date of Current Permit:                                       | Expiration Date of Current Permit:<br>December 15, 2009 |
| Number of Times Permit Reissued:          | Date of Original Permit Issuance:                                   | Sludge Disposal Permit Number:<br>N/A                   |
| Kentucky DOW Operational Permit #:<br>N/A | Kentucky DSMRE Permit Number(s):<br>697-8005, 897-8044 and 897-8048 |   |

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

| CATEGORY                                 | EXISTING PERMIT WITH NO. | PERMIT NEEDED WITH PLANNED APPLICATION DATE |
|--|--------------------------|---|
| Air Emission Source                      | N/A                      | N/A   |
| Solid or Special Waste                   | N/A                      | N/A   |
| Hazardous Waste - Registration or Permit | N/A                      | N/A   |

|  |                              |
|--|------------------------------|
| <b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>   |                              |
| KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water. |                              |
| A. Name of department, office or official submitting DMRs:   | S & S Water Monitoring, Inc. |
| B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)  |                              |
| DMR Mailing Name:  | S & S Water Monitoring, Inc. |
| DMR Mailing Street:  | 4767 Highway 580             |
| DMR Mailing City, State, Zip Code:   | Oil Springs, Kentucky 41238  |
| DMR Official Telephone Number:   | (606) 297-3621               |

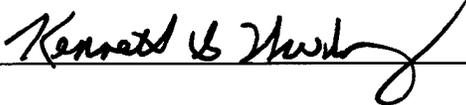
**VII. APPLICATION FILING FEE**

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

|                          |                      |
|--------------------------|----------------------|
| Facility Fee Category:   | Filing Fee Enclosed: |
| Surface Mining Operation | \$240.00             |

**VIII. CERTIFICATION**

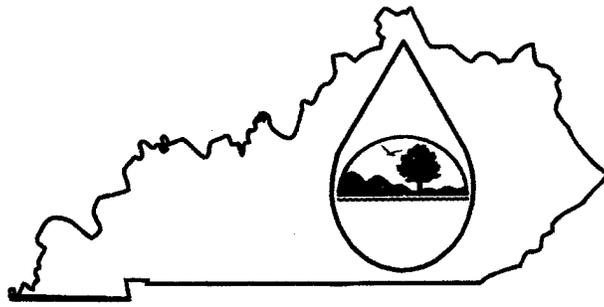
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.

|   |  |
|---|--|
| NAME AND OFFICIAL TITLE (type or print):  | TELEPHONE NUMBER (area code and number): |
| Kenneth G. Woodring, President  | (304) 204-1455                           |
| SIGNATURE   | DATE:                                    |
|  | DECEMBER 9, 2009                         |

# KPDES FORM C

AI 3430

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact KPDES Branch, (502) 564-3410.

|  |                         |   |   |   |   |   |   |   |
|--|-------------------------|---|---|---|---|---|---|---|
| Name of Facility: Frasure Creek Mining, LLC. | County: Perry, Kentucky |   |   |   |   |   |   |   |
| <b>I. OUTFALL LOCATION</b>                   | AGENCY USE              | 0 | 0 | 4 | 6 | 9 | 8 | 1 |

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

| Outfall No.<br>(list) | LATITUDE |         |         | LONGITUDE |         |         | RECEIVING WATER (name)          |
|-----------------------|----------|---------|---------|-----------|---------|---------|---------------------------------|
|                       | Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |                                 |
| Pond Number 1         | 37       | 20      | 10      | 83        | 10      | 41      | Harris Branch                   |
| Dam Number 1          | 37       | 19      | 05      | 83        | 10      | 28      | Unnamed tributary of Trace Fork |
|                       |          |         |         |           |         |         |                                 |
|                       |          |         |         |           |         |         |                                 |

### II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing 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 outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

| OUTFALL NO.<br>(list) | OPERATION(S) CONTRIBUTING FLOW |                                    | TREATMENT   |                           |
|-----------------------|--------------------------------|------------------------------------|-------------|---------------------------|
|                       | Operation (list)               | Avg/Design Flow<br>(include units) | Description | List Codes from Table C-1 |
| Pond Number 1         | Surface Mine Operation         | Unknown                            | None        |                           |
| Dam Number 1          | Surface Mine Operation         | Unknown                            | None        |                           |
|                       |                                |                                    |             |                           |
|                       |                                |                                    |             |                           |
|                       |                                |                                    |             |                           |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)**

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

- Yes (Complete the following table.)                       No (Go to Section III.)

| OUTFALL NUMBER<br>(list) | OPERATIONS CONTRIBUTING FLOW<br>(list) | FREQUENCY                          |                                      | FLOW               |               |                                   |               |                    |
|--------------------------|--|------------------------------------|--------------------------------------|--------------------|---------------|-----------------------------------|---------------|--------------------|
|                          |  | Days Per Week<br>(specify average) | Months Per Year<br>(specify average) | Flow Rate (in mgd) |               | Total volume (specify with units) |               | Duration (in days) |
|                          |  |                                    |                                      | Long-Term Average  | Maximum Daily | Long-Term Average                 | Maximum Daily |                    |
|                          |  |                                    |                                      |                    |               |                                   |               |                    |

**III. MAXIMUM PRODUCTION**

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

- Yes (Complete Item III-B) List effluent guideline category:  
 No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

- Yes (Complete Item III-C)                       No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

| MAXIMUM QUANTITY |                  |   | Affected Outfalls<br>(list outfall numbers) |
|------------------|------------------|---|---|
| Quantity Per Day | Units of Measure | Operation, Product, Material, Etc.<br>(specify) |   |
|                  |                  |   |   |

**IV. IMPROVEMENTS**

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater 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.

- Yes (Complete the following table)                       No (Go to Item IV-B)

| IDENTIFICATION OF CONDITION AGREEMENT, ETC. | AFFECTED OUTFALLS |                     | BRIEF DESCRIPTION OF PROJECT | FINAL COMPLIANCE DATE |           |
|---|-------------------|---------------------|------------------------------|-----------------------|-----------|
|   | No.               | Source of Discharge |                              | Required              | Projected |
|   |                   |                     |                              |                       |           |

**B. OPTIONAL:** You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. 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 |
|-----------|--------|-----------|--------|
|           |        |           |        |

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

Yes (List all such pollutants below)

No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

Yes (Complete Item VI-C)

No (Go to Item VII)

C. If you answered “Yes” to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge of 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 3 years?

- Yes (Identify the test(s) and describe their purposes below)       No (Go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

- Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)       No (Go to Section IX)

| NAME | ADDRESS | TELEPHONE<br>(Area code & number) | POLLUTANTS<br>ANALYZED (list) |
|------|---------|-----------------------------------|-------------------------------|
|      |         |                                   |                               |

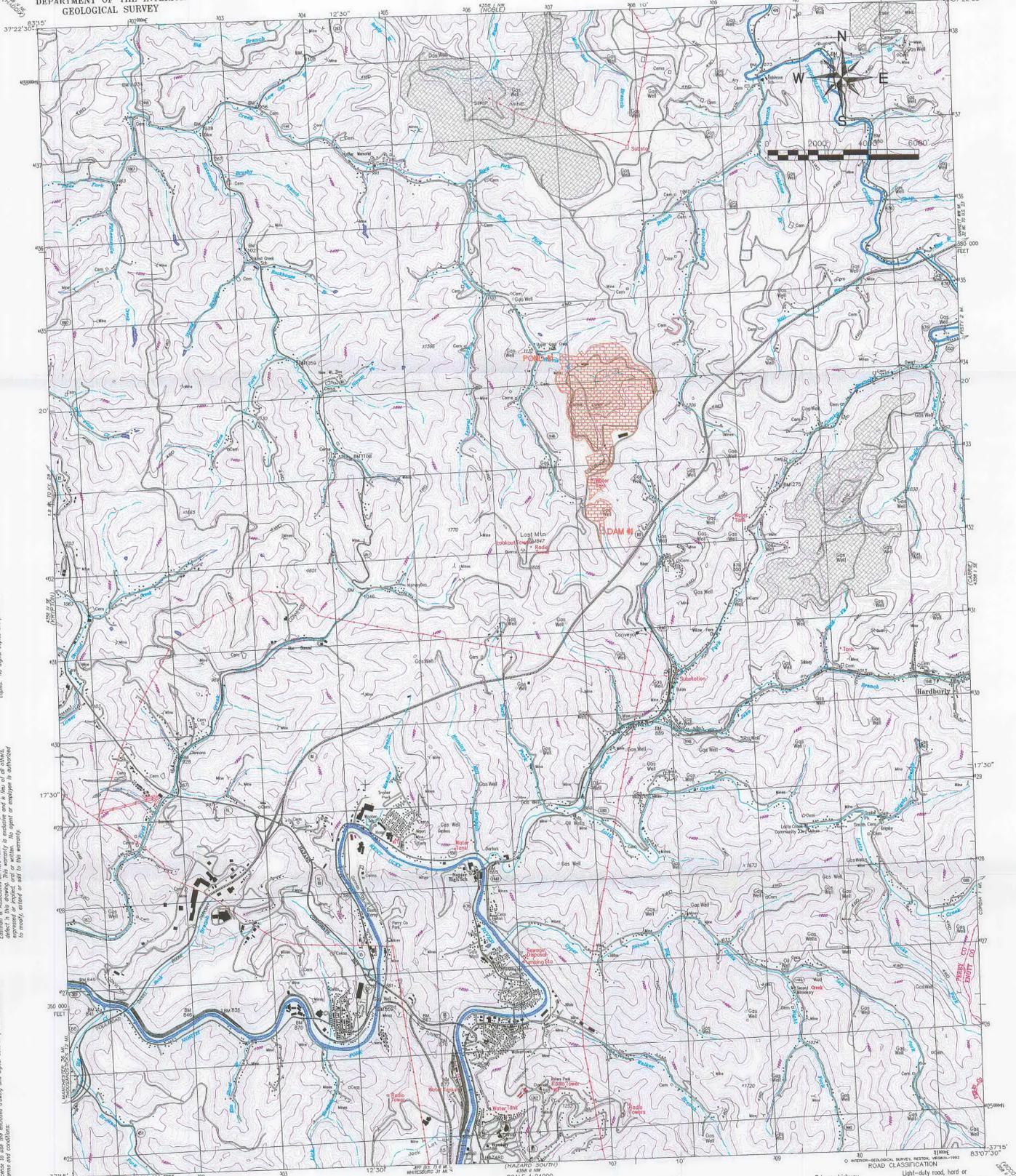
**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my 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.

|  |  |
|--|--|
| NAME AND OFFICIAL TITLE (type or print):<br>Kenneth G. Woodring, President                       | TELEPHONE NUMBER (area code and number):<br>(304) 204-1455 |
| SIGNATURE<br> | DATE   |

HAZARD NORTH QUADRANGLE  
KENTUCKY  
7.5 MINUTE SERIES (TOPOGRAPHIC)  
8 1/4 TROUSSELORE 15' QUADRANGLE  
SPR 1982

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY



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Produced by the United States Geological Survey  
in cooperation with Kentucky Geological Survey  
Control by USGS and NOAA  
Topography by photogrammetric methods from aerial photographs  
taken 1953, field checked 1952. Revised from aerial photographs  
taken 1988. Field checked 1990. Map revised 1992.  
Projection and 1000-foot grid ticks: Kentucky coordinate  
system, south zone (Lambert conformal conic)  
1000-meter Universal Transverse Mercator grid, zone 17  
1927 North American Datum  
The difference between 1927 North American Datum and North  
American Datum of 1983 (NAD 83) for 7.5-minute quadrangles  
is given in USGS Bulletin 1975. The NAD 83 is shown by  
dashed corner ticks  
Red tint indicates area in which only landmark buildings are shown  
This map was rechecked from USGS Hazard North Quadrangle, Kentucky, 7.5 Minute Series,  
by Eastham & Associates, 100 Cedar Street, Chesapeake, VA, 45578 (614) 426-4300  
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ROAD CLASSIFICATION  
Primary highway, \_\_\_\_\_  
Secondary highway, \_\_\_\_\_  
Light-duty road, hard or  
improved surface, \_\_\_\_\_  
Unimproved dirt \_\_\_\_\_  
hard surface, \_\_\_\_\_  
Interstate Route U.S. Route Circle Route



THIS MAP COMPLEYS WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092  
KENTUCKY GEOLOGICAL SURVEY, LEWISTON, KENTUCKY 40506  
AND KENTUCKY DEPARTMENT OF COMMERCE, FRANKFORT, KENTUCKY 40601  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

HAZARD NORTH, KY  
8 1/4 TROUSSELORE BY QUADRANGLE  
31083 - C2-II-024  
1992  
DMA 4581 1 SW-SERIES 1985

HAZARD NORTH, KY  
PENTILE 1982-198

|  |                          |                        |                        |
|--|--------------------------|------------------------|------------------------|
| FRASURE CREEK MINING, L.L.C.<br>4978 ROAD VALLEY ROAD, SCOTT DEPOT, WEST BOWLING GREEN, KY 40390 |                          |                        |                        |
| KPDCS VICINITY MAP   |                          |                        |                        |
| DESIGNED BY<br>C. M. R.  | RECHECKED BY<br>G. M. R. | CHECKED BY<br>G. M. R. | PRINTED BY<br>897-8048 |
| SCALE: AS SHOWN  | DATE: 12/09/09           | SHEET: 1 OF 1          |                        |