SUMMIT ENGINEERING, INC.

LETTER OF TRANSMITTAL

To	**Erich Cleaver**	Date	**11/6/09**	Job No.	**8950.096**
	Emailed to erich.cleaver@ky.gov	Company	**Miller Bros. Coal, LLC**		
	KPDES Branch **Division of Water** **14 Reilly Road** **Frankfort, Kentucky 40601**	Permit No.	**836-0335 A2** **Raccoon Branch**		
From	Kari Haas c/o Summit Engineering, 131 Summit Dr., Pikeville, KY 41501				

☒ ATTACHED PLEASE FIND: As listed below

☐ UNDER SEPARATE COVER: _____

COPIES	DATE	DESCRIPTION
(1)	11/06/09	KPDES permit package, including Form 1 and Form C

If enclosures are not as noted, please notify us at once.

Remarks: _____

Acknowledgement of Receipt Requested:

Printed Name Received By: _____

Signature _____

Date Received: _____

131 SUMMIT DRIVE, PIKEVILLE, KENTUCKY 41501 606-432-1447 FAX 606-432-1440

CIVIL ENGINEERING MINING ENGINEERING ARCHITECTURE SURVEYING

SUMMIT ENGINEERING, INC.

November 6, 2009

Erich Cleaver
Inventory & Data Management Section
KPDES Branch
Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: Miller Bros. Coal, LLC
DMRE Permit No. 836-0335 A2
Raccoon Branch Surface Mine

Mr. Cleaver:

Please find enclosed copy of a completed Form 1 and Form C submitted for the above-referenced surface mine to be located in Floyd County. Miller Bros. Coal, LLC seeks approval for individual permit coverage under KPDES for their proposed mining activities.

If you have any questions, or require additional information, please call me at (606) 432-1447 ext. 311 or e-mail khaas@summit-engr.com.

Regards,

Kari Haas
Environmental Scientist

c: file

enclosure

SUMMIT ENGINEERING, INC.

November 6, 2009

Erich Cleaver
KPDES Branch
Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: Miller Brother Coal, LLC
DMRE Permit No. 835-0335 A2
Raccoon Branch Surface Mine

Mr. Cleaver:

Regarding the above submitted Individual Permit application for ICG Hazard, LLC, a variance is requested for the sampling of the following parameters found on Form C, Part V-A:

- Biochemical Oxygen Demand (BOD)
- Chemical Oxygen Demand (COD)
- Total Organic Carbon (TOC)
- Ammonia (as N)

These parameters are not usually affected by mining activity; therefore, sampling was not conducted, and should not be required.

In addition, a copy of the Form 1 Section IV has been included.

If you have any questions, or require additional information, please call me at (606) 432-1447 ext. 311 or email at khaas@summit-engr.com.

Best Regards,

Kari Haas
Environmental Scientist

c: file
enclosure

November 2009

FORM 1 and FORM C
KPDES Individual Permit Coverage Application

Miller Bros. Coal, LLC
KDMRE Permit No. 836-0335 A2
Raccoon Branch Surface Mine

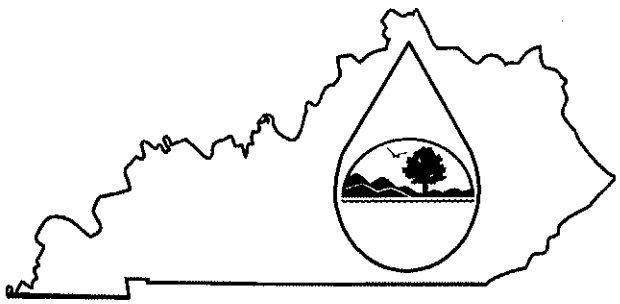
Prepared for:

Miller Bros. Coal, LLC
25 Clydean Drive
Leburn, KY 41831

Prepared by:

Summit Engineering, Inc.
131 Summit Drive
Pikeville, KY 41501
Telephone: (606) 432-1447

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

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

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit Miller Brothers Coal, LLC.								
B. Facility Name and Location	C. Facility Owner/Mailing Address							
Facility Location Name: Raccoon Branch Surface Mine	Owner Name: Miller Brothers Coal, LLC.							
Facility Location Address (i.e. street, road, etc.): near the junction of KY Rte. 7 and KY Rte. 2029	Mailing Street: P.O. Box 990							
Facility Location City, State, Zip Code: Welco Station, KY	Mailing City, State, Zip Code: Allen, KY 41601							
	Telephone Number: 606-874-9003							

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Surface coal mining

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1221 - Bituminous Coal & Lignite Mining		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Floyd	City where facility is located (if applicable): Welco Station, KY
C. Body of water receiving discharge: Salt Lick Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37-30-52	Facility Site Longitude (degrees, minutes, seconds): -82-53-34
E. Method used to obtain latitude & longitude (see instructions):	Topographic map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Miller Brothers Coal, LLC	606-874-9003
Operator Mailing Address (Street): P.O. Box 990	
Operator Mailing Address (City, State, Zip Code): Allen, KY 41601	
Is the operator also the owner? Yes ☒ No ☐	Is the operator certified? If yes, list certification class and number below. Yes ☐ No ☒
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KYG046100		
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s): 836-0335 A2	

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		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

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:	Gene Campbell, Vice President
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	

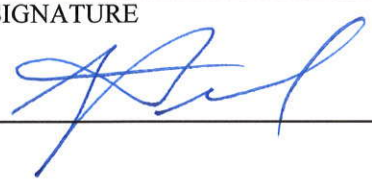
VII. APPLICATION FILING FEE

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."

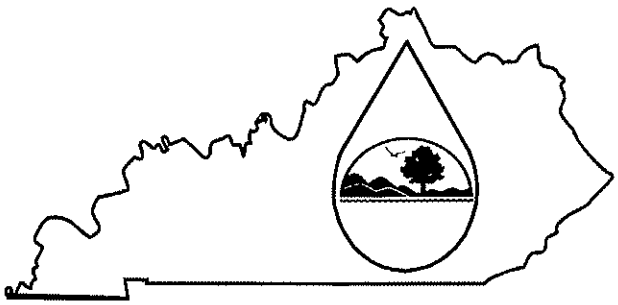
Facility Fee Category:	Filing Fee Enclosed:
Surface Mining Operation	$240.00

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):
SIGNATURE 	DATE: 8-21-08

KPDES FORM C



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: South Fork Surface Mine	County: Breathitt
I. OUTFALL LOCATION	AGENCY USE

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. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
P-9 (relocated)	**37**	**29**	**41**	**82**	**54**	**08**	**Plummer Branch**
P-10	**37**	**29**	**15**	**82**	**53**	**20**	**Unnamed Tributary of Salt Lick Creek**
D-10A	**37**	**29**	**33**	**82**	**54**	**03**	**Plummer Branch**
D-11	**37**	**29**	**29**	**82**	**53**	**56**	**Plummer Branch**
D-12	**37**	**29**	**28**	**82**	**53**	**46**	**Plummer Branch**
D-13	**37**	**29**	**32**	**82**	**53**	**32**	**Plummer Branch**
D-14	**37**	**29**	**20**	**82**	**53**	**04**	**Salt Lick Creek**
D-15	**37**	**29**	**18**	**82**	**53**	**14**	**Salt Lick Creek**
D-16	**37**	**29**	**14**	**82**	**53**	**27**	**Salt Lick Creek**
D-17	**37**	**30**	**35**	**82**	**53**	**03**	**Howard Fork of the Licking River**
D-18	**37**	**30**	**30**	**82**	**53**	**54**	**Howard Fork of the Licking River**
D-19	**37**	**30**	**36**	**82**	**53**	**54**	**Howard Fork of the Licking River**
D-20	**37**	**30**	**42**	**82**	**53**	**51**	**Howard Fork of the Licking River**
D-21	**37**	**30**	**41**	**82**	**53**	**59**	**Howard Fork of the Licking River**
D-22	**37**	**30**	**44**	**82**	**54**	**08**	**Howard Fork of the Licking River**
D-23	**37**	**29**	**33**	**82**	**54**	**07**	**Howard Fork of the Licking River**

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.	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
P-9 (relocated)	**Surface runoff**	**336.75 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
P-10	**Surface runoff**	**113.60 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-10A	**Surface runoff**	**49.56 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-11	**Surface runoff**	**39.64 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-12	**Surface runoff**	**61.65 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-13	**Surface runoff**	**28.59 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-14	**Surface runoff**	**20.49 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-15	**Surface runoff**	**40.8 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-16	**Surface runoff**	**69.21 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-17	**Surface runoff**	**27.90 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-18	**Surface runoff**	**18.83 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-19	**Surface runoff**	**26.51 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-20	**Surface runoff**	**29.15 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-21	**Surface runoff**	**35.13 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-22	**Surface runoff**	**44.54 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**
D-23	**Surface runoff**	**34.90 cfs (peak)**	**Sedimentation**	**1-U**
			Discharge to surface water	**4-A**

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 (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (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 (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (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

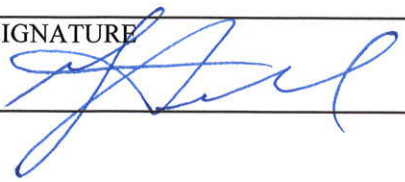
Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ 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 (Area code & number)	POLLUTANTS ANALYZED (list)
Summit Engineering Inc.	Big Rock Office Route 460 West 33102 Riverside Drive Big Rock, VA 24603	Tel: 276 | 530-7220 Fax: 276 | 530-7280	Total Suspended Solids Sulfate pH Iron, Total Hardness Manganese, Total
McCoy & McCoy Laboratories Inc.	173 Island Creek Road Pikeville, KY 41501	Tel: 606 | 432-3104	Antimony, Total Arsenic, Total Beryllium, Total Cadmium, Total Chromium, Total Copper, Total Lead, Total Mercury, Total Nickel, Total Selenium, Total Silver, Total Thallium, Total Zinc, Total Cyanide, Total Phenols, Total

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):	TELEPHONE NUMBER (area code and number):
SIGNATURE 	DATE 8-21-08

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

***The following tables include only those pollutants which are believed to be present in the sample or for which testing is required**

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. No. of Analyses	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
Total Suspended Solids (TSS)	1232						1	mg/L				
Flow (in units of MGD)	VALUE 0.332		VALUE		VALUE		1	MGD		VALUE		
pH	MINIMUM 7.30	MAXIMUM 7.30	MINIMUM	MAXIMUM			1	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						d. No. of Analyses	4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
Hardness (as $CaCO_3$)	X		230						1	mg/L				
Sulfate (as SO_4) (14808-79-8)	X		194						1	mg/L				
Iron, Total (7439-89-6)	X		33.98						1	mg/L				
Manganese, Total (7439-96-6)	X		0.72						1	mg/L				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
Antimony Total (7440-36-0)		X		0.002(Below Detection Limit)						1	mg/L				
Arsenic, Total (7440-38-2)		X		0.009						1	mg/L				
Beryllium Total (7440-41-7)		X		0.002 (Below Detection Limit)						1	mg/L				
Cadmium Total (7440-43-9)		X		0.002 (Below Detection Limit)						1	mg/L				
Chromium Total (7440-43-9)		X		0.025						1	mg/L				
Copper Total (7550-50-8)		X		0.047						1	mg/L				
Lead Total (7439-92-1)		X		0.031						1	mg/L				
Mercury Total (7439-97-6)		X		33.5×10^{-6}						1	mg/L				
Nickel, Total (7440-02-0)		X		0.045						1	mg/L				
Selenium, Total (7782-49-2)		X		0.004						1	mg/L				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
Silver, Total (7440-28-0)		X		0.002 (Below Detection Limit)						1	mg/L				
Thallium, Total (7440-28-0)		X		0.002(Below Detection Limit)						1	mg/L				
Zinc, Total (7440-66-6)		X		0.14						1	mg/L				
Cyanide, Total (57-12-5)		X		0.02 (Below Detection Limit)						1	mg/L				
Phenols, Total		X		0.05						1	mg/L				

PROJECT LOCATION
PERMIT NO. 836-0335 AM.2

DAVID QUADRANGLE | MARTIN QUADRANGLE

HANDSHOE QUADRANGLE | WAYLAND QUADRANGLE

SCALE 1:24000

1 .5 0 KILOMETERS 1 2
1000 0 METERS 1000 2000
1 .5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 40 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

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

KENTUCKY
QUADRANGLE LOCATION

LEGEND

1/2 MILE RADIUS

PROJECT BOUNDARY

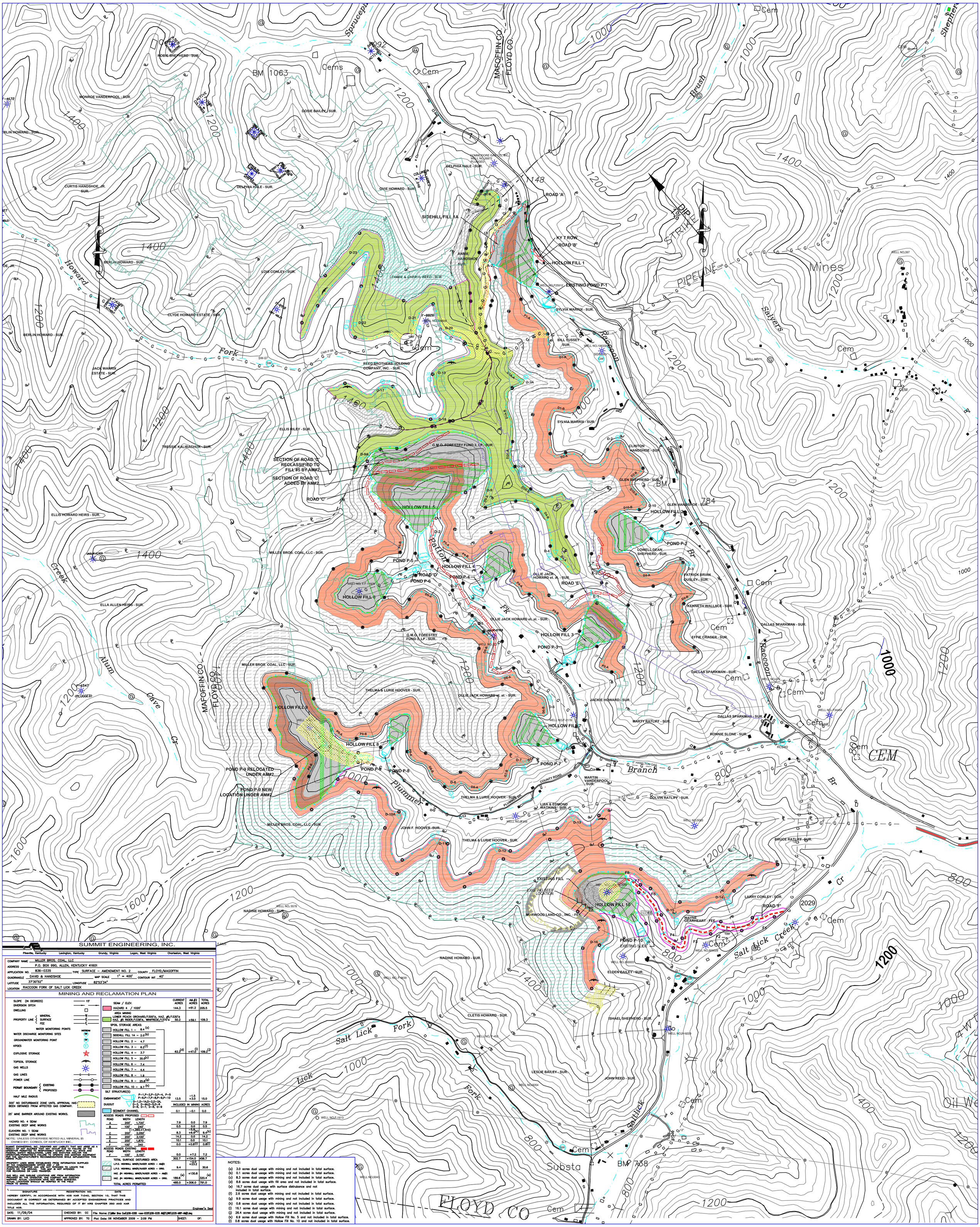
INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1992
ROAD CLASSIFICATION

Primary highway, hard surface.....
Secondary highway, hard surface.....
Light-duty road, hard or improved surface.....
Unimproved road...
Interstate Route
U.S. Route
State Route

HANDSHOE, KY.

MILLER BROTHERS COAL, LLC

PROJECTION LOCATION MAP
RACCOON BRANCH SURFACE MINE
PERMIT NO. 836-0335 AM.2



SUMMIT ENGINEERING, INC.

Pikeville, Kentucky · Lexington, Kentucky · Grundy, Virginia · Logan, West Virginia · Charleston, West Virginia

COMPANY NAME: MILLER BROS. COAL, LLC
ADDRESS: P.O. BOX 990, ALLEN, KENTUCKY 41601
APPLICATION NO.: 836-0335 TYPE: SURFACE – AMENDMENT NO. 2 COUNTY: FLOYD/MAGOFFIN
QUADRANGLE: DAVID & HANDSHOE MAP SCALE: 1" = 400' CONTOUR INT.: 40'
LATITUDE: 37°30'52" LONGITUDE: 82°53'34"
LOCATION: RACCOON FORK OF SALT LICK CREEK

MINING AND RECLAMATION PLAN

SLOPE (IN DEGREES) — 15'
DIVERSION DITCH
DWELLING
PROPERTY LINE: MINERAL — M; SURFACE — S; FEE — F
WATER MONITORING POINTS (INSTREAM)
WATER DISCHARGE MONITORING SITES — SW
GROUNDWATER MONITORING POINT — GW
KPDES
EXPLOSIVE STORAGE
TOPSOIL STORAGE
GAS WELLS
GAS LINES — G
POWER LINE
PERMIT BOUNDARY: EXISTING; PROPOSED
HALF MILE RADIUS
300' NO DISTURBANCE ZONE UNTIL APPROVAL HAS BEEN OBTAINED FROM AFFECTED GAS COMPANY.
25' MINE BARRIER AROUND EXISTING WORKS.
HAZARD NO. 4 SEAM
EXISTING DEEP MINE WORKS
ELKHORN NO. 1 SEAM
EXISTING DEEP MINE WORKS
NOTE: UNLESS OTHERWISE NOTED ALL MINERAL IS OWNED BY: CONSOL OF KENTUCKY INC.,

	CURRENT ACRES	AM #2 ACRES	TOTAL ACRES
SEAM / ELEV.			
HAZARD 4 / 1020'	144.3	+61.2	205.5
AREA MINING LOWER PEACH ORCHARD/1300'±, HAZ. #5/1330'±, HAZ. #5 RIDER/1338'±, WINIFREDE/1370'±	50.2	+59.1	109.3
SPOIL STORAGE AREAS:			
HOLLOW FILL 1 – 8.4 (a)			
SIDEHILL FILL 1A – 2.0 (b)			
HOLLOW FILL 2 – 4.7			
HOLLOW FILL 3 – 6.2 (f)			
HOLLOW FILL 4 – 3.7			
HOLLOW FILL 5 – 35.0 (c)			
HOLLOW FILL 6 – 7.4			
HOLLOW FILL 7 – 4.4			
HOLLOW FILL 8 – 1.9			
HOLLOW FILL 9 – 25.8 (g)			
HOLLOW FILL 10 – 9.7 (h)			
	62.2 (d)	+47.0 (j)	109.2 (l)
SILT STRUCTURE(S)			
EMBANKMENT: P–1,P–2,P–3,P–4, P–5 P–6,P–7,P–8,P–9,P–10	13.5	–1.5 +3.0	15.0
DUGOUT: D–1,D–1A,D–2,D–2A, D–3, D–4A,D–5,D–6 D–8, D–7, D–8, D–9	INCLUDED IN MINING ACRES		
SEDIMENT CHANNEL	0.1	–0.1	0.0
ACCESS ROADS PROPOSED: ROAD / WIDTH / LENGTH			
A — 200' — 1,720' (–1,260,+1,510)	7.9	0.0	7.9
B — 100' — 240'	0.5	0.0	0.5
C — 200' — 2,050'	8.3	–5.9 (k) +6.9 (k)	9.4 (k)
D — 200' — 3,100'	14.2	0.0	14.2
E — 200' — 1,870'	10.1	0.0	10.1
F — 100' — 340	0.0	+0.8 (l)	0.8 (l)
ACCESS ROADS EXISTING: ROAD / WIDTH / LENGTH			
F — 100' — 3,150'	0.0	+7.2	7.2
TOTAL SURFACE DISTURBED AREA	302.7	+154.0	456.7
L.P.O. HIGHWALL MINER/AUGER ACRES – AM#2		–2.0 +23.2	
L.P.O. HIGHWALL MINER/AUGER ACRES – ORG.	9.4		30.6
HAZ. #4 HIGHWALL MINER/AUGER ACRES – AM#2	(e)	+130.8	(e)
HAZ. #4 HIGHWALL MINER/AUGER ACRES – ORG.	189.6		320.4
TOTAL ACRES PERMITTED	485.0	+306.0	791.0

SUMMIT ENGINEERING, INC. HAS MADE EVERY REASONABLE EFFORT TO MINIMIZE ANY LIABILITY THAT MAY ARISE AS A RESULT OF ENGINEERING ERRORS THAT MAY OCCUR DUE TO FAILURE OF THE OPERATOR PERMITTEE TO RESPONSIBLY COMPLY WITH ALL STATE AND FEDERAL SAFETY REGULATIONS, LAWS AND STATUTES AND/OR THE OPERATOR/PERMITTEE'S FAILURE TO OPERATE AND MAINTAIN EQUIPMENT ACCORDING TO MANUFACTURER'S RECOMMENDATIONS WHILE IMPLEMENTING THIS MINING PLAN.

PROPERTY LINES WERE ESTABLISHED FROM INFORMATION SUPPLIED BY ADJACENT LANDOWNERS AND FROM INFORMATION PROVIDED BY THE OPERATOR/PERMITTEE AND ARE NOT INTENDED TO LOCATE THE POINTS ON THE GROUND. THIS MAP IS NOT INTENDED FOR RECORDING OR LAND TRANSFER.

GAS WELL AND GASLINE LOCATIONS ARE FROM INFORMATION PROVIDED BY THE OPERATOR, GAS COMPANY AND EXISTING MAPPING. ACTUAL LOCATIONS HAVE NOT BEEN SURVEYED. CERTAIN LOCATIONS SHOULD BE VERIFIED IN THE FIELD PRIOR TO MINING.

I, _____ SIGNATURE _____ REGISTRATION NO. _____ DATE

HEREBY CERTIFY, IN ACCORDANCE WITH 405 KAR 7:040, SECTION 10, THAT THIS DOCUMENT IS CORRECT AS DETERMINED BY ACCEPTED ENGINEERING PRACTICES AND INCLUDES ALL THE INFORMATION, REQUIRED OF IT BY KRS CHAPTER 350 AND KAR TITLE 405.

Engineer's Seal

DATE: 11/09/04 | CHECKED BY: CC | File Name: Z:\Miller Bros Coal\836-0308 -nov-0335\836-0335 AM#2\DWG\0335-MRP-AM#2.dwg
DRAWN BY: LKD | APPROVED BY: TG | Plot Date: 06 NOVEMBER 2009 – 2:09 PM | SHEET: OF:

NOTES:

(a) 3.0 acres dual usage with mining and not included in total surface.
(b) 0.1 acres dual usage with mining and not included in total surface.
(c) 8.3 acres dual usage with mining and not included in total surface.
(d) 8.6 acres dual usage with fill area and not included in total surface.
(e) 16.7 acres dual usage with surface distrubance and not included in total surface.
(f) 2.6 acres dual usage with mining and not included in total surface.
(g) 9.9 acres dual usage with mining and not included in total surface.
(h) 0.8 acres dual usage with mining and not included in total surface.
(i) 16.1 acres dual usage with mining and not included in total surface.
(j) 26.4 acres dual usage with mining and not included in total surface.
(k) 6.9 acres dual usage with Hollow Fill No. 5 and not included in total surface.
(l) 0.8 acres dual usage with Hollow Fill No. 10 and not included in total surface.