

NOTIFICATION OF MINE OPENING OR CLOSING

MINE OFFICE USE Date Submitted to MSHA: _____ MSHA OFFICE USE Date Received from Mine: _____

TO: c/o Doug Bowen
U.S. Department of Labor
Mine Safety and Health Administration
Anchorage Field Office
222 W 7th Ave
Box 30
Anchorage, Alaska 99513

Tel: (907)271-1250
Fax: (907)271-1252

FROM: _____

In accordance with Mine Safety and Health Standards, which reads as follows:

(56,57).1000 Mandatory -The owner, operator, or person in charge of any metal or nonmetal mine shall notify the nearest Mine Safety and Health Administration Office before starting operations of the actual or approximate date mine operations will commence.

The notification shall include the mine name, location, the company name, mailing address, person in charge, and whether operations will be continuous or intermittent.

When any mine is closed, the person in charge shall notify the nearest subdistrict office as provided above and indicate whether the closure is temporary or permanent.

We wish to inform you that the following mine will:

- Begin operations
- Be moving to: _____; Start up date: _____
- Be temporarily closed until: _____
- Be permanently closed on or about: _____

Mine name: _____ Mine ID # _____

Directions to Mine /Crusher: _____

Check this box if map drawn on reverse of form:

Signature: _____ Print Name: _____

Company Name: _____; Title: _____

Office Phone: _____ Cell Phone: _____