

TO: BLASTING SUPERVISOR
ARKANSAS DEPARTMENT OF LABOR
10421 WEST MARKHAM
LITTLE ROCK, AR 72205

NOTICE OF INTENT TO CONDUCT BLASTING

Pursuant to Section 7 of Arkansas Act 814, effective July 1, 1995, this is to notify you of the intention to conduct blasting at the following operation:

Mine Name: _____ MSHA ID# _____

Mine Location: _____
(including county)

Operator Name: _____

Address: _____

Telephone#: () _____ Fax#: () _____

Date Operation Commenced: _____
(Or Ownership Changed)

Blasting Will Commence: _____

If blasting will be conducted by a contract blaster, please furnish the following information:

Contractor: _____ ID#: _____

Address: _____

Telephone#: () _____ Fax#: () _____

Blaster Name(s): _____ License/ID#: _____

Records of blasting operations will be maintained at:

Signature

Date

Title