Mr. Trevor Martin, Environmental Program Manager  
Land Reclamation Section  
Tennessee Department of Environment and Conservation  
3711 Middlebrook Pike  
Knoxville, Tennessee 37921-6538

Dear Trevor,

The Office of Surface Mining Reclamation and Enforcement (OSM) Knoxville Field Office has reviewed the Categorical Exclusion Certification and Determination (CE) for the Crab Mountain Reclamation Project (Site No. 14502) and your request to proceed with construction using funds awarded under the Fiscal Year 2014 Abandoned Mine Land (AML) Consolidated Grant, Non-Water Supply cost category (47403). Based upon our review of the CE you prepared and consultation agency comments, we concur with the Tennessee Department of Environment and Conservation, Land Reclamation Section that the proposed reclamation conforms to the exclusion criteria in 516 DM 6, Chapter 13, and will not have a significant effect on the human environment. This site is excluded from further NEPA document requirements.

Accordingly, pursuant to Federal Assistance Manual section 4-160-40D.3, you are authorized to proceed with site reclamation. In accordance with inventory guidelines found in OSM Directive AML-1, and your AMLIS updating procedures, Fall Creek Community Phase II Reclamation Project AMLIS features were updated from “unfunded” to “funded” based on your AMLIS budget estimate for the features.
A copy of the CE signed by OSM for this AML construction is enclosed for your records. Please contact Elizabeth Smith at 865-545-4103 Ext. 135 if you any questions regarding the above.

Sincerely,

[Signature]

William R. Winters, Chief
Program Support Branch
Knoxville Field Office

Enclosure
V. RESPONSIBLE OFFICIAL CERTIFICATION

Signature: [Signature] Date: 6/27/17

Name and Title: Trevor Martin, AML Program Manager

VI. OSM DETERMINATION

☐ This project conforms with the exclusion criteria in 516 DM 13, and is excluded from further NEPA compliance.

☐ This project does not conform with the exclusion criteria in 516 DM 13, and requires an environmental assessment.

Signature: [Signature] Date: 7/7/17

Name and Title: Chief, Program Support Branch