

Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company OFFICE OF SURFACE MINING

Date Sent: N/A.

Explanation:

VACATION OR TERMINATION OF NOTICE OF VIOLATION OR  
CESSATION ORDER

cc:

File in: C/007, 004, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date \_\_\_\_\_ For additional information

**U.S. DEPARTMENT OF THE INTERIOR**  
**Bureau of Surface Mining Reclamation and Enforcement**  
**VACATION OR TERMINATION OF NOTICE OF VIOLATION OR CESSATION ORDER**

1. Name <i>Beaver River Coal Co.</i>		<input type="checkbox"/> Permittee <input type="checkbox"/> No Permit	Originating Office Address <i>Region I Ranch Tower 1020 15th St Denver, CO 80202</i>	
2. Mailing Address <i>PO Box 629, Helper, Utah 84526</i>				
3. Name of Mine <i>#4</i>		<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Other (Specify) _____	
4. Telephone Number <i>(501) 472-3411</i>	5. County <i>Carbon</i>	State <i>Utah</i>	Telephone Number <i>(303) 837-5701</i>	
6. Operator's Name			8. Date of Inspection <i>29 Oct 1980</i>	
7. Mailing Address			9. Time of Inspection From <u>7:30</u> a.m. To _____ a.m. p.m. p.m.	
10. State Permit Number <i>42/007/004</i>	11. NPDES Number <i>UT-0023056</i>	12. MSHA ID Number <i>42-0202</i>	13. OSM Mine Number	

**ACTIONS TAKEN**

Authority: Under the authority of the Surface Mining Control and Reclamation Act of 1977 (P.L. 95-87; 30 U.S.C. 1201) the following action is taken:

14. Notice of Violation Number <i>30-5-7-25</i>	Dated <i>29 Oct '80</i>	15. Cessation Order Number _____	Dated _____
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16. VIOLATION 1 OF 1 IS  Terminated  Vacated for the Following Reasons:  
*Temporary re-instatement on test (clearing) has been implemented. Permitted area has been installed following UMW strike.*

17. VIOLATION \_\_\_\_\_ OF \_\_\_\_\_ IS  Terminated  Vacated for the Following Reasons:

18. VIOLATION \_\_\_\_\_ OF \_\_\_\_\_ IS  Terminated  Vacated for the Following Reasons:

**File in:**  
 Confidential  
 Shelf  
 Expandable  
Refer to Record No. 0016 Date \_\_\_\_\_  
In CI 007, 004, Incoming  
For additional information

19. Print Name of Authorized Representative <i>Donna</i>	Identification Number <i>413</i>
20. Signature of Authorized Representative <i>[Signature]</i>	Effective Date <i>29 Oct 1980</i>