

0014



State of Utah  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt  
Governor  
Ted Stewart  
Executive Director  
James W. Carter  
Division Director

355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203  
801-538-5340  
801-359-3940 (Fax)  
801-538-5319 (TDD)

*Orig file*

April 16, 1996

CERTIFIED RETURN RECEIPT REQUESTED  
No. P 540 714 029

Ken Payne, Manager  
Utah Fuel Company  
P. O. Box 719  
Helper, Utah 84526-0719

Re: Informal Hearing and Assessment Conference for State Violation No. C95-39-1-1, Utah Fuel Company, Skyline Mine, ACT/007/005, Folder #5, Carbon County, Utah

Dear Mr. Payne:

In accordance with your written request dated March 6, 1996, please be advised that the Informal Hearing and Assessment Conference on state violation C95-39-1-1, Skyline Mine has been established for Tuesday, April 30, 1996, beginning at 10:00 a.m.

Pertinent, written material you wish reviewed before the conference can be forwarded to me at the address listed above.

The conference will be held at the office of the Division of Oil, Gas and Mining.

Very truly yours,

A handwritten signature in black ink, appearing to read 'J. Carter', with a large loop at the end.

James W. Carter  
Director

vb  
cc: L. Braxton  
J. Helfrich  
PFO



DOG M VB ACT/007/005 C95-39-1-1 Fldr #5

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 KEN PAYNE MNGR  
 UTAH FUEL CO  
 P O BOX 719  
 HELPER UT 84528

4. Article Number  
 P 540 714 029

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
 *Ken Payne*

6. Signature - Agent  
 *[Signature]*

7. Date of Delivery  
 APR 16 1988

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 540 714 029

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

DOG M VB ACT/007/005 C95-39-1-1 Fldr #5

Ken PAYNE MNGR  
 UTAH FUEL CO

Street and No.  
 P O BOX 719

P.O., State and ZIP Code  
 HELPER UT 84526

Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S 2.50
Postmark of Date	APR 16 1988 SALT LAKE CITY

U.S.G.P.O. 1989-234-555

June 1985 3800