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PLATEAU MINING COMPANY

A Subsidiary of Cyprus Coal Company
P.O. Drawer PMC Price, Utah 84501
Telephone (801) 637-2875

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**DIVISION OF OIL
GAS & MINING**

November 13, 1985

*ACI/007/006
#13*

Mr. Lowell Braxton
Division of Oil, Gas & Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Re: Permitting of Coal Preparation Plants & Loadouts

Dear Mr. Braxton:

In regards to the requirements to permit preparation plants and loadouts, Plateau Mining Company would like to remind the Division of the location of our plant and loadout.

Our preparation plant and our loadout are located within permitted land, and therefore require no further permitting. We do not own or control any other facilities remote from our operations area.

The rail spur on both sides of the loadout silo is owned by Utah Railway Company, and is under their total jurisdiction and control.

Attached you will find a location map showing our permit area and facilities.

Respectfully,

Ben Grimes

BG:pb

Attachment



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

11/15/85

PRODUCER

FRANK B. HALL & CO., OF MO, INC.
100 N. BROADWAY, BOATMEN'S TOWER
ST. LOUIS, MO 63102
PHONE: 1-314-231-0100

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

ACT/007/006 #5

COMPANY LETTER **A** OLD REPUBLIC INSURANCE COMPANY *Copy to PAM*

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Plateau Mining Company
Subsidiary of Cyprus Minerals Co.
5250 South 300 West
Salt Lake City, Utah 84501

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	ZC46316	07/01/85	07/01/86	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM						
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD						
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY					\$ 2,000,	
A	AUTOMOBILE LIABILITY	TB9240	07/01/85	07/01/86	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)						
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
<input type="checkbox"/> GARAGE LIABILITY							
	EXCESS LIABILITY						
	<input type="checkbox"/> UMBRELLA FORM				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TO WHOM IT MAY CONCERN

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Don O. Linton