



State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Informal Hearing

Norman H. Bangertter
Governor
Dee C. Hansen
Executive Director
Dianne R. Nielson, Ph.D.
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340

May 14, 1992

CERTIFIED RETURN RECEIPT REQUESTED
No. P 540 713 895

Ben Grimes
Senior Environmental Engineer
Cyprus Plateau Mining Corp.
P. O. Drawer PMC
Price, Utah 84501


Dear Mr. Grimes:

Re: Informal Hearing for State Violation N92-26-2-1, ACT/007/006, Star Point Mine, Cyprus Plateau Coal Company, Carbon County, Utah

In accordance with your request dated May 4, 1992, please be advised that the Informal Hearing on state violation N92-26-2-1, Star Point Mine, has been established for Friday, May 29, 1992, beginning at 9:00 a.m.

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

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

Best regards,



Dianne R. Nielson
Director

vb
cc: B. Freeman, OSM
J. Helfrich
DOGM Price Office
Public Notice Board

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

394-555
MENCO COPINGA PRES
NORTH EMERY WATER USERS ASSOC
DOGM VB ACT/007/006 IC

5-17-93

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 box(es) for additional service(s) requested.
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
MENCO COPINGA PRES
NORTH EMERY WATER USERS ASSOC
BOX 418

4. Article Number
P 540 713 943
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

P 540 713 945
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

134-555
SHERREL WARD
BOARD OF DIRECTORS
DOGM VB

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

DOGM VB ACT/007/006 IC

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 box(es) for additional service(s) requested.
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
SHERREL WARD
BOARD OF DIRECTORS

4. Article Number
P 540 713 945
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

P 540 713 942
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

109-234-555
BEN GRIMES ENVR COORDN
PLATEAU MINING CO
DOGM VB

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

DOGM VB ACT/007/006 IC

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 box(es) for additional service(s) requested.
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
VARDEN WILLSON SEC
HUNTINGTON-CLEVELAND IRR CO
55 N MAIN
HUNTINGTON UT 84528

4. Article Number
P 540 713 946
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
X
6. Signature - Agent
X

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

7. Date of Delivery
MAY 19 1993

234-555
DOGM VB MEDICAL CONFERENCE ACT/007/006
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 box(es) for additional service(s) requested.
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
DARREL V LEAMASTER PE
DISTRICT MANAGER

4. Article Number
P 540 713 941
Type of Service:
 Registered Insured
 Certified COD

234-555
DARREL V LEAMASTER PE
DISTRICT MANAGER
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 540 713 941