



UTAH  
NATURAL RESOURCES  
Oil, Gas & Mining

0007

3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

### MODIFICATION OF NOTICE OF VIOLATION/CESSATION ORDER

To the following Permittee or Operator:

Name SUNNYSIDE COAL COMPANY

Mailing Address P.O. BOX 99, STATE HIGHWAY 123, SUNNYSIDE UT. 84534

State Permit No. ACT/007/007

Utah Coal Mining & Reclamation Act, Section 40-10-1 et seq., Utah Code Annotated (1953):

Notice of Violation No. N 94-32-2-2 1 of 2 dated 9/29/, 19 94.

Cessation Order No. C \_\_\_\_\_ dated \_\_\_\_\_, 19 \_\_\_\_\_.

Part 1 of 2 is modified as follows: ABATEMENT DEADLINE: NO LATER THAN 5:00 P.M. December 16, 1994.

Reason for modification is As per operator request FAXED ON 12/5/94.

Part \_\_\_\_\_ of \_\_\_\_\_ is modified as follows: \_\_\_\_\_

Reason for modification is \_\_\_\_\_

Part \_\_\_\_\_ of \_\_\_\_\_ is modified as follows: \_\_\_\_\_

#### CERTIFIED RETURN RECEIPT P 074 976 147

Date of service/mailling ~~XXXXXX~~ 12/12/94

Time of service/mailling 3:30  a.m.  p.m.

Date of inspection 9/29/94

Bob Burnham  
Permittee/Operator representative

President  
Title

Signature

HENRY SAUER  
Division of Oil, Gas & Mining

Senior Reclamation File Specialist  
Title

Signature

WHITE - DOGM YELLOW - OSM PINK - PERMITTEE/OPERATOR GOLDENROD - NOV FILE  
DOGM/MVC-1

an equal opportunity employer

Rev. 12/86 001059

P 074 976 147

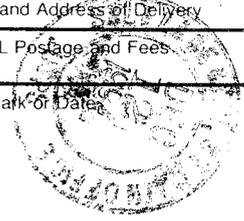
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

<b>SUNNYSIDE COAL COMPANY</b>	
Sent to <b>ROBERT BURNHAM</b>	
<b>1113 SPRUCE STREET</b>	
<b>BOULDER CO 80302</b>	
P.O., State and ZIP Code	
Postage	\$
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	\$ 2.29
Postmark or Date	

PS Form 3800, June 1985



STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

33 JUN 11 1985 11/11/85 A01/00/00/ NY4-26-7-7