0011

Mine file #5

STATE OF UTAH
NATURAL RESOURCES
Division of Oil, Gas & Mining

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

notice of violation

NO. N 95-41-2-1

To the following Permittee or Operator:

Name Andalex Resources, Inc.

Mine Centennial Project ☐ Surface ☒ Underground ☐ Other

County Carbon State Utah Telephone (801) 637-5385

Mailing Address P. O. Box 902, Price, Utah 84501

State Permit No. ACT/007/019

Ownership Category ☐ State ☐ Federal ☐ Fee ☒ Mixed

Date of inspection August 1, 1995.

Time of inspection _____ ☐ a.m. ☐ p.m. to _____ ☐ a.m. ☐ p.m.

Operator Name (other than Permittee) _____

Mailing Address _____

Under authority of the Utah Coal Mining and Reclamation Act, Section 40-10-1 et seq., ***Utah Code Annotated,*** 1953, the undersigned authorized representative of the Division of Oil, Gas & Mining has conducted an inspection of above mine on above date and has found violation(s) of the act, regulations or required permit condition(s) listed in attachment(s). This notice constitutes a separate Notice of Violation for each violation listed.

You must abate each of these violations within the designated abatement time. You are responsible for doing all work in a safe and workmanlike manner.

The undersigned representative finds that **cessation of mining is** ☐ **is not** ☒ expressly or in practical effect required by this notice. For this purpose, "mining" means extracting coal from the earth or a waste pile, and transporting it within or from the mine site.

This notice shall remain in effect until it expires as provided on reverse side of this form, or is modified, terminated or vacated by written notice of an authorized representative of the director of the Division of Oil, Gas & Mining. Time for abatement may be extended by authorized representative for good cause, if a request is made within a reasonable time before the end of abatement period.

CERTIFIED RETURN RECEIPT REQUESTED P 074 977 574

Date of service/mailing 8/4/95 Time of service/mailing 3:12 ☐ a.m. ☒ p.m.

Michael Glasson
Permittee/Operator representative

Senior Geologist
Title

Signature

Paul B. Baker
Division of Oil, Gas & Mining representative

Reclamation Biologist
Title

Signature

41
Identification Number

SEE REVERSE SIDE

WHITE-DOGM YELLOW-OPERATOR PINK-OSM GOLDENROD-NOV FILE

DOGM/NOV-1

an equal opportunity employer

Rev. 5/92

UTAH
NATURAL RESOURCES
Oil, Gas & Mining

NOTICE OF VIOLATION NO. N 95-41-2-1

Violation No. 1 of 1

Nature of violation

Failure to comply with the terms and conditions of the permit.

Provisions of act, regulations or permit violated

R645-300-143
R645-301-120

Portion of operation to which notice applies

Conditions of approval of the remote fan installation incidental boundary change amendment.

Remedial action required (including any interim steps)

Comply with conditions of the remote fan installation incidental boundary change amendment approval by submitting ten coherent, finalized copies of the amendment and by committing to reclaim the access road in sections R645-301-330, R645-301-731.610, and any other places in the plan where it says the road will remain following reclamation.

Abatement time (including interim steps)

August 25, 1995, 5:00 p.m.

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

an equal opportunity employer

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH
NATURAL RESOURCES
OIL, GAS, & MINING
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84180-1203

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. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:

MIKE GLASSON SR GEO
ANDALEX RESOURCES INC
P O BOX 902
PRICE UT 84501

4. Article Number
P 074 977 574

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

7. Date of Delivery
08-08-95

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

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. * U.S.G.P.O. 1988-217-132

DOGM VB ACT/007/019 N95-41-2-1 #5

P 074 977 574

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

MIKE GLASSON ANDALEX RESOURCES INC Street and No. P O BOX 902 P.O., State and ZIP Code PRICE UT 84501	
Postage	$ 32
Certified Fee	1 1
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	1 1
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2 52
Postmark or Date	

PS Form 3800, June 1985