



Citation for Non-Compliance
Utah Coal Regulatory Program
 1594 West North Temple, Salt Lake City, UT 84114
 Phone: (801) 538-5340 Fax: (801) 359-3940

Citation #: 21155
Permit Number: C0070020
Date Issued: 08/04/2015

<input type="checkbox"/> NOTICE OF VIOLATION	<input type="checkbox"/> CESSATION ORDER (CO)	<input checked="" type="checkbox"/> FAILURE TO ABATE CO
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Permittee Name: HIDDEN SPLENDOR RESOURCES	Inspector Number and ID: 67 ADANIELS
Mine Name: HORIZON MINE	Date and Time of Inspection: 08/03/2015 11:00 am
Certified Return Receipt Number: 70123460000295596588	Date and Time of Service: 08/04/2015

Nature of condition, practice, or violation:
 Failure to completed required abatement of Notice of Violation (NOV) 21151. The inlet to culvert DC-2 was completely blocked, and the outlet of UC-1 was still half full of sediment. See inspection report 5260 from August 3, 2015.

Provisions of Act, regulations, or permit violated:
 R645-301-752.100, R645-301-731.121, R645-301-742.100

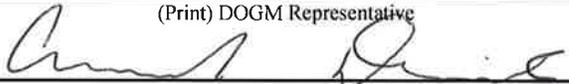
This order requires Cessation of ALL mining activities. (Check box if appropriate.)

<input type="checkbox"/> Condition, practice, or violation is creating an imminent danger to health or safety of the public.	<input type="checkbox"/> Permittee is/has been conducting mining activities without a Permit.
<input type="checkbox"/> Condition, practice, or violation is causing or can reasonably be expected to cause significant, imminent environmental harm to land, air, or water resources.	<input checked="" type="checkbox"/> Permittee has failed to abate Violation(s) included in <input checked="" type="checkbox"/> Notice of Violation or <input type="checkbox"/> Cessation Order within time for abatement originally fixed or subsequently extended.

This order requires Cessation of PORTION(S) of mining activities.

Mining activities to be ceased immediately: <input type="checkbox"/> Yes <input type="checkbox"/> No	Abatement Times (if applicable).

Action(s) required: Yes No
 Complete the abatement requirements of NOV 21151.

ALEX WALKER _____ (Print) Permittee Representative	AMANDA DANIELS _____ (Print) DOGM Representative
_____ Permittee Representative's Signature - Date	 _____ DOGM Representative's Signature - Date

SEE REVERSE SIDE Of This Form For Instructions And Additional Information