0014

SCOTT M. MATHESON
Governor

GORDON E. HARMSTON
Executive Director, NATURAL RESOURCES

CLEON B. FEIGHT
Director

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING
1588 West North Temple
Salt Lake City, Utah 84116
(801) 533-5771

OIL, GAS, AND MINING BOARD

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June 5, 1981

#0367343

ACT/007/021

REGISTERED - RETURN RECEIPT REQUESTED

Mr. Joseph A. Harvey
President
Blazon Company
P.O. Box 327
Ferron, Utah 84523

RE: Compliance

Dear Mr. Harvey:

Pursuant to Section 40-10-20, 21, 22 and 23, Utah Code Annotated, and UMC/SMC Parts 843, 845 and 900, the attached information has been provided to inform you of the penalties for not complying with a Notice of Violation or Cessation Order. It is the Division's intent to expressly inform the operator of the consequences resulting from non-compliance. Please call if you have any questions.

Sincerely,

JAMES W. SMITH, JR.
COORDINATOR OF MINED LAND DEVELOPMENT

JWS/te

Attachment

P20 0367343

RECEIPT FOR CERTIFIED MAIL

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

SENT TO: Joe Harvey Blazon Co.				
STREET AND NO.: P.O. Box 327				
P.O. STATE AND ZIP CODE: Ferron, Utah 84523				
POSTAGE				$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE			¢
OPTIONAL SERVICES	SPECIAL DELIVERY			¢
	RESTRICTED DELIVERY			¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED		¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢
TOTAL POSTAGE AND FEES				$
POSTMARK OR DATE: ~~5/6~~ 6/5/81 ACT/007/021				

Compliance

PS Form 3800, Apr. 1976

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space reverse.

1. The following service is requested (check one.)
   - [x] Show to whom and date delivered.....¢
   - [ ] Show to whom, date and address of delivery.....¢
   - [ ] RESTRICTED DELIVERY
     Show to whom and date delivered.....¢
   - [ ] RESTRICTED DELIVERY.
     Show to whom, date, and address of delivery.$____

   (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO: Joe Harvey
   Blazon Company
   P.O. Box 327
   Ferron, Utah 84523

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	0367343	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐Addressee ☐Authorized agent

4. Linda Harvey
   DATE OF DELIVERY

POSTMARK 6/5/81 12 198.

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO : 1979-288-848

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

m 3811, Jan. 1979

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 on the left portion of the address side of the article, **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 on the left portion of the address side 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.

GPO : 1979-0-288-848

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, and 3 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.

RETURN TO

State of Utah
Department of Natural Resources
Division of Oil, Gas, & Mining
1588 West North Temple
Salt Lake City, Utah 84116

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

U.S.MAIL