



**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 #:** 21223  
**Permit Number:** C0070033  
**Date Issued:** 10/17/2019

**NOTICE OF VIOLATION**     **CESSATION ORDER (CO)**     **FAILURE TO ABATE CO**

<b>Permittee Name:</b> COAL ENERGY GROUP 2, LLC	<b>Inspector Number and ID:</b> 70 ADANIELS
<b>Mine Name:</b> WILDCAT LOADOUT	<b>Date and Time of Inspection:</b> 10/17/2019
<b>Certified Return Receipt Number:</b> 9590940216186053129901	<b>Date and Time of Service:</b> 10/17/2019

**Nature of condition, practice, or violation:**  
 The Permittee failed to collect and report stream monitoring data during the second quarter of 2019. Specifically sites WCW-1, WCW-2, WCW-3 and WCW-4.

**Provisions of Act, regulations, or permit violated:**  
 R645-301-431.200, Special Permit Condition Attachment A

**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 type="checkbox"/> Permittee has failed to abate Violation(s) included in <input 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  
 No actions required, data was not collected during the quarter for these sites.

**LARRY JOHNSON**

(Print) Permittee Representative

Permittee Representative's Signature - Date

**AMANDA DANIELS**

(Print) DOGM Representative

DOGM Representative's Signature - Date

**SEE REVERSE SIDE Of This Form For Instructions And Additional Information**