

0006



State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Mine file

Michael O. Leavitt
Governor
Ted Stewart
Executive Director
James W. Carter
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340
801-359-3940 (Fax)
801-538-5319 (TDD)

November 24, 1993

CERTIFIED RETURN RECEIPT REQUESTED
No. P 540 713 991

David Pearce
Sunnyside Cogeneration Associates
P. O. Box 58087
Salt Lake City, Utah 84158-0087

Re: Informal Hearing and Assessment Conference for State Violation N93-40-5-9,
Sunnyside Cogeneration Associates, Sunnyside Refuse & Slurry Mine,
ACT/007/035, Folder #5, Carbon County, Utah

Dear Mr. Pearce:

In accordance with a written request from Brian Burnett dated October 18, 1993, please be advised that the Informal Hearing and Assessment Conference on state violation N93-40-5-9, Sunnyside Refuse and Slurry Mine has been established for Tuesday, January 11, 1994, beginning at 10:00 a.m.

Pertinent, written material you wish reviewed before the conference can be forwarded to me at the address listed above.

The conference will be held at the office of the Division of Oil, Gas and Mining.

Very truly yours,

A handwritten signature in black ink, appearing to read 'James W. Carter', written over a circular stamp or mark.

James W. Carter
Director

vb

cc: Brian Burnett, Callister, Duncan & Nebeker
Fred Finlinson, Callister, Duncan & Nebeker
L. Braxton
J. Helfrich
PFO



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.

RECEIVED

NOV 30 1993



DIVISION OF
OIL, GAS & MINING 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

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, 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. 1989-234-555

DOC# VB ACT/007/035 NO. 10-5-0 TF/AC Folder 5

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
DAVID PEARCE
SUNNYSIDE COGENERATION ASSOC
P O BOX 58087
SALT LAKE CITY UT 84158-0087

4. Article Number
P 540 713 991

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 *Margaret McQuinn*

7. Date of Delivery
11-29-93

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-866 DOMESTIC RETURN RECEIPT

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

67540 713 991

DAVID PEARCE
SUNNYSIDE COGENERATION ASSOC
Street and No
P O BOX 58087
P.O., State and ZIP Code
SALT LAKE CITY UT 84158-0087

Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.35
Return Receipt showing to whom Date, and Address of Return	
TOTAL Postage and Fees	\$ 264
Postmark or Date	11-30-93

ACT/007/035 Talbot's

U 13-40-57

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985