

0021



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

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)

September 17, 1993

CERTIFIED RETURN RECEIPT REQUESTED

No. P 540 713 975

Robert H. Hagen, Director
Office of Surface Mining
Reclamation and Enforcement
505 Marquette, N.W., Suite 1200
Albuquerque, New Mexico 87102

Re: Ten-Day Notice X93-020-370-002 TV1, Sunnyside Cogeneration Associates, ACT/007/035, Folder #5, Carbon County, Utah

Dear Mr. Hagen:

The above-cited Ten-Day Notice (TDN) was issued for "failure to conduct all coal mining and reclamation operations only on those lands designated as the permit area. The belly dump truck loop, crushing facilities, coal stockpile, and sediment pond located next to the permitted pasture sediment pond." The TDN was received at the Division of Oil, Gas and Mining's (DOGM) Salt Lake office on September 7, 1993.

As part of a stipulation attached to the Sunnyside Cogeneration Associates (SCA) permit, SCA is required to submit to DOGM current certified maps clearly delineating the entire permitted area. Those maps are to be filed with DOGM by September 15 of this year and will be reviewed by DOGM for completeness and accuracy.

In addition, plan deficiencies which impact the area covered by the TDN which are presently covered within the required September, 15, 1993, submittal will be required to have been addressed. If, by September 30, any inaccuracies and deficiencies of the maps and plan have not been corrected, DOGM will take appropriate enforcement action.

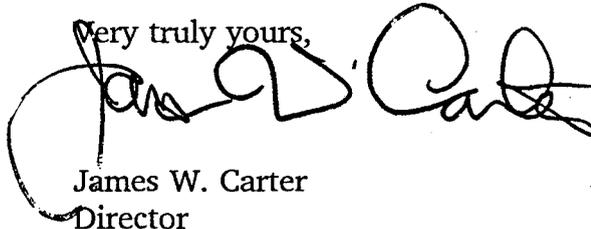
Because of the pendency of these events, I request that you find DOGM's response appropriate at this time.



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Robert H. Hagen
TDN X93-020-370-002 TV1
September 17, 1993

Thank you for your consideration of our response.

Very truly yours,

A handwritten signature in black ink, appearing to read "James W. Carter". The signature is fluid and cursive, with a large initial "J" and "C".

James W. Carter
Director

vb
cc: B. Burnett, SCA
L. Braxton
P. Grubaugh-Littig
R. Harden
J. Helfrich
W. Malencik (PFO)
SCATDN.L

P 540 713 975

RECEIPT FOR CERTIFIED MAIL

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

DOGMB VB ACT/007/035 TDN 93-020-370-002

ROBERT H HAGEN DIR AFO-OSM R & E STE 1200 505 MARQUETTE NW P.O. State ZIP Code ALBUQUERQUE NM 87102	29	100	35	100	7.00	
Postage	Special Delivery Fee	Restricted Delivery Fee	Return Receipt showing to whom and Date Delivered	Return Receipt showing to whom, Date, and Address of Delivery	TOTAL Postage and Fees	Postmark or Date

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

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 **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

DOGMB VB TDN 93-020-370-002 ACT/007/035

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: ROBERT H HAGEN DIR ALBUQUERQUE FIELD OFFICE OFFICE OF SURFACE MINING R & E 505 MARQUETTE NW STE 1200 ALBUQUERQUE NM 87102	4. Article Number P 540 713 975 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X Michele Aldrich	
7. Date of Delivery 9/23/92	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**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