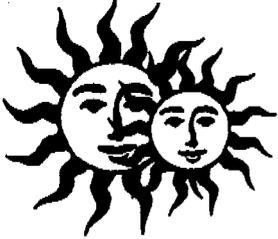


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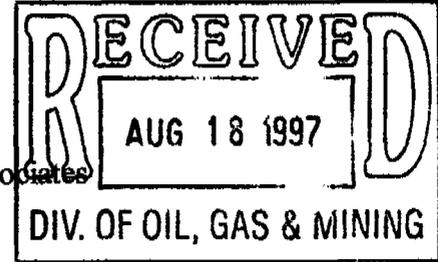


Sunnyside Cogeneration Associates

P.O. Box 10, East Carbon, Utah 84520 • (801) 888-4476 • Fax (801) 888-2538

August 15, 1997

Mr. William J. Malencik
Division of Oil, Gas and Mining
c/o College of Eastern Utah
451 East 400 North
Price, Utah 84501



Subject: Notice of violation issued to Sunnyside Cogeneration Associates
No: N97-26-4-1

ACT/007/035 #5

Dear Bill:

We are in receipt of a faxed letter and copy of our filed MSHA Legal Identity Report from the MSHA District Manager acknowledging our application for Legal Identification. The original is to be mailed. It is our understanding the original letter and MSHA Legal Identity Report is all that will be received from MSHA.

This faxed information is being forwarded to you by fax. As soon as we receive the original a copy will also be forwarded to you.

We are very anxious to resolve the issue of the above referenced Notice Of Violation before September 9, 1997, which will be ninety (90) days since the NOV was issued.

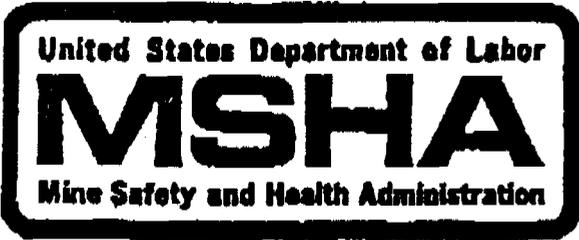
Your cooperation on this matter is appreciated. Please contact me or Rusty Netz with any questions or comments.

Sincerely,
Sunnyside Operations Associates, L. P.

Harold C. Sallas
General Manager

cc: ✓ James W. Carter, Utah DOGM
Joe Helfrich, Utah DOGM
John Hill, NRG
Walt Strotz, B&W
Rusty Netz, SOA

w/attachments
w/attachments
w/attachments
w/attachments
w/attachments



TRANSMITTAL FORM

SCA

TO: Rusty Netz 801-888-2538

FROM: Joyce

Mine Safety and Health Administration
 Coal Mine Safety and Health, District 9
 P.O. Box 25367, DFC
 Denver, Colorado 80225-0367
 Commercial: 303-231-5462
 Commercial FAX: 303-231-5553

DATE & TIME: 8-15-97

NO. OF PAGES: _____ + TRANSMITTAL FORM

REMARKS:

U. S. Department of Labor

Mine Safety and Health Administration
P.O. Box 25367
Denver, Colorado 80225-0367



Coal Mine Safety and Health
District 9

AUG 15 1997

Harold Sallas
General Manager
Sunnyside Cogeneration Associates
One Power Plant Road
Sunnyside, UT 84539

RE: Sunnyside Waste Coal Site
ID No. 42-02093
Legal Identity Report Form

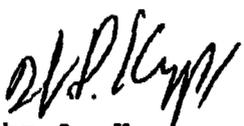
Dear Mr. Sallas:

This is to acknowledge receipt of your Legal ID Report dated and signed July 31, 1997, by you and your faxed statement of intent to adopt the current approved plans for this mine. We note that the name of your mine has changed from Sunnyside Facility to Sunnyside Waste Coal Site and is being processed with that name change.

The enclosed blank form is to be used for any future changes. When making changes, please be advised that this form must be completed in full as required by Part 41, Title 30 Code of Federal Regulations and all copies should be sent to the Coal Mine Safety and Health (CMS&H) District 9 office at the above address. Your copy will be returned along with a verification of receipt by CMS&H. All future correspondence regarding this mine should reference the identification number as shown in item 1 of the Legal Identity Report Form.

If you have any questions, please feel free to contact Joyce Cain at (303) 231-5462.

Sincerely,


John A. Kuzar
District Manager

Enclosure

This report is required by law (30 C.F.R. 41) Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in criminal prosecution under § 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of ownership information. This report must be signed, where indicated by arrow, to be valid. Type or print in ink only.

Form Approved OMB No. 1010-0047

5 CFR 1320.21 Public reporting burden for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.

Note: If more space is required in any section below, use a separate sheet.

Initial Notice Update Notice Effective Date of Changes July 31 1997

1. Federal Mine Identification Number (New ID required for new operation only.) 42-02093
2. Mine Name (to be used for all update notices) Sunnyside Waste Coal Site
3. Directions to the Mine (mileage direction from nearest town, city, and landmark) Hwy 123 between Sunnyside and East Carbon, Utah
4. Mine Location Address One Power Plant Rd.
5. City Sunnyside
6. County Carbon
7. State Utah
8. Zip Code 84539

9. Official Business Name of Operator Sunnyside Cogeneration Associates
10. Telephone Number in Event of an Emergency (801)888-4476
11. Commodity (type of product & operation—surface, underground or facility) Waste Coal Mining and Reclamation Surface

Person at Mine in Charge of Health and Safety (Superintendent or Principal Officer)
12. Name and Title Harold C. Sallas, General Manager
Sunnyside Operations Associates L.P.
13. Address Sunnyside Cogeneration Associates
One Power Plant Road
Sunnyside, Utah 84539

Person with Overall Responsibility for a Health and Safety Program at All of the Operator's Mines, if the Operator is Not Directly Involved in the Daily Operation of the Mine. (Safety Director)
14. Name and Title Daniel A. Severson, Safety Director
NRG Energy, Inc.
15. Address NRG Sunnyside, Inc.
1221 Nicollet Mall, Ste. 700
Minneapolis, MN 55403

Federal Mine Identification Numbers of All Other Mines in which the Sole Proprietor, Partnership, Corporation or Other Organization has a 20% or Greater Ownership Interest.

16. ID Numbers
None

Federal Mine Identification Numbers of All Other Mines in which Any Partner, Corporate Officer, Other Organization Official or Member has a 20% or Greater Ownership Interest (not applicable to sole proprietorship).

17. ID Numbers
None

Address of Records and Telephone Number [Service of documents upon the operator will be completed by mailing or personal service of the documents to this address. If P.O. Box or General Delivery is used for mailing address, a separate street address for personal service must be provided.]

18. Name of Person to Receive Official Mail or Service Harold C. Sallas
Title Sunnyside Operations Assoc LP
General Manager
19. Telephone Number (801)888-4476

20. Street Address One Power Plant Road
21. City Sunnyside
22. State Utah
23. Zip Code 84539
20a. Mail Address P. O. Box 10
21(a). City East Carbon
22a. State Utah
23a. Zip Code 84520

24. Please Check the Appropriate Box and Complete the Applicable Section (check only one box)
 I. Sole Proprietorship II. Partnership III. Corporation IV. Other

Section I—Sole Proprietorship
1. Trade Name of Company Sunnyside Cogeneration Associates
2. Proprietor's Name and Address of Residence
3. Proprietor's Principal Office Address (street) 4. City 5. State 6. Zip Code

Section II—Partnership
1. Trade Name Sunnyside Cogeneration Associates

Address		City	State	Zip Code
NRG Sunnyside, Inc.	Suite 700 1221 Nicollet Mall	Minneapolis	MN	55403
B&W Sunnyside LP	20 S Van Buren Ave PO Box 351	Barberton	OH	44203

Section III - Corporation

1. Official Corporation Name(s) _____ 2. State of Incorporation _____

3. Corporation Principal Office Address (street) _____ 4. City _____ 5. State _____ 6. Zip Code _____

a. Names of Corporation Officers & Directors	b. Title	c. Street Address	d. City	e. State	f. Zip Code

7. Is Corporation a Subsidiary? Yes No 8. Name and Address of Parent Corporation _____

If yes, give name and address of parent corporation.

Section IV - Other

1. Official Business Name of Organization _____ 2. Type of Organization _____

3. Principal Office Address (street) _____ 4. City _____ 5. State _____ 6. Zip Code _____

a. Names of Principal Organization Officials or Members	b. Title	c. Street Address	d. City	e. State	f. Zip Code

g. Names of Individuals with Ownership Interests in Organization	h. Street Address	i. City	j. State	k. Zip Code

Signature and Title of Official Completing Form

Date Form Completed **AUG - 4 1997**

Harold C. Slob, GENERAL MANAGER S.O.A.