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**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)

December 10, 1996

CERTIFIED RETURN RECEIPT REQUESTED  
P 074 977 705

Ben Grimes, Sr. Staff Project Engineer  
Cyprus Plateau Mining  
P.O. Drawer PMC  
Price, Utah 84501

Re: Finalized Assessment for State Violation #N96-41-1-1, Cyprus Plateau Mining,  
Willow Creek Mine, ACT/007/038, Folder #5, Carbon County, Utah

Dear Mr. Grimes:

The civil penalty for the above-referenced violation has been finalized. This assessment has been finalized as a result of a review of all pertinent data and facts including those presented in the assessment conference by you or your representative and the Division of Oil, Gas and Mining inspector.

Within fifteen (15) days of your receipt of this letter, you or your agent may make a written appeal to the Board of Oil, Gas and Mining. To do so, you must escrow the assessed civil penalties with the Division within a maximum of thirty (30) days of receipt of this letter, but in all cases prior to the Board Hearing. Failure to comply with this requirement will result in a waiver of your right of further recourse.

If no timely appeal is made, this assessed civil penalty must be tendered within thirty (30) days of your receipt of this letter. Please remit payment to the Division, mail c/o Vicki Bailey at the address listed above.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim W. Carter".

Jim W. Carter  
Assessment Conference Officer

blb  
Enclosure

cc: James Fulton, OSM  
Vicki Bailey, DOGM

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**WORKSHEET FOR FINAL ASSESSMENT OF PENALTIES  
UTAH DIVISION OF OIL, GAS AND MINING**

COMPANY/MINE Cyprus Plateau/Willow Creek

NOV # 96-41-1-1

PERMIT# ACT/007/038

VIOLATION 1 OF 1

Assessment Date 11 /18 /96

Assessment Officer James W. Carter

Nature of Violation: Water Pollution

Date of Termination: 6 /25/96

		<u>Proposed Assessment</u>	<u>Final Assessment</u>
(1)	History/Previous Violations	<u>0</u>	<u>0</u>
(2)	Seriousness		
	(a) Probability of Occurrence	<u>20</u>	<u>10</u>
	Extent of Damage	<u>15</u>	<u>5</u>
	(b) Hindrance to Enforcement	<u>0</u>	<u>0</u>
(3)	Negligence	<u>30</u>	<u>5</u>
(4)	Good Faith	<u>- 0</u>	<u>- 0</u>
	Total Points	<u>65</u>	<u>20</u>
	TOTAL ASSESSED FINE		<u>\$200.00</u>

**NARRATIVE:**

(Brief explanation for any changes made in assignment of points and any additional information that was available after the proposed assessment.)

See attached file memo

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Postmark	SALT LAKE CITY, UT DEC 11 1985 MAIL OFFICE
TOTAL	\$
Date and Time of Delivery	
Return Receipt to whom and for what	
Return Receipt showing	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
P.O., State and ZIP Code	PRICE UT 84501
BEN GRIMES CYPRUS PLATEAU MINING PO DRAWER PNC PRICE UT 84501	

BB DOGM ACT/007/038 FLD 5 12/11/96 N96-41-1-1

RECEIPT FOR CERTIFIED MAIL  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)  
 BEN GRIMES  
 CYPRUS PLATEAU MINING  
 PO DRAWER PNC  
 PRICE UT 84501

P 024 977 705

● **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 postage following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1.  Show to whom delivered, date, and addressee's address.  
 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**BEN GRIMES**  
**CYPRUS PLATEAU MINING**  
**PO DRAWER PNC**  
**PRICE UT 84501**

4. Article Number  
**P 074 977 705**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

5. Signature - Addressee  
 Signature - Agent  
 [Signature]

6. Signature - Agent  
 Signature - Addressee (ONE) [Signature]

7. Date of Delivery  
**DEC 1 9 1996**

PS Form 3811, Mar. 1985 U.S.G.P.O. 1985-212-855

- STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see form)
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  - 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.
  - 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.
  - 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.
  - 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.
  - Save this receipt and present it if you now make inquiry.

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 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.

RETURN TO  
 Print Sender's name, address and ZIP Code in the space below.

**OIL GAS & MINING**

1594 W NORTH TEMPLE STE 1210  
 BOX 145801  
 SALT LAKE CITY UT 84114-5801

PENALTY FOR PRIVATE USE, \$300