



**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 #: 21198

Permit Number: C0070045

Date Issued: 09/19/2017

NOTICE OF VIOLATION

CESSATION ORDER (CO)

FAILURE TO ABATE CO

Permittee Name: BRC WELLINGTON, LLC

Inspector Number and ID: 39 SDEMCAZAK

Mine Name: WELLINGTON DRY-COAL CLEANING FACILITY

Date and Time of Inspection: 09/18/2017 9:00 am

Certified Return Receipt Number: Issued in person

Date and Time of Service: 09/19/2017 4:00 pm

Nature of condition, practice, or violation:

Permittee has failed to have adequate bond coverage.

Provisions of Act, regulations, or permit violated:

R645-301-812.700

R645-301-820.120

This order requires Cessation of ALL mining activities. (Check box if appropriate.)

Condition, practice, or violation is creating an imminent danger to health or safety of the public.

Permittee is/has been conducting mining activities without a Permit.

Condition, practice, or violation is causing or can reasonably be expected to cause significant, imminent environmental harm to land, air, or water resources.

Permittee has failed to abate Violation(s) included in Notice of Violation or 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: Yes No

Abatement Times (if applicable).

No coal/refuse/product will be taken into Wellington Dry Coal Facility

Until bonding amount is updated/increase

Shipments from Wellington Dry Coal are allow.

or remove the high ash material located on south end of the property.

Action(s) required: Yes No

Increase the bonding amount as per Division mid-term review or the permittee can remove all high ash material located on the south end of the property as stated in letter August 11, 2017.

Kyle Edwards

STEVE DEMCAZAK

(Print) Permittee Representative

(Print) DOGM Representative

Permittee Representative's Signature - Date

DOGM Representative's Signature - Date

SEE REVERSE SIDE Of This Form For Instructions And Additional Information