

0009

### Document Information Form

Mine Number: C/015/002

File Name: Incoming

To: DOGM

From:

Person N/A

Company United States Department of the Interior

Date Sent: N/A

Explanation:

Mine Site Evaluation Inspection Report

cc:

File in: C/015/002, Incoming

- Refer to:
- Confidential
  - Shelf
  - Expandable

Date \_\_\_\_\_ For additional information



**United States Department of the Interior  
Office of Surface Mining  
Mine Site Evaluation Inspection Report**

26. State Permit Number

7WA10151002

27. Date of Inspection  
(Y M M D D)

870916

28. Yes  No  Do mining and reclamation activities on the site comply with the plans in the permit?  
 If no, provide narrative to support this determination.

29. Indicate number of complete and partial inspections conducted by the State to date for this annual review period:

29a.  0  1 Number of Completes

29b.  0  1 Number of Partials

30. Indicate number of complete and partial inspections required by the State during this annual review period:

30a.  0  1 Number of Completes

30b.  0  1 Number of Partials

31. Has inspection frequency been met?

31a. Yes  No  Completes

31b. Yes  No  Partials

**32. FEDERAL ENFORCEMENT INFORMATION. [Enter violation number. Check appropriate box(es)]**

Ten-Day Notice No.	Notice of Violation No.	Cessation Order No.	Violation Codes
87-0916-002			
A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorizations to Operate
B <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs and Markers
C <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backfilling and Grading
D <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highwall Elimination
E <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rills and Gullies
F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper Fills
G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topsoil Handling
H <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sediment Ponds
I <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effluent Limits
J <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Monitoring
K <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buffer Zones
L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roads
M <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dams
N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blasting
O <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revegetation
P <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil on the Downslope
Q <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mining Without Permit
R <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Permit Limits
S <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance Prohibitions
T <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic Materials
U <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Violations

33. Name of Authorized Representative (print or type)

Signature of Authorized Representative <i>Joe C. Frank</i>	Date 08/16/87
Signature of Reviewing Official <i>[Signature]</i>	Date 9/04/87

12 0  
04 0  
05 0  
03 0

United States Department of the Interior  
Office of Surface Mining  
Mine Site Evaluation Inspection Report

For Office Use Only

1a Y Y M M	1b Batch	1c Report
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2. Name of Permittee WESTERN STATES MNG CO		9. MSHA Number 42-00085		10. Date of Inspection (Y Y M M D D) 8/20/16	
3. Street Address 4975 VAN GORDON ST		11. State Permit Number JMA/015/002			
4. City WHEAT RIDGE		5. State CO		12. Name of Mine J.P. KING	
6. Zip Code 80033	7. Area Code 303	8. Telephone Number 425-7042		13. County Code 015	14. State Code 07
15. Strata	16. State Area Office C1		17. OSM Field Office No. 02	18. OSM Area Office No. NA	19. OSM Sample No. 0032
20. Type of Inspection (Code) C		21. Joint Inspection Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		22. Inspector's ID No. 006	

23. Status		24. Type of Activity (check applicable boxes).	
A <input checked="" type="checkbox"/> 01	Type of Permit	A <input type="checkbox"/> Steep Slope	E <input type="checkbox"/> Anthracite
B <input checked="" type="checkbox"/> 1	Mine Status (Code)	B <input type="checkbox"/> Mountain Top Removal	F <input type="checkbox"/> Federal Lands
C <input checked="" type="checkbox"/> 20	Type of Facility (Code)	C <input type="checkbox"/> Prime Farmlands	G <input type="checkbox"/> Indian Lands
D <input checked="" type="checkbox"/> 00440.0	Number of Permitted Acres	D <input type="checkbox"/> Alluvial Valley Floors	H <input checked="" type="checkbox"/> Other
E <input checked="" type="checkbox"/> 00030.0	Number of Disturbed Acres	<i>Non-Federal</i>	

25. Performance Standards (Codes)

**Instructions:** Indicate compliance code. For any standard marked 2 or 3 provide narrative to support this determination.

Standards That Limit the Effects to the Permit Area	Standards That Assure Reclamation Quality and Timeliness
A <input checked="" type="checkbox"/> 1 Distance Prohibitions	M <input checked="" type="checkbox"/> 1 Topsoil Handling
B <input checked="" type="checkbox"/> 1 Mining Within Permit Boundaries	N <input checked="" type="checkbox"/> 2 Backfilling and Grading
C <input checked="" type="checkbox"/> 1 Signs and Markers	O <input checked="" type="checkbox"/> 1 Following Reclamation Schedule
D <input checked="" type="checkbox"/> 2 Sediment Control Measures	P <input checked="" type="checkbox"/> 1 Revegetation Requirements
E <input checked="" type="checkbox"/> 2 Design and Certification Requirements—Sediment Control	Q <input checked="" type="checkbox"/> 3 Disposal of Excess Spoil
F <input checked="" type="checkbox"/> 1 Effluent Limits	R <input checked="" type="checkbox"/> 3 Handling of Acid or Toxic Materials
G <input checked="" type="checkbox"/> 1 Surface Water Monitoring	S <input checked="" type="checkbox"/> 1 Highwall Elimination
H <input checked="" type="checkbox"/> 3 Ground Water Monitoring	T <input checked="" type="checkbox"/> 3 Downslope Spoil Disposal
I <input checked="" type="checkbox"/> 3 Blasting Procedures	U <input checked="" type="checkbox"/> 1 Post Mining Land Use
J <input checked="" type="checkbox"/> 1 Haul/Access Road Design and Maintenance	V <input checked="" type="checkbox"/> 3 Cessation of Operations: Temporary
K <input checked="" type="checkbox"/> 3 Refuse Impoundments	W <input checked="" type="checkbox"/> 2 Other _____
L <input checked="" type="checkbox"/> 3 Other: Specify _____	

UNITED STATES DEPARTMENT OF THE INTERIOR  
Office of Surface Mining  
Reclamation and Enforcement  
**TEN-DAY NOTICE**

Originating Office: OSM  
625 Silver SW  
Albuquerque, NM 87102  
Telephone Number: (505) 766-1486

SEP 21 1987  
DIVISION OF SURFACE MINING

Number: X-87-02-006-009 TV 4

Ten-Day Notice to the State of Utah

You are notified that, as a result of a Federal inspection (e.g. a federal inspection, citizen information, etc.) the Secretary has reason to believe that the person described below is in violation of the Act or a permit condition required by the Act. If the State Regulatory Authority fails within ten days after receipt of this notice to take appropriate action to cause the violation(s) described herein to be corrected, or to show cause for such failure and transmit notice of your action to the Secretary through the originating office designated above, then a Federal inspection of the surface coal mining operation at which the alleged violation(s) is occurring will be conducted and appropriate enforcement action as required by Section 521(a)(1) of the Act will be taken.

Permittee: Western States Mining Co. County: Emery  Surface  
(Or Operator if No Permit)  
Mailing Address: 4975 Van Gordon St Wheat Ridge, CO 80033  Underground  
Permit Number: INA/015/002 Mine Name: J.B. King  Other

① NATURE OF VIOLATION AND LOCATION: Operator has failed to certify a pond after construction by a registered professional engineer - the permit's only and currently existing structure on the north  
Section of State Law, Regulation or Permit Condition believed to have been violated: 817.46(c)

② NATURE OF VIOLATION AND LOCATION: Operator has failed to construct a permanent diversion with gently sloping banks that are stabilized by vegetation - several segments on the main stream ch. reconstruction  
Section of State Law, Regulation or Permit Condition believed to have been violated: 817.43(b)

③ NATURE OF VIOLATION AND LOCATION: Operator has failed to fill, grade, or otherwise stabilize regraded and topsoiled areas - 20+ 9+ gullies mostly, but not all, on the East slopes  
Section of State Law, Regulation or Permit Condition believed to have been violated: 817.106

Remarks or Recommendations: \_\_\_\_\_

Date of Notice: 09/16/87 Signature of Authorized Rep.: Joe C. Funk  
Print Name and ID: Joe C. Funk 006

UNITED STATES DEPARTMENT OF THE INTERIOR  
Office of Surface Mining  
Reclamation and Enforcement  
TEN-DAY NOTICE  
(Continuation Sheet)

Original Office: OSM  
625 Silver SW  
Albuquerque, NM 87102  
Telephone Number: (505) 766-1486

Number X-87-02-006-009 TV 4

Ten-Day Notice to the State of Utah

(A)

NATURE OF VIOLATION AND LOCATION: Operator has failed to comply with the terms and conditions of the permit (by not properly installing energy dissipators at the upstream end of the sediment pond

Section of State Law, Regulation or Permit Condition believed to have been violated: 771.19

NATURE OF VIOLATION AND LOCATION: \_\_\_\_\_

Section of State Law, Regulation or Permit Condition believed to have been violated: \_\_\_\_\_

NATURE OF VIOLATION AND LOCATION: \_\_\_\_\_

Section of State Law, Regulation or Permit Condition believed to have been violated: \_\_\_\_\_

NATURE OF VIOLATION AND LOCATION: \_\_\_\_\_

Section of State Law, Regulation or Permit Condition believed to have been violated: \_\_\_\_\_

NATURE OF VIOLATION AND LOCATION: \_\_\_\_\_

Section of State Law, Regulation or Permit Condition believed to have been violated: \_\_\_\_\_

Remarks or Recommendations: \_\_\_\_\_

Date of Notice: 09/16/87

Signature of Authorized Rep: Joe C. Funk  
Print Name and ID: Joe C. Funk 006