



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

INSPECTION REPORT

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Partial: X Complete: Exploration:
Inspection Date & Time: 1/30/97 to 11
Date of Last Inspection: 12/12/96

Mine Name: Hidden Valley County: Emery Permit Number: ACT/015/007
Permittee and/or Operator's Name: Consolidated Coal Co.
Business Address: P.O. Box 566, Sesseu, Illinois 62884
Type of Mining Activity: Underground X Surface Prep. Plant Other
State Officials(s): Susan White and Robert Davidson
Company Official(s): Stephen Behling
Federal Official(s):

Weather Conditions: Fair and cold, 30's warming to 40's
Existing Acreage: Permitted-950 Disturbed-7 Regraded- Seeded- Bonded-7
Increased/Decreased: Permitted- Disturbed- Regraded- Seeded- Bonded-
Status: Exploration/ Active/ Inactive/ Temporary Cessation/ Bond Forfeiture
Reclamation (Phase I/Phase II/Final Bond Release/Liability Year)

REVIEW OF PERMIT, PERFORMANCE STANDARDS & PERMIT CONDITION REQUIREMENTS

Instructions

- 1. Substantiate the elements on this inspection by checking the appropriate performance standard.
a. For complete inspections provide narrative justification for any elements not fully inspected unless element is not appropriate to the site, in which case check N/A.
b. For partial inspections check only the elements evaluated.
2. Document any noncompliance situation by referencing the NOV issued at the appropriate performance standard listed below.
3. Reference any narratives written in conjunction with this inspection at the appropriate performance standard listed below.
4. Provide a brief status report for all pending enforcement actions, permit conditions, Division Orders, and amendments.

Table with 5 columns: Item, EVALUATED, N/A, COMMENTS, NOV/ENF. Rows include: 1. PERMITS, CHANGE, TRANSFER, RENEWAL, SALE; 2. SIGNS AND MARKERS; 3. TOPSOIL; 4. HYDROLOGIC BALANCE; 5. EXPLOSIVES; 6. DISPOSAL OF EXCESS SPOIL/FILLS/BENCHES; 7. COAL MINE WASTE/REFUSE PILES/IMPOUNDMENTS; 8. NONCOAL WASTE; 9. PROTECTION OF FISH, WILDLIFE AND RELATED ENVIRONMENTAL VALUES; 10. SLIDES AND OTHER DAMAGE; 11. CONTEMPORANEOUS RECLAMATION; 12. BACKFILLING AND GRADING; 13. REVEGETATION; 14. SUBSIDENCE CONTROL; 15. CESSATION OF OPERATIONS; 16. ROADS; 17. OTHER TRANSPORTATION FACILITIES; 18. SUPPORT FACILITIES/UTILITY INSTALLATIONS; 19. AVS CHECK (4th Quarter-April, May, June) (date); 20. AIR QUALITY PERMIT; 21. BONDING & INSURANCE.

INSPECTION REPORT

(Continuation sheet)

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PERMIT NUMBER: ACT/0157/007

DATE OF INSPECTION: 1/30/97

(Comments are Numbered to Correspond with Topics Listed Above)

Most of the site was snow covered, south facing slopes lacked snow. Evidence of a lot of moisture (considering this is a very dry site). Water ponding and frozen where melting had occurred.

2. Signs and Markers

Mr. Behling repainted some of the letter on the permit sign at the end of this inspection.

3. TOPSOIL

Soil samples had been taken by the operator, although the analytical lab may have lost some of the samples. A soils consultant has been hired by the permittee for the pending on site work. The consultant may retake samples.

13. REVEGETATION

Vegetation was scarce. The elk had heavily browsed some shrubs while total overlooking other shrubs of the same species. Only a few fresh solitary elk tracks were observed.

Copy of this Report:

Mailed to: OSM, Tim Kirschbaum, CCC

Given to: Joe Helfrich (DOGM)

Inspector's Signature: *Susan M. White* #35 Date: *2/10/97*

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-242-865 DOMESTIC RETURN RECEIPT

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:

**TIM KIRSCHBAUM
CONSOLIDATION COAL
PO BOX 566
SESSER IL 62884**

4. Article Number
P 074 977 329

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
[Signature]

7. Date of Delivery
1-16-98

8. Addressee's Address (ONLY if requested and fee paid)

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.

**DIVISION
OF
OIL GAS & MINING**

P 074 977 329
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

**TIM KIRSCHBAUM
CONSOLIDATION COAL
PO BOX 566
SESSER IL 62884**

| | |
|--|---------------------|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt showing to whom and Date of Delivery | |
| Return Receipt showing to whom Date, and Address of Delivery | |
| TOTAL Postage | JAN 13 1998 |
| Postmark or Date | USPS - 84199 |

PS Form 3800, June 1985 U.S.G.P.O. 1985-242-865 DOMESTIC RETURN RECEIPT

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, AND CHANGES 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. (An 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. Endorse front 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. 1988-217-132