



Action Taken on Existing Citation
Utah Coal Regulatory Program
 1594 West North Temple, Salt Lake City, UT 84114
 Phone: (801) 538 - 5285 Fax: (801) 359-3940

Action on Citation#: **10048**
 Permit Number: **C0150015**
 Date Cit. Issued: **03/11/2010**

MODIFICATION of TERMINATION of VACATION of

NOTICE OF VIOLATION CESSATION ORDER (CO) FAILURE TO ABATE CO

Permittee Name: Consolidation Coal Company	Inspector Number and ID: 49 KHOUSKEE
Mine Name: Emery Deep Mine	Date and Time of Action: 03/16/2010 4:00 pm
Certified Return Receipt Number: E-Mailed and Regular Mail	Date and Time of Service: 03/17/2010 8:30 am

In accordance with the provisions of the Utah Coal Mining and Reclamation Act, Utah Code Ann. § 40-10-1 et. seq. (Act), the above referenced Citation is:

Modified as follows:

Reason for modification:

Terminated because:
 The violation was abated @ 2:00 pm. Noncoal waste items were picked up and placed in the appropriate storage facilities.

Vacated because:

JOHN A. GEFFERTH

KARL R. HOUSKEEPER

(Print) Permittee Representative

(Print) DOGM Representative

E-mailed & mailed 3/17/10
 Permittee Representative's Signature - Date

Karl R. Houskeeper 3/17/10
 DOGM Representative's Signature - Date

Refer to the "Citation For Non-Compliance" for additional information

0013

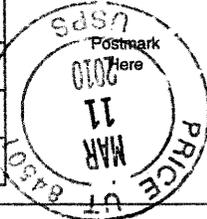
7008 0150 0002 0896 5168

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OFFICIAL USE

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Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54



NOV
10048

Sent To John A. Geffenth CONSOL
 Street, Apt. No. or PO Box No. P.O. Box 566
 City, State, ZIP+4 Sesser, Illinois 62884
 PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John A Geffenth
Env. Eng.
CONSOL
P.O. Box 566
Sesser, Illinois 62884

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery 3-15-10
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7008 0150 0002 0896 5168
(Transfer from service label)