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State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Norman H. Bangerter
Governor

Dee C. Hansen
Executive Director

Dianne R. Nielson, Ph.D.
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340

August 18, 1988

CERTIFIED RETURN RECEIPT REQUESTED
(P 879 596 374)

Mr. Gerald Hansen
Reclamation Coordinator
Co-Op Mining Company
P. O. Box 1245
Huntington, Utah 84528

Dear Mr. Hansen:

Re: NOV-88-20-2-1, Failure to Provide Required Responses to PAP
Amendments, Co-Op Mining Company, Bear Canyon Mine,
ACT/015/025-87A and ACT/015/025-87F, Folders #2 and 4, Emery
County, Utah

Enclosed is NOV-88-20-2-1 for the Bear Canyon Mine. This Notice of Violation (NOV) was issued because of the failure of Co-Op Mining Company to provide adequate responses to the above referenced PAP amendments.

Complete and adequate responses to this NOV must be submitted to the Division by September 15, 1988.

If you have any questions, please call me.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Grubaugh-Littig".

Pamela Grubaugh-Littig
Reclamation Engineer

djh
Enclosure
cc: E. Kingston
K. Mangum
J. Whitehaed
WP+/7

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to: **GERALD HANSEN**
RECLAMATION COORDINATOR
CO-OP MINING COMPANY
P O BOX 1245
HUNTINGTON UT 84528

4. Type of Service:		Article Number
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	P 879 596 374
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail		

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *GH*

6. Signature - Agent
X *Beth Owen*

7. Date of Delivery
AUG 31 1988

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

DOMESTIC RETURN RECEIPT

KAT/10/15/1025-879A or 879E NOV 1988