



**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 #: 19153

Permit Number: C0150025

Date Issued: 06/18/2015

NOTICE OF VIOLATION

CESSATION ORDER (CO)

FAILURE TO ABATE CO

Permittee Name: CASTLE VALLEY MINING LLC

Inspector Number and ID: 1 JHELFRIC

Mine Name: BEAR CANYON MINE

Date and Time of Inspection: 05/13/2015

Certified Return Receipt Number: 70123460000295596472

Date and Time of Service: 06/18/2015

Nature of condition, practice, or violation:

Encroachment of the stream buffer zone at the Bear Canyon mine.

Provisions of Act, regulations, or permit violated:

R645-301-731.600

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).

30 days, no later than 5:00 PM Friday

July 17th.

Action(s) required: Yes No

Remove materials from storage areas that have spilled over into the stream buffer area.

Remove the hoses and or other equipment used to decant pond A to pond B.

Submit plans for an alternative route to decant pond A into pond B.

Submit plans for the clean-up of the coal and or coal fines in the buffer zone.

The plans must be complete and adequate and implemented upon approval.

Jaren Jorgensen

(Print) Permittee Representative

JOE HELFRICH

(Print) DOGM Representative

Permittee Representative's Signature - Date

DOGM Representative's Signature - Date

SEE REVERSE SIDE Of This Form For Instructions And Additional Information