



0007
STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Norman H. Bangerter, Governor
Dee C. Hansen, Executive Director
Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

February 9, 1988

CERTIFIED RETURN RECEIPT REQUESTED
(P 001 719 360)

Mr. Robert Hagen, Director
Office of Surface Mining
Reclamation and Enforcement
Suite 310, Silver Square
625 Silver Avenue S.W.
Albuquerque, NM 87102

Dear Mr. Hagen:

Re: TDN X88-02-006-001, TV2, Southern Utah Fuel Company, Convulsion
Canyon Mine, ACT/041/002, Folder #5, Sevier County, Utah.

This letter will be the Division's response to a certified copy of the above referenced Ten Day Notice (TDN) received in Division offices February 2, 1988.

1. Number 1 of 2 was issued because of the operator's failure to comply with the terms and conditions of the permit regarding condition USFS #3.

Response The Division has extended the due date for this condition to March 1, 1988. The operator was formally informed of the extended deadline in a letter written December 10, 1987, and will be informed of the due date again in a letter sent February 9, 1988. NOV 87-9-9-1 was written earlier for the same issue, but was later vacated at the associated assessment conference. No further enforcement action will be taken at this time.

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Robert Hagen
ACT/041/002
February 9, 1988

2. Number 2 of 2 was issued for failing to provide a narrative explaining the current status of topsoil storage at the mine site.

Response Volume #8 of the Mining and Reclamation Plan (MRP) does not describe the topsoil handling facilities at the site adequately. Pursuant to INE-27, the operator has been requested to amend the section of the MRP addressing topsoil storage. A letter was sent to Southern Utah Fuel February 9, 1988 addressing this issue. No enforcement action will be taken.

Sincerely,

L. P. Braxton

L. P. Braxton
Administrator
Mineral Resource Development
and Reclamation Program

HWS/djh
1398R/6

copy for:
Ken May
S. Linker
W. Shepherd
PS-D

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 TO AVOID PAYMENT OF POSTAGE: \$300



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STATE OF UTAH
NATURAL RESOURCES
OIL, GAS, & MINING
2 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84180-1203

(City, State, and ZIP Code)

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE. CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side 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.

P 001 719 360

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982	Sent to	ROBERT H. Hagen, Dir Office of Surface Mining	
	Street and No.	Suite 310 SILVER SQUARE	
	P.O., State and ZIP Code	625 SILVER AV. NW ALBUQUERQUE, NM 87102	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
	Return receipt showing to whom, Date, and Address of Delivery		
	TOTAL Postage and Fees	\$	
	Postmark or Date		

ACT/04/1002 AL

PS Form 3811, Dec. 1980

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2. **RESTRICTED DELIVERY**
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. **ARTICLE ADDRESSED TO:** Robert Hagen, Director
 Office of Surface Mining
 Suite 310, SILVER SQUARE
 625 SILVER AVENUE SW
 ALBUQUERQUE, NM 87102

4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P 001 719 360
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(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY: 2/12/88	POSTMARK
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6. **ADDRESSEE'S ADDRESS (Only if requested)**

7. UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S INITIALS
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ACT/04/1002 AL