



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

June 22, 1987

CERTIFIED RETURN RECEIPT REQUESTED  
P 001 770 818

Mr. Robert H. Hagen, Director  
Albuquerque Field Office  
Office of Surface Mining  
Suite 310, Silver Square  
625 Silver Avenue, S.W.  
Albuquerque, New Mexico 87102

Dear Bob:

Re: SOAP Operational Grant No. G-51-3-8491

Enclosed please find our budget revision application for the above referenced grant. It is necessary to increase the SOAP grant amount to collect additional data to satisfy the requirements of our program.

The surface water monitoring program was scheduled for completion in May of 1987. However, a monitoring well which was scheduled for installation at the site was delayed several months. Monitoring of this well is essential to make a complete study of the hydrologic balance and probable hydrologic consequences as required by UMC 795.16. The well is now installed and monitoring began in April of this year. It will be necessary to monitor the well until April of 1988. At that time, the existing SOAP report will be updated to include this information.

We are requesting a \$10,000 budget increase to meet the costs connected with this program. Please contact me if there are additional actions necessary to increase this grant.

Best regards,

*Kenneth E. May*  
for Dianne R. Nielson  
Director

tr  
Enclosures  
cc: K. E. May  
R. P. Summers  
T. A. Reid

# FEDERAL ASSISTANCE

2. APPLICANT'S APPLICATION IDENTIFIER

a. NUMBER

SOAP 1

b. DATE

Year month day  
19 87 6 17

3. STATE APPLICATION IDENTIFIER

NOTE: TO BE ASSIGNED BY STATE

a. NUMBER

UT-83-0720-010

b. DATE ASSIGNED

Year month day  
19 83 7 20

1. TYPE OF SUBMISSION (Mark appropriate box)

- NOTICE OF INTENT (OPTIONAL)
- PREAPPLICATION
- APPLICATION

Leave Blank

4. LEGAL APPLICANT/RECIPIENT

a. Applicant Name Utah Division of Oil, Gas and Mining  
 b. Organization Unit Mined Land Reclamation  
 c. Street/P.O. Box Suite 350, 3 Triad Center  
 d. City Salt Lake  
 e. County Salt Lake  
 f. State Utah  
 g. ZIP Code. 84180-1203  
 h. Contact Person (Name & Telephone No.) Dr. Dianne R. Nielson (801) 538-5340

5. EMPLOYER IDENTIFICATION NUMBER (EIN)

6. PROGRAM (From CFDA)

a. NUMBER 15 250

MULTIPLE

b. TITLE Mined Land Reclamation & Enforcement

7. TITLE OF APPLICANT'S PROJECT (Use section IV of this form to provide a summary description of the project.)

Small Operators Assistance Program (SOAP)

8. TYPE OF APPLICANT/RECIPIENT

- A—State
- B—Interstate
- C—Substate
- Organization
- D—County
- E—City
- F—School District
- G—Special Purpose District
- H—Community Action Agency
- I—Higher Educational Institution
- J—Indian Tribe
- K—Other (Specify):

Enter appropriate letter **A**

9. AREA OF PROJECT IMPACT (Names of cities, counties, states, etc.)

Summit County

10. ESTIMATED NUMBER OF PERSONS BENEFITING

100

11. TYPE OF ASSISTANCE

- A—Basic Grant
- B—Supplemental Grant
- C—Loan
- D—Insurance
- E—Other

Enter appropriate letter(s) **-E**

12. PROPOSED FUNDING

a. FEDERAL	\$ 10,000 .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. Total	\$ 10,000 .00

13. CONGRESSIONAL DISTRICTS OF:

a. APPLICANT #2	b. PROJECT #1
15. PROJECT START DATE Year month day 19 87 7 1	16. PROJECT DURATION Months 12
18. DATE DUE TO FEDERAL AGENCY Year month day 19 87 7 1	

14. TYPE OF APPLICATION

- A—New
- B—Renewal
- C—Revision
- D—Continuation
- E—Augmentation

Enter appropriate letter **E**

17. TYPE OF CHANGE (For 14c or 14e)

- A—Increase Dollars
- B—Decrease Dollars
- C—Increase Duration
- D—Decrease Duration
- E—Cancellation
- F—Other (Specify):

Enter appropriate letter(s) **-A**

19. FEDERAL AGENCY TO RECEIVE REQUEST

Office of Surface Mining Reclamation and Enforcement

a. ORGANIZATIONAL UNIT (IF APPROPRIATE)

Albuquerque Field Office

b. ADMINISTRATIVE CONTACT (IF KNOWN)

Robert H. Hagen, Director

20. EXISTING FEDERAL GRANT IDENTIFICATION NUMBER

G51-3-8491

c. ADDRESS

Suite 310, Silver Square  
625 Silver Ave., S.W., Albuquerque, New Mexico 87102

21. REMARKS ADDED

Yes  No

SECTION II—CERTIFICATION

22. THE APPLICANT CERTIFIES THAT

To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.

a. YES, THIS NOTICE OF INTENT/PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 17, 1987

b. NO, PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

23. CERTIFYING REPRESENTATIVE

a. TYPED NAME AND TITLE

Dr. Dianne R. Nielson, Director

b. SIGNATURE

24. APPLICATION RECEIVED 19

25. FEDERAL APPLICATION IDENTIFICATION NUMBER

26. FEDERAL GRANT IDENTIFICATION

SECTION III—FEDERAL AGENCY ACTION

27. ACTION TAKEN

- a. AWARDED
- b. REJECTED
- c. RETURNED FOR AMENDMENT
- d. RETURNED FOR E.O. 12372 SUBMISSION BY APPLICANT TO STATE
- e. DEFERRED
- f. WITHDRAWN

28. FUNDING

a. FEDERAL	\$ .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	\$ .00

29. ACTION DATE 19

31. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

30. STARTING DATE 19

32. ENDING DATE 19

33. REMARKS ADDED

Yes  No

SECTION I - Item No. 7 - This application seeks an increase in funding to the Utah SOAP grant, which grant provides assistance to small coal operators, to collect additional data to satisfy the baseline data requirements of our program.

SECTION I - Item No. 11 - Funding increase.



U.S. DEPARTMENT OF THE INTERIOR
Office of Surface Mining
Washington, DC 20240

Performance Report

Program Narrative Statement

1. Type of Program (Check Appropriate Box)
2. Grant Recipient
3. Project Title/Program
4. Performing Organization
5. Program Narrative

OSM-51 (12/80)

U.S. DEPARTMENT OF THE INTERIOR  
Office of Surface Mining  
**BUDGET INFORMATION REPORT**

OMB Approval No.  
1029-0064

**IMPORTANT: Please read instructions on the reverse of this page before completing form.**

<b>A. Program</b> Permanent Regulatory Program	<b>E. Budget Period (Month, Day, Year)</b>	<b>F. Mark X in Appropriate Box</b>
<b>B. Grantee</b> Utah Division of Oil, Gas and Mining	<b>Beginning Date</b> 7-1-83	<input type="checkbox"/> New Budget
<b>C. Grant Program</b> Small Operators Assistance Program (S.O.A.P.)	<b>Ending Date</b> 6-30-88	<input checked="" type="checkbox"/> Revised Budget (Enter Grant Number)
<b>D. Rate of Federal Sharing (%)</b> 100%		<b>Grant Number</b> 65138491

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	S.O.A.P.						TOTAL (g)
	(a)	(b)	(c)	(d)	(e)	(f)	
<b>Section A</b>							
<b>by</b>							
<b>Object Class</b>							
1. Personnel	\$	\$	\$	\$	\$	\$	\$
2. Fringe Benefit							
3. Travel							
4. Equipment							
5. Supplies							
6. Contractual	70,000						70,000
7. Construction							
8. Other							
9. Total Direct Charges	70,000						70,000
10. Indirect Charges							
11. Total	70,000						70,000

<b>Section B</b> <b>by</b> <b>Quarter</b>	12. First Quarter						
	13. Second Quarter						
	14. Third Quarter						
	15. Fourth Quarter						
	16. Total						70,000

<b>Section C</b> <b>by</b> <b>Source</b>	17. Non-Federal Share						
	18. Federal Share						70,000

<b>Section D</b> <b>for</b> <b>Income</b>	19. Program Income						- 0 -
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<b>Section E</b> <b>Indirect</b> <b>Cost</b>	20. Detail on Indirect Cost			
	Type of Rate (mark X in one box)	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Provisional	<input type="checkbox"/> Final
	Rate _____ % N/A/	Total Amount _____	Base _____	<input type="checkbox"/> Fixed

<b>G. Signature of Authorizing Official</b> <i>Svennott E. May</i> for <i>Dianne R. Nielson</i>	<b>H. Name and Title (type or print)</b> Dianne R. Nielson, Director	<b>I. Telephone Number (Area Code, Number and Extension)</b> (801) 538-5340	<b>Date Report Submitted</b>
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**U.S. DEPARTMENT OF THE INTERIOR**  
Office of Surface Mining  
**QUANTITATIVE PROGRAM MANAGEMENT INFORMATION**  
TO SUPPORT

**THE SMALL OPERATORS ADMINISTRATION AND OPERATIONAL PROGRAM (SOAP) GRANT FOR STATE REGULATORY ASSISTANCE**

1. Name of Grantee Utah Division of Oil, Gas and Mining      2. Grant Number G5138491      3. Period Covered by This Report From 7-1-83 to 6-30-88

4. DESCRIPTION OF ACTIVITY (Enter numbers for Budgeted Activity in Column (A) & Actual Activity in Columns (B) & (C))	5. PROGRAM NARRATIVE STATEMENT (Budgeted Activity) (A)	6. PERFORMANCE REPORT (ACTUAL ACTIVITY)		7. PERCENTAGE % (A) + (C) = (D) (D)
		semi-annual (B)	yr. to date (C)	
<b>A. Administrative Support for SOAP Action:</b>				
1. Small Operators identified and contacted .....	1			
2. Applications for assistance received .....	1			
3. Applications for assistance approved .....	1			
4. Task Order contracts awarded .....	1			
5. Laboratories requesting qualifications .....	1			
6. Small Operators receiving permits .....	1			
<b>B. SOAP operational activities:</b>				
1. Determination of probable hydrologic consequences:				
(a) Determinations completed .....	1			
2. Statements of test boring:				
(a) Statements completed .....	1			
3. Sites with laboratory costs in the following dollar categories:				
(a) Less than \$20,000 .....				
(b) \$20,000 to \$30,000 .....				
(c) Greater than \$30,000 .....	1			
4. Number of Work Laboratories receiving work orders .....	1			