Department of Environmental Quality

To protect, conserve and enhance the quality of Wyoming's environment for the benefit of current and future generations.

Matthew H. Mead, Governor

John Corra, Director

SB

LQD
OCT 26 2011
RECEIVED

October 24, 2011

Mr. Darryl Maunder
Manager Environmental & Regulatory Affairs
Cloud Peak Energy Resources, LLC
Cordero-Rojo Mine
P.O. Box 3009
Gillette, WY 82717-3009

RE: Termination of Notice of Violation No. 100565 (Docket No. 4845-11) for Cloud Peak Energy Resources, LLC; Cordero-Rojo Mine, Permit No. 237-T8

Dear Darryl:

This letter covers the termination of the referenced Notice of Violation. Cordero-Rojo Mine has submitted the permit revision plan for preventing NOx fumes from impacting people and paid the fine that the Director recommended in the Informal Conference on July 28, 2011. The permit revision is still being reviewed by the LQD-District III staff.

Please contact me if you have any questions.

Sincerely,

Doug Emme

Doug Emme
Blasting Engineer

Attachment
xc: Nancy Nuttbrock , Administrator (with attach.)

CERTIFIED MAIL NO. 7010 3090 0001 6474 2525
RETURN RECEIPT REQUESTED

AEVR 10/25/11

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2100 West 5th Street • SHERIDAN, WY 82801
(307) 673-9337 • FAX (307) 672-2213

WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY
LAND QUALITY DIVISION
CHEYENNE, WY

PERMIT NO. ____237-T8____
DOCKET NO. ____**4845-11**__

VACATION OR TERMINATION OF NOTICE OR ORDER

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To the Following Permittee or Operator or Licensee:

Name _____**Cloud Peak Energy Resources, LLC; Cordero-Rojo Mine**

Mailing Address ____**P.O. Box 3009 Gillette, WY 82717-3009**

Under the authority of the Wyoming Environmental Quality Act of 1973, as amended, with respect to:

Notice of Violation No. ____**100565**_____, dated ____**May, 27, 2011**

Cessation Order No. _____N/A_____, dated _____N/A_____

Violation No. _100565_____ is hereby __x__ Terminated _____ Vacated because:

Violation No. _____ is hereby _____ Terminated _____ Vacated because:

Violation No. _____ is hereby _____ Terminated _____ Vacated because:

_____**Doug Emme**_____
Printed Name of Designated Representative

Date of Service _____**October 24, 2011**_____

Doug Emme
Signature of Designated Representative

Manner of Service ___**Certified Mail**_____

Proof of Service _____**Return Receipt**_____ Person Served __**Darryl Maunder**_____

cc: Cheyenne LQD
District Office
OSM – Casper Field Office