

# REGULAR NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

|  |   |  |                  |
|--|---|--|------------------|
| OAL FILE NUMBERS                                   | NOTICE FILE NUMBER<br><b>Z-2017-0718-03</b> | REGULATORY ACTION NUMBER<br><b>2017-1027-055</b> | EMERGENCY NUMBER |
| For use by Office of Administrative Law (OAL) only |   |  |                  |
| RECEIVED DATE<br><b>JUL 18 '17</b>                 |   | PUBLICATION DATE<br><b>JUL 28 '17</b>            |                  |
| Office of Administrative Law                       |   | Office of Administrative Law                     |                  |
| NOTICE   |   | REGULATIONS                                      |                  |

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**DEC 13 2017**  
**1:44 PM**

AGENCY WITH RULEMAKING AUTHORITY

AGENCY FILE NUMBER (if any)

*Department of Conservation*

### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

|  |  |  |   |
|--|--|--|---|
| 1. SUBJECT OF NOTICE<br>Guidance Document for Surface Mine Inspectors  | TITLE(S)<br>14   | FIRST SECTION AFFECTED<br>3504.6           | 2. REQUESTED PUBLICATION DATE<br>07/07/17 |
| 3. NOTICE TYPE<br><input checked="" type="checkbox"/> Notice re Proposed Regulatory Action<br><input type="checkbox"/> Other | 4. AGENCY CONTACT PERSON<br>Paul Fry   | TELEPHONE NUMBER<br>(916) 324-0681         | FAX NUMBER (Optional)                     |
| OAL USE ONLY   | ACTION ON PROPOSED NOTICE<br><input type="checkbox"/> Approved as Submitted<br><input type="checkbox"/> Approved as Modified<br><input type="checkbox"/> Disapproved/Withdrawn | NOTICE REGISTER NUMBER<br><b>2017-30-2</b> | PUBLICATION DATE<br><b>7/28/2017</b>      |

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

|   |  |
|---|--|
| 1a. SUBJECT OF REGULATION(S)<br><b>Guidance Document For Surface Mining Operators</b> | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) |
|---|--|

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

|  |                        |
|--|------------------------|
| SECTION(S) AFFECTED<br>(List all section number(s) individually. Attach additional sheet if needed.) | ADOPT<br><b>3504.6</b> |
|  | AMEND                  |
|  | REPEAL                 |
| TITLE(S)<br><b>14</b>  |                        |

3. TYPE OF FILING

|   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)   | <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. | <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) | <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 11349.4) | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)   | <input type="checkbox"/> File & Print                               | <input type="checkbox"/> Print Only   |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))   |   | <input type="checkbox"/> Other (Specify) _____                      |   |

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

|  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) | <input type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> \$100 Changes Without Regulatory Effect | <input type="checkbox"/> Effective other (Specify) _____ |
|--|--|--|--|

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal |
| <input type="checkbox"/> Other (Specify) _____                             |  |   |

7. CONTACT PERSON

|                 |   |                       |  |
|-----------------|---|-----------------------|--|
| <b>Paul Fry</b> | TELEPHONE NUMBER<br><b>916-324-0681</b> | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional)<br><b>Paul.Fry@conservation.ca.gov</b> |
|-----------------|---|-----------------------|--|

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

|  |                         |
|--|-------------------------|
| SIGNATURE OF AGENCY HEAD OR DESIGNEE<br>                         | DATE<br><b>10/27/17</b> |
| TYPED NAME AND TITLE OF SIGNATORY<br><b>David Bunn, Director</b> |                         |

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**ENDORSED APPROVED**

**DEC 13 2017**

**Office of Administrative Law**