

CA MINE ID# 91-

MINE NAME _____

SMARA Lead Agency _____

City County Other

1. Company Operating	Street Address/P.O. Box No.	Telephone () Ext
Site Contact Person	City/State/ZIP Code/County	Email Address

2. Designated Agent's Name (individual must reside in CA)	Mailing Address	
	Email Address	
City	ZIP Code	Telephone () Ext

SOME ITEMS BELOW ARE PRECEDED BY A BOX LABELED "N.C." THIS BOX MAY BE CHECKED IF THERE ARE NO CHANGES IN THE INFORMATION FROM THE LAST REPORTING YEAR. (NOTE: IF THIS IS THE FIRST TIME YOU HAVE FILED A REPORT, ALL SECTIONS MUST BE COMPLETED.)

<input type="checkbox"/>	3. Owner of Mining Operation	Telephone () Ext
N.C.	Mailing Address	Email Address
	City	State/ZIP Code Country (If other than U.S.A.)
	Was this operation purchased by you during reporting year? <input type="checkbox"/> Yes: Date of purchase _____. <input type="checkbox"/> No.	Was this operation sold by you during reporting year? <input type="checkbox"/> Yes: Date of sale _____. <input type="checkbox"/> No.

<input type="checkbox"/>	4. Landowner	Assessor's Parcel No.(s)
N.C.	Mailing Address	Telephone () Ext
	City/State/ZIP Code	Country (If other than U.S.A.)

5. Status of Mining Activities DURING THE REPORTING YEAR (See form instructions for definitions) **CHECK 1 ONLY**

- Newly Permitted; not yet in operation. Date Permitted: _____
- Active.
- Idle. Complete the following:
 Date operation became idle: _____
 Copy of Approved Interim Management Plan is attached.
 Interim Management Plan is pending Lead Agency. Submitted on _____ (date).
- Closed with no intent to resume. Date mining ceased: _____
- Closed—reclamation certified complete by Lead Agency. _____ (date).

ATTACH PROOF OF SUBMITTAL

6. Status of Reclamation Activities DURING THE REPORTING YEAR **CHECK 1 ONLY**

- Reclamation not started.
- Reclamation in progress. **(Attach updated reclamation plan map indicating progress.)**
- Reclamation certified complete by Lead Agency. **ATTACH CERTIFICATION**
 Reclamation certified complete on _____ (date).
 Financial Assurances released on _____ (date).

7. Was an inspection completed by Lead Agency during the reporting year?

- Yes: (Attach the copy of Surface Mining Inspection Report (MRRC-1)) Date of Inspection: _____
- No: Explain on page 4.

8. Reclamation Plan Status

N.C.

- Reclamation Plan initially approved on _____ (date).
- Date of currently approved Reclamation Plan if different from above: _____.
- Amendment(s) to Reclamation Plan approved during the reporting year on _____ (date).

ATTACH COPY WITH CONDITIONS AND PROOF OF APPROVAL

Number of acres subject to Reclamation Plan: _____

No Reclamation Plan. Please explain by checking one of the two boxes below, as applies. Otherwise, explain on page 4.

Approval Pending. Submitted to Lead Agency on _____ (date). **ATTACH PROOF OF SUBMITTAL**

Lead Agency action on Initial or Amended Reclamation Plan on appeal with SMGB.

Appeal submitted on _____ (date). **ATTACH PROOF OF SUBMITTAL**

9(a). Was there a new or updated Financial Assurance Cost Estimate approved by Lead Agency during the reporting year?

- Yes: Date of Approval _____.
- Yes: Approval of Financial Assurance Cost Estimate pending with Lead Agency. Submitted on _____ (date).
- No: Explain on page 4.

ATTACH COPY AND PROOF OF SUBMITTAL

9(b). Was a new or updated Financial Assurance Mechanism(s) approved by Lead Agency and Department of Conservation during the reporting year?

- Yes **ATTACH COPY AND PROOF OF APPROVAL**
- No: Approval Pending Financial Assurance Mechanism(s) submitted to Lead Agency on _____ (date).
- No: Lead Agency action on Financial Assurance Mechanism(s) is on appeal with SMGB. Appeal submitted on _____ (date).
- No: Other. Explain on page 4.

9(c). Complete information below for Financial Assurance Mechanism(s):

Type (Bond, CD, etc.)	Amount	Date Posted	Date of Annual Review by Lead Agency	Expiration Date or Renewal Date (if applicable)

IF APPLICABLE, INFORMATION REQUIRED IN ITEMS 10 THROUGH 13 MUST BE PROVIDED FOR EACH SEPARATE PLOT

10. ATTACH NAMED U.S. GEOLOGICAL SURVEY MAP—7.5' OR 15' QUAD—SHOWING BOUNDARIES OF MINING OPERATION IF NOT PREVIOUSLY PROVIDED.

N.C.

Latitude (Decimal Degree)	Longitude (Decimal Degree)	Section—Township—Range—Base Meridian	Quad Name	County
_____	_____	_____	_____	_____

11. Type Code(s) of Mining Operation _____ (if not previously provided)

N.C.

SEE EXHIBIT A FOR TYPE CODES

12. DISTURBED ACREAGE **COMPLETE ENTIRE SECTION**

1. _____ Approximate disturbed acreage on January 1, 2013. (This figure should match the figure from item 12, line 5 on your 2012 annual report. If it does not match, explain on page 4.)
2. _____ Approximate acreage disturbed **during** 2013.
3. _____ **(ADD LINE 1 TO LINE 2)**
4. _____ Approximate disturbed acreage **reclaimed** during 2013.
5. _____ **(SUBTRACT LINE 4 FROM LINE 3)** Approximate disturbed acreage **remaining** on December 31, 2013.

- N.C. 13. **CHECK ALL THAT APPLY**
- Acres Permitted: _____ Permit #: _____
- Acres Vested (acres disturbed prior to January 1, 1976): _____
- Acres on Federal Lands: _____ Permit/ID #: _____

- N.C. 14. \$ _____ Current total assessed value of mining operation as established by County Assessor's Office.

15. COMMODITIES AND PRODUCTION* **SEE EXHIBIT B**

**PRODUCTION INFORMATION IS PROPRIETARY AND
 WILL BE KEPT CONFIDENTIAL PURSUANT TO
 PUBLIC RESOURCE CODE SECTION 2207(g)*

List All Commodities (from Exhibit B)	Category Number (from Exhibit B)	Check here if No Production for a Commodity	TOTAL PRODUCTION			
			Amount of Production	Short Tons	Troy Ounces	Pounds
PRODUCED MINERALS						
A. PRIMARY COMMODITY		<input type="checkbox"/>				
B. ALL OTHER COMMODITIES (include gold and silver produced if not primary commodity)		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

16. FEE SCHEDULE **SEE EXHIBIT C**

USING **BOTH** YOUR CATEGORY NUMBER **AND** TOTAL PRODUCTION FROM 15(A) ABOVE, REFER TO EXHIBIT C TO FIND YOUR CORRESPONDING PRODUCTION RANGE. ENTER YOUR CORRESPONDING PRODUCTION CODE IN 16(A) AND FEE IN 16(B) BELOW.

A. **PRODUCTION CODE** _____

B. **REPORTING FEE** \$ _____

GOLD AND SILVER FEE:

IF GOLD OR SILVER PRODUCTION IS REPORTED IN SECTION 15(A) OR 15(B), CONTINUE ON TO COMPLETE 16(C) AND (D), BELOW.

C. **GOLD FEE** (_____ Ounce(s) of gold) X (\$5.00 per ounce) = \$ _____

D. **SILVER FEE** (_____ Ounce(s) of silver) X (\$0.10 per ounce) = \$ _____

TOTAL FEES DUE SUM OF 16(B), (C) AND (D) = \$ _____ (Attach one check for total)

