

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"/> N.C.	3. Owner of Mining Operation	Telephone () Ext	
	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"/> N.C.	4. Landowner	Assessor's Parcel No.(s)
	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.

N.C. 8. Reclamation Plan Status

- 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).
 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).
 Lead Agency action on Initial or Amended Reclamation Plan on appeal with SMGB. Appeal submitted on _____ (date).

ATTACH COPY WITH CONDITIONS AND PROOF OF APPROVAL

ATTACH PROOF OF SUBMITTAL

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

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

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

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

SEE EXHIBIT A FOR TYPE CODES

12. DISTURBED ACREAGE COMPLETE ENTIRE SECTION

1. _____ Approximate disturbed acreage on January 1, 2014. (This figure should match the figure from item 12, line 5 on your 2013 annual report. If it does not match, explain on page 4.)
2. _____ Approximate acreage disturbed during 2014.
3. _____ (ADD LINE 1 TO LINE 2)
4. _____ Approximate disturbed acreage reclaimed during 2014.
5. _____ (SUBTRACT LINE 4 FROM LINE 3) Approximate disturbed acreage remaining on December 31, 2014.

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	CHECK ONE		
PRODUCED MINERALS				Short Tons	Troy Ounces	Pounds
A. <u>PRIMARY COMMODITY</u>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ALL <u>OTHER COMMODITIES</u> (include gold and silver produced if not primary commodity)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<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)

17. SUBMITTED BY:

Your Name (Please print) _____ Relationship to Operation: _____
Your Mailing Address _____
City/State/ZIP Code _____ Your Telephone Number: (_____) _____ Ext _____

I certify that the information submitted herein is complete and accurate (failure to submit complete and accurate requisite information may result in an administrative penalty as provided for in Public Resources Code Section 2774.1).

SIGNATURE OF SUBMITTER _____ **DATE** _____

TITLE OF SUBMITTER _____ **EMAIL ADDRESS** _____

Please mail annual report, reporting fee, gold and silver fee and ALL required attachments to:

**ATTN: Reporting and Records Unit
Office of Mine Reclamation
Department of Conservation
801 K Street, MS 09-06
Sacramento, CA 95814-3529**

Please use the space provided to complete any questions that required further explanation. Additional sheets may be attached if more space is needed.