

CA MINE ID# 91-

MINE NAME _____

1. Company Operating	Site Contact Person	Telephone ()
Street Address/P.O. Box No.	City	State/ZIP Code/County
2. Designated Agent's Name (individual must reside in CA)	Mailing Address	
City	Email Address: ZIP Code	Telephone ()

ITEMS BELOW WHICH ARE PRECEDED BY A BOX LABELED N.C. 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 ()
	Mailing Address (this address will be used to send next year's report form)		
	City	State/ZIP Code	Country (If other than U.S.A.)
	Was this operation purchased by you during reporting year? <input type="checkbox"/> Yes. If yes, date of purchase _____. <input type="checkbox"/> No.		Was this operation sold by you during reporting year? <input type="checkbox"/> Yes. If yes, date of sale _____. <input type="checkbox"/> No.
<input type="checkbox"/> N.C.	4. Landowner		Assessor's Parcel #
	Mailing Address		Telephone ()
	City/State/ZIP Code		Country (If other than U.S.A.)

5. Status of Mining Activities DURING THE REPORTING YEAR **CHECK 1 ONLY**

- Newly Permitted—Not yet in operation. Date Permitted _____
- Active.
- Idle (as defined in Public Resources Code Section 2727.1). Complete the following:
 - Date operation became idle _____.
 - Copy of Approved Interim Management Plan attached.
 - Interim Management Plan pending with Lead Agency. **ATTACH PROOF OF SUBMITTAL**
- Closed with no intent to resume. Date mining ceased _____.
- Closed—reclamation certified complete by Lead Agency. Date mining ceased _____.

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. Yes No Inspection completed by Lead Agency during the reporting year.

If yes, attach the copy of Surface Mining Inspection Report (MRRC-1). If inspection report is not attached, please explain on Page 4.

N.C. 8A. SMARA Lead Agency (city OR county ONLY) _____

N.C. 8B. Reclamation Plan Status **CHECK ONE**

No Plan

Approved on _____ (date). Attach copy with amendments, conditions, and **PROOF** of approval.
 _____ Number of acres subject to Reclamation Plan.

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

On Appeal. Submitted to SMGB on _____ (date). **ATTACH PROOF OF SUBMITTAL**

9. Yes: Financial Assurances approved by Lead Agency. **ATTACH COPY AND PROOF OF APPROVAL**
 Complete below for approved Financial Assurances:

Amount	Type	Date Posted	Date of Annual Review by Lead Agency	Expiration Date or Renewal Date (if applicable)

No: Financial Assurances NOT approved by Lead Agency.

Financial Assurances pending with Lead Agency. Submitted on _____ (date). **ATTACH PROOF OF SUBMITTAL**

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

Latitude	Longitude	Section—Township—Range—Base Meridian	Quad Name	County

N.C. 11. **Type** Code(s) of Mining Operation _____ **SEE EXHIBIT A FOR TYPE CODES**

12. DISTURBED ACREAGE **COMPLETE ENTIRE SECTION**

- _____ Approximate disturbed acreage at **beginning** of 2010. (This figure should match the figure from item 12, line 5 on your 2009 annual report. If it does not match, please explain on Page 4.)
- _____ Approximate acreage disturbed **during** 2010.
- _____ **(ADD LINE 1 TO LINE 2)**
- _____ Approximate disturbed acreage **reclaimed** during 2010.
- _____ **(SUBTRACT LINE 4 FROM LINE 3)** Approximate disturbed acreage **remaining** at end of 2010.

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

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

SEE EXHIBIT B FOR COMMODITIES AND UNITS OF MEASURE

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
A. PRIMARY COMMODITY PRODUCED BY OPERATION:		<input type="checkbox"/>				
B. ALL OTHER COMMODITIES PRODUCED BY OPERATION (include any production of gold and silver);		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

16. FEES SCHEDULE

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... **FROM EXHIBIT C**

B. REPORTING FEE **FROM EXHIBIT C** \$

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)

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) _____

Your Mailing Address _____

City/State/ZIP Code _____ Your Telephone Number () _____

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:

**Reporting Section
 Office of Mine Reclamation
 Department of Conservation
 801 K Street, MS 09-06
 Sacramento, CA 95814-3529**

DISTRIBUTION: Original to State Copy to Lead Agency Copy to Operator

