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INING OR C	ifornia MENT OF CONSERVATION OPERATION ANNUAL REPORT ALENDAR YEAR 20 Page 1			SMA		MINE NA	ME	91-	<u> </u>
Com	pany Operating	Mailing A	ddress/D	O Boy I	No			City County Otl	ıer
. Com	party Operating	Walling A	uuiess/i .	.О. БОХ Г	<b>1</b> 0.			тетернопе	Ev#
Site Co	ntact Person	City/State	e/ZIP Cod	le				Email Address	Ext.
2. Desi	gnated Agent's Name (individual must reside	in CA)	Mailing	Address	3			<b>'</b>	
			Email A	Address					
City			Zip Coo	de				Telephone	Ext.
CHAN	ITEMS BELOW ARE PRECEDED BY GES IN THE INFORMATION FROM THE: IF THIS IS THE FIRST TIME YOU HAD 3. Owner of Mining Operation	IE LAST I	REPORT	TING YE	EAR.				Ext.
	Mailing Address					Email Addres	s		
	City		Stat	te/ZIP Co	ode			Country (If other than U.S.A.	)
	Was this operation purchased by you durin  Yes. Date of purchase:	g the Caler	ndar Year 	r? No.			eration so Date of sa	old by you during the Calendar Year	? No.
N.C.	4. Landowner							Assessor's Parcel No.(s)	
	Mailing Address							Telephone	Ext.
	City/State/ZIP Code							Country (If other than U.S.A.	
. Statu	Is of Mining Operation DURING THE CALEN  Newly permitted; date permitted:  Active.  Idle; date operation became idle:  If idle, complete the following:				ction	s for definitions	CHE	CK 1 ONLY	
	Copy of approved Interim Manager  Interim Management Plan is pend				ate si	ıbmitted <sup>.</sup>			
	Closed with no intent to resume; date r	nining ceas	ed:						
	Closed - reclamation certified complete			y; date of	t certi	fication:		_	
i. Statı	us of Reclamation Activities DURING THE CARREST Reclamation not started.  Reclamation in progress.  Reclamation certified complete by the I			CHECK 1	1 ONL	Y			

Date reclamation was certified complete: \_\_\_\_\_ Date financial assurances were released: State of California
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7. Inspections							
(a) Date of the most recent inspection:							
(b) Did you receive a copy of the most recent inspection report form (as noted in 7(a) above)? ☐ Yes ☐ No; If Yes, attach a copy as required by Public Resources Code 2207(a)(8). If No, explain on page 4.							
(c) Requested date for the next Annual Inspection by the Lead Agency (must be within 12 months of the most recently conducted Annual Inspection):							
Date Requested:							
8(a). Does this site have an approved reclamation plan?							
IF THIS IS THE FIRST ANNUAL REPORT FILED FOR THIS OPE	RATION, ATTACH APPRO\	/ED RECLAMATION PLA	AN.				
Number of acres subject to the reclamation plan:							
Yes: Approval date of the reclamation plan:							
No: Please explain by checking one of the two boxes be	elow, as applies. Otherwise	, explain on page 4.					
Approval pending. Date submitted to the Lead Age	•						
Lead Agency action on initial or amended reclamate	tion plan on appeal with the	State Mining and Geology	y Board.				
Date appeal submitted:8(b). Were there any amendments to the reclamation plan during the 0	Calendar Year?						
IF ANY AMENDMENTS TO THE RECLAMATION PLAN WERE AFTER THE PROPERTY OF THE							
Yes: Amendment(s) to the reclamation plan were approve	ed during the Calendar Year	r. Date approved:					
No.							
9(a). Was a financial assurance cost estimate approved by the Lead Ag	gency during the Calendar Y	ear?					
Yes. Date of approval:	· · ·						
No. Approval of financial assurance cost estimate pending	ng with the Lead Agency. D	ate submitted:					
No. Explain on page 4.							
9(b). Was a new or updated financial assurance mechanism(s) approve	ed by the Lead Agency and t	he Department of Conser	rvation during the				
Calendar Year?							
Yes. Date of approval:							
No. Approval pending financial assurance mechanism(s). Date submitted to the Lead Agency:							
No. Lead Agency action on financial assurance mechanism(s) is on appeal with the State Mining and Geology Board. Date appeal submitted:							
☐ 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 the Lead Agency	Expiration Date or Renewal Date (if applicable)				
-		by the Load rigerity	Date (ii applicable)				
		I					
10. ATTACH NAMED U.S. GEOLOGICAL SURVEY MAP—7.5' OR 15' QUAD—SHOWING BOUNDARIES OF MINING OPERATION.							
N.C. Latitude (Decimal Degree) Longitude (Decimal Degree) Section—Township—Range—Base Meridian Quad Name County							
Latitude (Decimal Degree)							

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N.C.	11. Code type(s) of mining operation:			SEE EXHIBIT	A FOR COD	E TYPE(S)	
12. DIS	TURBED ACREAGE COMPLETE ENTIRE SECTION						
1.	Approximate disturbed acreage on the <b>Previous</b> 5 on your previous Annual Report. If it does not	s Calendar Year match, explain c	. (This figure should matcl on page 4.)	n the figure fro	om item 12,	line	
_	Approximate acreage disturbed during the Cale	ndar Year.					
3.	(ADD LINE 1 TO LINE 2)						
4	Approximate disturbed acreage reclaimed during	ng the <b>Calendar</b>	Year.				
5	(SUBTRACT LINE 4 FROM LINE 3) Approxima	ite <b>disturbed</b> acr	eage remaining on Decem	ber 31 of the	Calendar Y	ear	
N.C.	13. CHECK ALL THAT APPLY  Acres permitted:  Acres vested (acres disturbed prior to January 1, 197  Acres on federal lands:	6):					
N.C.	14. Current total assessed value of mining operation as estab	lished by County	Assessor's Office: \$				
15. CON	15. COMMODITIES AND PRODUCTION*  SEE EXHIBIT B  *PRODUCTION INFORMATION IS PROPRIETARY AND WILL BE KEPT CONFIDENTIAL PURSUANT TO PUBLIC RESOURCE CODE SECTION 2207(g)						
TOTAL PRODUCTION List All Commodities							
	(from Exhibit B)	Category Number		[	CHECK ON	E	
PRO	DUCED MINERALS	(from Exhibit B)	Amount of Production	Short Tons	Troy Ounces	Pounds	
	RIMARY COMMODITY	EXHIBIT D)	Troduction	10113	Ounces	1 Ourius	
	LL OTHER COMMODITIES clude gold and silver produced if not primary commodity)						
	SCHEDULE SEE EXHIBIT C						
CORRE BELOW	USING <b>BOTH</b> YOUR CATEGORY NUMBER <b>AND</b> 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						
	REPORTING FEE					•	
	alculation continued on next page)	\$					

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GOLD AND SILVER	FEE:			
IF GOLD OR SILVE	R PRODUCT	TION IS REPORTED IN SECTION 15(A	A) OR 15(B), CONTINUE (	ON TO COMPLETE 16(C) AND (D), BELOW.
C. GOLD FEE ( Ounce(s) of gold) X (\$			ounce) = \$	
D. SILVER FEE	(	Ounce(s) of silver) X (\$0.10 per	ounce) = \$	
TOTAL FEES DU	JE; SUM (	OF 16(B), (C) AND (D)	= \$	(Attach one check for total)
17. SUBMITTED BY	•			
	<u>-</u> '			
Mailing Address:				
City/State/ZIP Code:			Telephone N	lumber:
I certify that the inform	nation submi	tted herein is complete and accurate (	failure to submit complete	and accurate requisite information may result in
an administrative pen	alty as provi	ded for in Public Resources Code Sect	tion 2774.1).	
SIGNATURE O	F SUBM	ITTER		DATE
TITLE OF SUB	MITTER		EMAIL ADDR	ESS
		rting fee payment, gold and silver fe		
		3 11 7 3 11 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		ATTN: Reporting Department of Control	•	
		Division of Mine		
		715 P Street, M		
		Sacramento, CA		
		vided to complete any quest space is needed.	ions that required to	urther explanation. Additional sheets
nay be attached	i ii iiioie s	pace is needed.		