

1. Mine Name	Operated by	
Site Contact Person	Mine Street Address/City	Telephone
Mine Mailing Address	City	State/Zip Code
2. Owner of Operation	Mailing Address	City
State/Zip Code	Country (if other than U.S.A.)	Telephone

Was this operation purchased during reporting year?

Yes. If yes, date of purchase \_\_\_\_\_.  No.

3. Designated Agent's Name	Mailing Address	
City	Zip Code	Telephone

4. Landowner	Assessor's Parcel #
Mailing Address	Telephone
City/State/Zip Code	Country (if other than U.S.A.)

5. SMARA Lead Agency (city OR county ONLY) \_\_\_\_\_

Reclamation Plan

Approved on \_\_\_\_\_ (date). Attach copy with amendments, conditions, and **PROOF** of approval.

Number of acres subject to Reclamation Plan \_\_\_\_\_

**IF APPLICABLE, INFORMATION REQUIRED IN ITEMS 6 THROUGH 9 MUST BE PROVIDED FOR EACH SEPARATE PLOT**

6. 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

\_\_\_\_\_

7. Type Code(s) of Mining Operation \_\_\_\_\_ SEE EXHIBIT A FOR TYPE CODES

8. CHECK ALL THAT APPLY

Permitted: \_\_\_\_\_ Acres & Permit # \_\_\_\_\_

Federal Lands: \_\_\_\_\_ Acres & Permit/ID # \_\_\_\_\_

9. \$\_\_\_\_\_ Current total assessed value of mining operation as established by County Assessor's Office

10.  YES: Financial Assurance approved by Lead Agency. Attach copy and proof of approval  
Complete below for approved Financial Assurances:

Amount	Type	Date Posted	Expiration Date or Renewal Date (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____

No: Financial Assurances NOT approved by Lead Agency. Check Reason below:

Financial Assurances pending with Lead Agency. Submitted on \_\_\_\_\_(date)

ATTACH PROOF OF SUBMITTAL

Financial Assurances appealed to SMGB. Submitted on \_\_\_\_\_(date)

ATTACH PROOF OF SUBMITTAL

11. COMMODITIES

SEE EXHIBIT B FOR COMMODITIES

A. PRIMARY COMMODITY TO BE  
PRODUCED BY MINING OPERATION

B. ALL OTHER COMMODITIES TO BE  
PRODUCED BY MINING OPERATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. REPORTING FEE

AS REQUIRED BY CALIFORNIA CODE OF REGULATIONS SECTION 3697, THE REPORTING FEE FOR NEW MINING OPERATIONS, TOGETHER WITH THE INITIAL REPORT, IS DUE AND PAYABLE WITHIN 30 DAYS OF PERMIT APPROVAL. THE STATE MINING AND GEOLOGY BOARD, AS REQUIRED BY PUBLIC RESOURCES CODE SECTION 2207, ESTABLISHES A SCHEDULE OF FEES TO BE PAID BY MINING OPERATIONS; THE SCHEDULE OF FEES MAY VARY ANNUALLY.

Please call our office at (916) 323-9198, or write to the address below, for information on the appropriate fee required.

ENCLOSE THE REQUIRED FEE OF \$\_\_\_\_\_

**SUBMITTED BY:**

Your Name (please print) \_\_\_\_\_

Your Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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** \_\_\_\_\_

I am:

OWNER  LESSOR  LESSEE  AGENT  MANAGER  OPERATOR OR

OTHER PERSON (specify title \_\_\_\_\_)

Please mail Initial Report, Reporting Fee, and ALL Required attachments to:

DEPARTMENT OF CONSERVATION  
Office of Mine Reclamation  
801 K Street, MS 09-06  
Sacramento, CA 95814-3529

