STATE OF COLORADO

DIVISION OF RECLAMATION, MINING AND SAFETY

Department of Natural Resources

1313 Sherman St., Room 215 Denver, Colorado 80203 Phone: (303) 866-3567 FAX: (303) 832-8106

July 1, 2014

Jack Howard Kiowa County P.O. Box 100 Eads, CO 81036



John W. Hickenlooper Governor

Mike King Executive Director

Virginia Brannon

Gentz Gravel Pit, Permit M-1983-116, Annual Fee Invoice and Report Request

PLEASE READ CAREFULLY – ACTION REQUIRED Please attach your COMPLETED written Annual Report and Annual Report Map to this form

Under the terms of your NOI or Reclamation Permit and Colorado Statutes, you must submit Annual Fees and Annual Reports (including a map). You must pay the Annual Fee and submit an Annual Report each year until reclamation responsibility release is granted. The Annual Fee is not a renewal fee. The Fee and Report are for LAST YEAR'S mining and reclamation season, and MUST be paid even if your operation was inactive.

The Annual Report and Fee requirement will be considered submitted when we have received the following components:

- 1. APPROPRIATE ANNUAL FEE
- 2. COMPLETED ANNUAL REPORT
- 3. ASSOCIATED MAP as required by rule

If you have requested reclamation responsibility release from the Division of Reclamation, Mining and Safety (the "Division") but your permit is not released by the anniversary date listed below, the Annual Fee MUST be paid. If the permit is released before the anniversary date, then by Statute, it is not necessary to pay an Annual Fee or submit an Annual Report for that year.

Division records indicate the \$323.00 fee is due for the following:

Permit: M-1983-116 Operation Name: Gentz Gravel Pit Anniversary Date: August 25, 2014

Total Fee Due: \$323.00 (Due on or before your Anniversary Date)

Return the enclosed <u>Annual Report FORM</u>, a <u>MAP</u>, and a <u>CHECK</u> or <u>MONEY ORDER</u> made payable to: Division of Reclamation, Mining and Safety, 1313 Sherman St., Room 215, Denver, CO 80203. If your records indicate these documents and fees have already been submitted, please notify the Division.

If you have additional comments and/or information that should be provided to the Division, please provide it below or attach it to this form along with your written report and map. Annual Report instructions are enclosed. If you have any questions, please feel free to contact Michelle Ramirez (303) 866-3567 ext 8114. Thank you for your cooperation in this matter.

IF THE ANNUAL FEE SUBMITTALS ARE NOT RECEIVED ON OR BEFORE YOUR ANNIVERSARY DATE, THE ENFORCEMENT PROCESS WILL BE AUTOMATICALLY INIATIED. ENFORCMENT ACTIONS MAY RESULT IN CIVIL PENALTIES AND/OR REVOCATION OF YOUR PERMIT.

110c Annual Report

| Permittee Name: | Kiowa County | Permit Number: | M-1983-116 |
|-----------------|------------------|-------------------|-----------------|
| Operation Name: | Gentz Gravel Pit | County: | Prowers |
| Annual Fee Due: | \$323.00 | Anniversary Date: | August 25, 2014 |
| Permit Acreage: | 9.20 | Current Bond Amt: | \$0.00 |

According to C.R.S. 34-32.5-116 or 34-32-116, each year, on the anniversary date of the permit, an operator shall submit the Annual Fee, an Annual Report and map showing the extent of current disturbances to affected land, required monitoring information, reclamation accomplished to date and during the preceding year, any new disturbance that is anticipated to occur during the upcoming year, any reclamation that will be performed during the upcoming year, the dates for the beginning of active operations, and the date active operations ceased for the year.

Information contained in this report will be reviewed by the Division upon receipt and prior to the next compliance inspection of the site. If, while completing this report, you learn that your site is not in compliance with the rules and the act, it is advisable that the issues be rectified promptly to avoid possible enforcement action.

| | | | | 1 1 2 | | • | | | | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|-----------------|---------|-----------------------------------------|---------|-------------|-----------|-----|----|
| 1. | Is the site identi | fication sign po | osted in | accordance v | with | Rule 3.1.12(1). | | | | YES | NO |
| 2. | Is the affected a | rea boundary c | learly r | narked in acc | orda | ance with Rule 3. | 1.12(2) |). | | YES | NO |
| 3. | Is the mine site If "YES," please | | | | | tion and stockpile of reclamation, F | | | ete)? | YES | NO |
| 4. What was the date of last excavation, processing or hauling activity at the mine? | | | | | | | | | | | |
| 5. | 5. Does the mine operate more than 180 days per year If "NO", please review Rule 1.13 to assure that your mine is in compliance. | | | | | | | YES | NO | | |
| 6. | a) approval of TEMPORARY CESSATION Status? b) approval for INTERMITTENT OPERATION? | | | | | | | YES YES | NO NO | | |
| 7. | Number of acre | s currently affe | ected (m | nining + inco | nple | te and or unrelea | sed red | clamation). | | | |
| 8. | Number of acre | s that were nev | vly affe | cted during th | ne cu | irrent report year | | | | | |
| 9. | Number of acre | s that were recl | laimed | during the cu | rrent | report year. | | | | | |
| 10. | . Estimated new a | acreage to be a | ffected | in the next re | port | year. | | | | | |
| 11. | . Estimated acres | to be reclaime | d in the | e next report y | ear. | | | | | | |
| 12 | . Total acres in v | zarious stages o | of reclai | mation since | nerr | nitted mining act | ivities | hegan: | | | |
| Γ | Total acres | | al acres | | реп | Total acres | TVICES | Total ac | cres | | |
| | backfilled: | | ded w/ | | | w/topsoil | | mulche | | | |
| | | | roved n | nix: | | replaced: | | | ed mulch: | | |
| | Total acres | | | | Topsoil | Mulch appl | | | Į. | | |
| | graded: | fert | ilized w | 7 / | | replacement | | rate (to | | | |
| | | apv | d fertili | zer: | | depth (in.): | | ì | • | | |
| Ī | Seed | | F | Fertilizer | | | Μι | ılch | | • | |
| | application | | a | application | | | apı | plication | | | |
| | method: | | r | nethod: | | | me | thod: | | | |

| | 3. Is weed control being conducted in accordance with an approved Weed Control Plan? If "YES", indicate the weed species, control area, control type, application rate and treatment. | | | | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|-------------|--|
| 14. Is adequate topsoil If "NO", please exp | YES | NO | N/A | | | |
| 15. Is the reserved tops If "NO" please exp | YES | NO | N/A | | | |
| 16. If mining has expos Engineer (Well Per | an and Off YES | ice of th NO | ne State N/A | | | |
| 17. Are all hazardous n | YES | NO | N/A | | | |
| 18. Is your financial wa | YES | NO | N/A | | | |
| 19. Is your basis for leg | YES | NO | | | | |
| 20. Does your permit ro If "Yes", please atta | YES | NO | N/A | | | |
| Construction Mater permit boundary, co UPDATED MAP A | rials (C.R.S. 34-32-116 or 34-32.5 current affected area boundary and ATTACHED: te the following permittee contact | Act and/or Colorado Land Reclamation 5-116), attach a map to this report that I location of the acreages specified in it information. If this information is no | accurately tems 7- 12 | y depict 2 and 14 | s the I. | |
| Permittee Contact: | Jack Howard | | | | | |
| Permittee Company: | Kiowa County | | | | | |
| Address: | P.O. Box 100 | | | | | |
| | Eads, CO 81036 | | | | | |
| Phone Number: (719) 438-5810 | | | | | | |
| Fax Number: (719) 438-5327 | | | | | | |
| Email Address: | CF.PR.email | | | | | |
| | by state that the information provordance with the Division approve | rided in this report is true and accurate ed mining and reclamation plans. | , and that | site ope | rations are | |
| Signature of <u>Permitte</u> | e <u>, Corporate Officer, Owner</u> , or | Documented Designee | Date | | _ | |