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

May 1, 2015

Hiliare W. Peck Medicine Bow - Routt National Forest USDA Forest Service 2468 Jackson St. Laramie, WY 82070-6535



John W. Hickenlooper Governor

Mike King Executive Director

Virginia Brannon Director

State Line Ranch Pit, Permit M-2000-040, 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-2000-040
Operation Name: State Line Ranch Pit
Anniversary Date: June 23, 2015

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:	Medicine Bow - Routt National Forest	Permit Number:	M-2000-040
	USDA Forest Service		
Operation Name:	State Line Ranch Pit	County:	Jackson
Annual Fee Due:	\$323.00	Anniversary Date:	June 23, 2015
Permit Acreage:	7.00	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.	Is the site ident	he site identification sign posted in accordance with Rule 3.1.12(1).								YES	NO		
2.	. Is the affected area boundary clearly marked in accordance with Rule 3.1.12(2).									YES	NO		
3.	3. Is the mine site in final reclamation (all material extraction and stockpile removal is complete). If "YES," please note time limits related to completion of reclamation, Rule 3.1.3.								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.	Has this mine been granted: a) approval of TEMPORARY CESSATION Status? b) approval for INTERMITTENT OPERATION?								YES YES	NO NO			
7.	Number of acre	es currently	affected	(mining +	incon	nple	te and or unrelea	ased r	eclamat	ion).			
8.	Number of acre	es that were	newly af	fected dur	ring th	ie cu	rrent report year	•					
9.	Number of acre	es that were	reclaime	d during t	he cur	rent	report year.						
10.	. Estimated new	acreage to	be affecte	ed in the no	ext rej	port	year.						
11.	. Estimated acres	s to be recla	imed in t	he next re	port y	ear.							
12.	. Total acres in	various stag	res of rec	lamation.	since	pern	nitted mining act	tivitie	es began	•			
	Total acres		Total acr				Total acres			otal ac	eres		
	backfilled:		seeded w				w/topsoil			ulche			
			approved				replaced:				ed mulch:	:	
	Total acres		Total acr			Topsoil		Mulch ap					
	graded:		fertilized w/			replacement	rate (tons):						
	6			depth (in.):	Tate (tons).			/ -					
	Seed		1	Fertilize	r		1 \ /	N	Mulch				
	application					on							
	method: method: method:												

3. Is weed control being conducted in accordance with an approved Weed Control Plan? YES NO N/A If "YES", indicate the weed species, control area, control type, application rate and treatment date on the report many states of the species of the s							
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	sed groundwater, is the site in compl	iance with the approved mining p	lan and Off	ice of th	ne State		
Engineer (Well Per	YES	NO	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 att	YES	NO	N/A				
UPDATED MAP A	urrent affected area boundary and locaTTACHED: te the following permittee contact in aformation:						
Permittee Contact:	Hiliare W. Peck						
Permittee Company:	Medicine Bow - Routt National Forest USDA Forest Service						
Address:	2468 Jackson St.						
	Laramie, WY 82070-6535						
Phone Number:	(307) 745-2438						
Fax Number:	(307) 745-2398						
Email Address:	CF.PR.email						
	by state that the information provide ordance with the Division approved		e, and that	site ope	erations are		
Signature of <u>Permitte</u>	e, Corporate Officer, Owner, or D	ocumented Designee	Date				