# **Minerals Reclamation Permit Annual Report**



## **Disclaimer**

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.

If you have requested reclamation responsibility release from the Division of Reclamation, Mining and Safety ("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 following is due:

### Select Permit Number \*

Only Permit Numbers with currently due Annual Fees will be listed. If the Permit Number is not listed, then the Annual Fees are not due, the Permit Number has already been submitted, or the Permit Number Annual Fee payment has been processed.

M1999060

### Select Anniversary Date \*

06-15-2017

IF THE <u>COMPLETE</u> ANNUAL FEE SUBMITTALS ARE NOT RECEIVED ON OR BEFORE YOUR ANNIVERSARY DATE, THE ENFORCEMENT PROCESS WILL AUTOMATICALLY BE INITIATED. ENFORCEMENT ACTIONS WILL RESULT IN CIVIL PENALTIES AND POSSIBLE REVOCATION OF YOUR PERMIT.

Please check the box indicating you have read and understand the terms of the Annual Report and Annual Fee \*

☑ I understand and agree to the terms

### **General Information**

#### **Permittee Name**

Las Animas County

### **Operation Name**

Yocam Pit

Permit Number Fee Due Permit Acreage

M1999060 323.00 67.30

County Anniversary Date Current Bond Amount

Las Animas 06-15-2017 0.00

# **Permittee Contact Information**

**Permitting Contact Name** 

| Phil Dorenkamp                                                                                                                                                                                                                                                                                                                                                      |                            |                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------|--|--|
| <b>Company</b> Las Animas County                                                                                                                                                                                                                                                                                                                                    |                            |                                                           |  |  |
| Address 1 2000 N. Linden Ave.                                                                                                                                                                                                                                                                                                                                       |                            |                                                           |  |  |
| Address 2                                                                                                                                                                                                                                                                                                                                                           |                            |                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                     |                            |                                                           |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                | State                      | Zip Code                                                  |  |  |
| Trinidad                                                                                                                                                                                                                                                                                                                                                            | СО                         | 810820000                                                 |  |  |
| Phone #                                                                                                                                                                                                                                                                                                                                                             | Fax #                      |                                                           |  |  |
| 7198462931                                                                                                                                                                                                                                                                                                                                                          | 719846043                  | 4                                                         |  |  |
| Permitting Contact Em                                                                                                                                                                                                                                                                                                                                               | ail Address                |                                                           |  |  |
| Is the Permitting Contact information listed above correct? If it is not correct your organization's Administrator will receive an email notification. *                                                                                                                                                                                                            |                            |                                                           |  |  |
| ⊙ Yes ○ No                                                                                                                                                                                                                                                                                                                                                          |                            |                                                           |  |  |
| <b>Annual Report</b>                                                                                                                                                                                                                                                                                                                                                | Questions                  |                                                           |  |  |
| Information contained in this report is required and 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 identification                                                                                                                                                                                                                                                                                                                                       | tion sign posted in a      | accordance with Rule 3.1.12(1). *                         |  |  |
| • Yes • No                                                                                                                                                                                                                                                                                                                                                          |                            |                                                           |  |  |
| 2. Is the affected area                                                                                                                                                                                                                                                                                                                                             | boundary clearly m         | arked in accordance with Rule 3.1.12(2). *                |  |  |
| Yes ○ No                                                                                                                                                                                                                                                                                                                                                            |                            |                                                           |  |  |
| 3. Is the mine site in fi                                                                                                                                                                                                                                                                                                                                           | nal reclamation (all       | material extraction and stockpile removal is complete)? * |  |  |
| If "YES," please note time lin                                                                                                                                                                                                                                                                                                                                      | nits related to completion | n of reclamation, Rule 3.1.3.                             |  |  |
| C Yes ⊙ No                                                                                                                                                                                                                                                                                                                                                          |                            |                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                     | cessing or hauling a       | activity commenced at the site? *                         |  |  |
| ⊙ Yes ○ No                                                                                                                                                                                                                                                                                                                                                          |                            |                                                           |  |  |
| What was the date of 18 2/27/2017                                                                                                                                                                                                                                                                                                                                   | ast excavation, pro        | cessing or hauling activity at the mine? *                |  |  |
| 5. Does the mine opera                                                                                                                                                                                                                                                                                                                                              | ate more than 180 d        | lays 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 approval of TEMPORARY CESSATION Status? *                                                                                                                                                                                                                                                                                             |                            |                                                           |  |  |
| O Yes O No                                                                                                                                                                                                                                                                                                                                                          |                            |                                                           |  |  |
| 7. Has this mine been granted approval for INTERMITTENT OPERATION? *  © Yes © No                                                                                                                                                                                                                                                                                    |                            |                                                           |  |  |

| 8. Number of acres currently affected (mining + incomplete and or unreleased reclamation). * (?) 11.3                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul><li>9. Number of acres that were newly affected during the current report year * (?)</li><li>0.0</li></ul>                                                                                                                     |
| <ul><li>10. Number of acres that were reclaimed during the current report year. * (?)</li><li>0.0</li></ul>                                                                                                                        |
| <ul><li>11. Estimated new acreage to be affected in the next report year. ★ (?)</li><li>0.0</li></ul>                                                                                                                              |
| <ul><li>12. Estimated acres to be reclaimed in the next report year. * (?)</li><li>0.0</li></ul>                                                                                                                                   |
| 13. Total acres in various stages of reclamation, since permitted mining activities began:                                                                                                                                         |
| Total acres backfilled * (?) 0.0                                                                                                                                                                                                   |
| Total acres graded * (?) 0.0                                                                                                                                                                                                       |
| Total acres seeded with approved mix * (?) 0.0                                                                                                                                                                                     |
| Seed Application Method * NA                                                                                                                                                                                                       |
| Total acres fertilized with aproved fertilizer * (?) 0.0                                                                                                                                                                           |
| Fertilizer Application Method * NA                                                                                                                                                                                                 |
| Total acres with topsoil replaced * (?) 0.0                                                                                                                                                                                        |
| Topsoil replacement depth (in.) * (?) 0.0                                                                                                                                                                                          |
| Total acres mulched with approved mulch * (?) 0.0                                                                                                                                                                                  |
| Mulch application rate (tons/ac) * (?) 0.0                                                                                                                                                                                         |
| Mulch Application Method * NA                                                                                                                                                                                                      |
| 14. 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 date on the report map.  O Yes O No O N/A |
| <ul> <li>15. Is adequate topsoil reserved for reclamation, based on your approved permit? *</li> <li>If "NO", please explain</li> <li>Yes O No O N/A</li> </ul>                                                                    |

| 16. Is the reserved topsoil vegetated/stabilized in accordance with I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |
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| If "NO", please explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |
| Yes ○ No ○ N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |
| 17. If mining has exposed groundwater, is the site in compliance with Office of the State Engineer (Well Permit, S.W.S.P., and/or Permaner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |
| C Yes C No O N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |
| 18. Are all hazardous materials stored within approved spill containn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nent structures?*                                                                                                 |
| C Yes C No C N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |
| 19. Is your financial warranty value sufficient to cover the cost to co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mplete reclamation? *                                                                                             |
| C Yes C No C N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |
| 20. Is your basis for legal right to enter still valid? *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |
| • Yes C No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |
| 21. Does your permit require you to submit monitoring information a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nnually?*                                                                                                         |
| C Yes C No C N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |
| 22. As required by Colorado Mined Land Reclamation Act and/or Colo<br>Extraction of Construction Materials (C.R.S.34-32-116 or 34-32.5-11<br>accurately depicts the permit boundary, current affected area bound<br>specified in items 8-12 and 15. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6), attach a map to this report that                                                                              |
| Only PDF formatted files can be uploaded.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |
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| 2017 yocam annual map.pdf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 94.67KB                                                                                                           |
| 23. If you have supplemental information you would like to provide,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |
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| <ul> <li>23. If you have supplemental information you would like to provide, policy PDF formatted files can be uploaded.</li> <li>24. Rule 5.7 requires submittal of final abandonment reports within 6 artesian flows and no later than 12 months for all other completed displayed.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | please upload it here.  O days for any drill hole(s) with rill holes. If drill holes are a                        |
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