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. M2000040

Select Anniversary Date *

06-23-2017

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

Medicine Bow - Routt National Forest USDA Forest Service

Operation Name

State Line Ranch Pit

Permit Number	Fee Due	Permit Acreage
M2000040	323.00	7.00
County	Anniversary Date	Current Bond Amount
Jackson	06-23-2017	0.00

Permittee Contact Information

Permitting Contact Name

Nate Davis		
Company Medicine Bow - Rou	tt National Forest USDA Fo	orest Service
Address 1 2568 Jackson St.		
Address 2		
City	State	Zip Code
Larime	WY	820706535
Phone # 3077452319	Fax #	
		sted above correct? If it is not correct your organization's fication. [*]
Annual Reg	ort Questions	
Information contained compliance inspection	d in this report is required and n of the site. If, while compl	Id will be reviewed by the Division upon receipt and prior to the next leting this report, you learn that your site is not in compliance with the rules and promptly to avoid possible enforcement action.
1. Is the site ider • Yes • No	itification sign posted ii	n accordance with Rule 3.1.12(1). *
2. Is the affected • Yes O No	area boundary clearly	marked in accordance with Rule 3.1.12(2). *
	-	all material extraction and stockpile removal is complete)? *
4. Has excavatio	n, processing or hauling	g activity commenced at the site? *
What was the da 11/17/2017	te of last excavation, p	processing or hauling activity at the mine? $^{m \star}$
	operate more than 180 v Rule 1.13 to assure that you	
6. Has this mine ○ Yes ⊙ No	been granted approval	of TEMPORARY CESSATION Status? *

7. Has this mine been granted approval for INTERMITTENT OPERATION? *

O Yes 🖸 No

8. Number of acres currently affected (mining + incomplete and or unreleased reclamation). * (?) 0.7 9. Number of acres that were newly affected during the current report year * (?) 0.0 10. Number of acres that were reclaimed during the current report year. * (?) 0.0 11. Estimated new acreage to be affected in the next report year. * (?) 0.0 12. Estimated acres to be reclaimed in the next report year. * (?) 0.0 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. ○ Yes ○ No ⊙ N/A 15. Is adequate topsoil reserved for reclamation, based on your approved permit? * If "NO", please explain • Yes • No • N/A

16. Is the reserved topsoil vegetated/stabilized in accordance with Rule 3.1.9(1)?* If "NO", please explain ○ Yes ⊙ No ○ N/A Comment * 500 Characters MAX Reserved topsoil is rock. 17. If mining has exposed groundwater, is the site in compliance with the approved mining plan and Office of the State Engineer (Well Permit, S.W.S.P., and/or Permanent Augmentation Plan)?* ○ Yes ○ No ⊙ N/A 18. Are all hazardous materials stored within approved spill containment structures? * ○ Yes ○ No ○ N/A 19. Is your financial warranty value sufficient to cover the cost to complete reclamation? * ○ Yes ○ No ⊙ N/A 20. Is your basis for legal right to enter still valid? * ⊙ Yes ○ No 21. Does your permit require you to submit monitoring information annually?* ○ Yes ○ No ⊙ N/A

22. As required by Colorado Mined Land Reclamation Act and/or Colorado Land Reclamation Act for the Extraction of Construction Materials (C.R.S.34-32-116 or 34-32.5-116), attach a map to this report that accurately depicts the permit boundary, current affected area boundary and location of the acreages specified in items 8-12 and 15. *

Only PDF formatted files can be uploaded.

AppendixA.pdf	4.3MB
AppendixC.pdf	832.72KB
AppendixD.pdf	959.78KB

23. If you have supplemental information you would like to provide, please upload it here.

Only PDF formatted files can be uploaded.

24. Rule 5.7 requires submittal of final abandonment reports within 60 days for any drill hole(s) with artesian flows and no later than 12 months for all other completed drill holes. If drill holes are a component of your exploration/prospecting activities, have they been properly abandoned?

O Yes O No ⊙ NA

Annual Fee Payment

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Payment Confirmation Number * (?)
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81910710

Signature

Submittal Date 12-08-2017

I, the undersigned, hereby state that the information provided in this report is true and accurate, and that site operations are being conducted in accordance with the Division approved mining and reclamation plans. *

✓ I Agree

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