# **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.

M2016076

### Select Anniversary Date \*

01-30-2018

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  $^{\mbox{*}}$ 

☑ I understand and agree to the terms

### **General Information**

#### **Permittee Name**

Bestway Concrete Company

### **Operation Name**

Lupton Meadows Gravel Mine

Permit Number Fee Due	Permit Acreage
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M2016076 791.00 96.00

County Anniversary Date Current Bond Amount

Weld 01-30-2018 1921000.00

# **Permittee Contact Information**

**Permitting Contact Name** 

Mark Johnson		
Company Bestway Concrete (	Company	
Address 1 301 Centennial Driv	/e	
Address 2		
City	State	Zip Code
Milliken	СО	805430000
Phone #	Fax #	
9705877277	970587	7287
Permitting Conta dnr_drmsminadmin		
	Contact information list Il receive an email noti	sted above correct? If it is not correct your organization's ification. *
Annual Rep	oort Questions	
compliance inspectio	n of the site. If, while comp	nd will be reviewed by the Division upon receipt and prior to the next pleting 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	ntification sign posted i	in 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)?* etion of reclamation, Rule 3.1.3.
4. Has excavatio  ⊙ Yes ○ No	n, processing or haulin	ng activity commenced at the site? *
What was the da 1/12/2018	te of last excavation, p	processing or hauling activity at the mine? *
	operate more than 18 v Rule 1.13 to assure that yo	
6. Has this mine O Yes O No	been granted approval	I of TEMPORARY CESSATION Status? *
7. Has this mine O Yes O No	been granted approval	I for INTERMITTENT OPERATION? *

8. Number of acres currently affected (mining + incomplete and or unreleased reclamation). * (?) 55.0
9. Number of acres that were newly affected during the current report year * (?) 55.0
10. Number of acres that were reclaimed during the current report year. $\overset{\bigstar}{}$ (?) 0.0
11. Estimated new acreage to be affected in the next report year. * (?) 15.0
<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 ○ No ○ N/A</li> </ul>

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