# **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.

M1977245

#### Select Anniversary Date \*

01-31-2018

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**

Jefferson County

#### **Operation Name**

Pine Junction Pit

Permit Number Fee Due Permit Acreage

M1977245 791.00 31.10

County Anniversary Date Current Bond Amount

Jefferson 01-31-2018 0.00

# **Permittee Contact Information**

**Permitting Contact Name** 

Louis Anderson		
<b>Company</b> Jefferson County		
Address 1 21401 Golden Gate	Canyon Road	
Address 2		
City	State	Zip Code
Golden	СО	804038108
Phone #	Fax :	#
3032715205	30327	715222
Permitting Contac	t Email Address	
Administrator will	Contact information receive an email no	listed above correct? If it is not correct your organization's tification. *
• Yes • No		
<b>Annual Rep</b>	ort Questions	5
compliance inspection	of the site. If, while con	and will be reviewed by the Division upon receipt and prior to the next impleting this report, you learn that your site is not in compliance with the rules and and promptly to avoid possible enforcement action.
1. Is the site ident  • Yes • No	tification sign posted	d in accordance with Rule 3.1.12(1). *
2. Is the affected  • Yes • No	area boundary clear	ly marked in accordance with Rule 3.1.12(2). *
		(all material extraction and stockpile removal is complete)? *  bletion of reclamation, Rule 3.1.3.
O Yes O No	e mme relaced to comp	
4. Has excavation  ⊙ Yes ○ No	າ, processing or hauli	ing activity commenced at the site? *
<b>What was the dat</b> 1/5/2018	e of last excavation,	processing or hauling activity at the mine? *
	operate more than 1 Rule 1.13 to assure that y	.80 days per year? * your mine is in compliance.
6. Has this mine b	een granted approv	al of TEMPORARY CESSATION Status? *
7. Has this mine b	een granted approv	al for INTERMITTENT OPERATION? *

31.1
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. $^{\bigstar}$ (?) 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.  O Yes O No O N/A
15. Is adequate topsoil reserved for reclamation, based on your approved permit? ★  If "NO", please explain  C Yes C No  N/A

