



COLORADO DIVISION OF RECLAMATION, MINING AND SAFETY

1313 Sherman Street, Room 215, Denver, Colorado 80203 Phone (303) 866-3567

TEMPORARY CESSATION NOTICE

(mining activities temporarily cease for more than a one-year period)

Today's date: _____

Permit number: M- _____ Site name: _____

County: _____ TC number: _____ (DRMS use only)

Permittee making request: _____

Operator (if other than permittee): _____

Date the initial five-year period of Temporary Cessation begins: _____

Reason mining activities (materials extraction, processing, hauling) have ceased:

Description of plan to resume operations:

Description of plan to meet performance standards of Rule 3.1 during temporary cessation (reclamation, weed control, monitoring, signs, markers, etc.):

Number of affected acres: _____

Amount of financial warranty (bond) on deposit with the state: \$ _____

Required fees for Temporary Cessation by permit type (please mark the correct fee and submit it with this request for Temporary Cessation):

<u>Permit type</u>	<u>Required TR fee</u>	<u>Submitted (mark only one)</u>
Construction Materials	\$144	<input type="checkbox"/>
Hard Rock/ Metal Mining	\$115	<input type="checkbox"/>

The above-referenced permit has entered Temporary Cessation. This site has reserves remaining to be mined.

Operator's signature: _____

Please note:

- 1. While in Temporary Cessation, the operator must continue to comply with the Rules and Act, including maintaining the site, and must continue to file an annual report and annual fee.*