

## Minerals Reclamation Permit Annual Report



**COLORADO**  
Division of Reclamation,  
Mining and Safety  
Department of Natural Resources

### General Information

#### 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 Reports and Fees will be listed. If nothing appears in the dropdown box below, there are no annual fees or reports due for any of your permits.

M1993035

#### Select Anniversary Date \*

10-04-2021

**PLEASE REMEMBER TO CLICK "SUBMIT" AFTER YOU HAVE COMPLETED YOUR REPORT AND PAYMENT.**

**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

Summit County Government and Town of Breckenridge

##### Operation Name

Swan River Resource

Permit Number	Fee Due	Permit Acreage
M1993035	791.00	40.00

County	Anniversary Date	Current Bond Amount
Summit	10-04-2021	0.00

Proceed

## Contact Information

Here is the contact information we have on file for this permit. If any of it is inaccurate, you will have the opportunity to correct it after this form has been submitted.

1. Upon submission of this form you will be presented with a link to the contact information update form.
2. There is a question asking about the accuracy of this information at the bottom of this page. Indicating that it is inaccurate will send an e-mail to notify your administrator to make the appropriate changes.

### Permittee Contact Information

**Permittee Contact Name**

Brian Lorch

**Permittee Company**

Summit County Government and Town of Breckenridge

**Permittee Address 1**

P.O. Box 5660

**Permittee Address 2****Permittee City**

Frisco

**Permittee State**

CO

**Permittee Zip**

804430000

**Permittee Phone #**

9706684067

**Permittee Fax #**

9706684225

**Permittee Contact Email Address**

brian.lorch@summitcountyco.gov

### Permitting Contact Info

**Permitting Contact Name**

Heide Andersen

**Permitting Company**

Town of Breckenridge

**Permitting Address 1**

P.O. Box 168

**Permitting Address 2****Permitting City**

Breckenridge

**Permitting State**

CO

**Permitting Zip**

804240000

**Permitting Phone #****Permitting Fax #**

9705473110

**Permitting Contact Email Address**

## Inspection Contact Info

**Inspection Contact Name**

Brian Lorch

**Inspection Company**

Summit County Government

**Inspection Address 1**

P.O. Box 5660

**Inspection Address 2**

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**Inspection City**

Frisco

**Inspection State**

CO

**Inspection Zip**

804430000

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**Inspection Phone #**

9706684067

**Inspection Fax #**

**Inspection Contact Email 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

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# Annual Report Questions

## Annual Report 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 sign posted in accordance with Rule 3.1.12(1). \***

☒ Yes ☐ No

**2. Is the affected area boundary clearly marked in accordance with Rule 3.1.12(2). \***

☒ Yes ☐ No

**3. Is the mine site in final reclamation (all material extraction and stockpile removal is complete)? \***

If "YES," please note time limits related to completion of reclamation, Rule 3.1.3.

☐ Yes ☒ No

**4. Please enter the date of last activity at the mine (excavation, processing or hauling). Or, if activity has not yet begun, please indicate so. \***

☐ No activity yet ☒ Yes, activity has begun 9/27/2021

**5. Does the mine operate more than 180 days 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? \***

☐ Yes ☒ No

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

☐ Yes ☒ No

**For the following questions, please note that numeric values must include one decimal place, such as "0.0" for zero acres, or 10.2 instead of 10.23.**

**8. Number of acres currently affected (mining + incomplete and or unreleased reclamation). \* (?)**

21.8

**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. \* (?)**

21.8

**13. Total acres in various stages of reclamation, since permitted mining activities began:**

**Total acres backfilled \* (?)**

17.9

**Total acres graded \*** (?)

17.9

**Total acres seeded with approved mix \*** (?)

17.9

**Seed Application Method \***

Hydro seeding

**Total acres fertilized with aproved fertilizer \*** (?)

17.9

**Fertilizer Application Method \***

Hydro spreader

**Total acres with topsoil replaced \*** (?)

17.9

**Topsoil replacement depth (in.) \*** (?)

6.0

**Total acres mulched with approved mulch \*** (?)

0.0

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## Annual Report Questions

**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

**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.

Swan River Resource Reclamation and Activity Areas.pdf

195.93KB

**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?**

☐ Yes ☐ No ☒ NA

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## Annual Fee Payment

### Annual Fee Payment

**Payment Confirmation Number** \* (?)

175712120

### Signature

**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

If you do not see the "Submit" button after completing your report, try to un-check and then re-check the "I Agree" box.

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