# **Minerals Reclamation Permit Annual Report**



## 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.

M2000040

#### Select Anniversary Date \*

06-23-2023

#### 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  $^{\color{red} \star}$ 

✓ I understand and agree to the terms

## **General Information**

#### **Permittee Name**

Medicine Bow - Routt National Forest USDA Forest Service

06-23-2023

#### **Operation Name**

State Line Ranch Pit

Jackson

Permit Number	Fee Due	Permit Acreage
M2000040	323.00	7.00
County	Anniversary Date	Current Bond Amount

0.00



## **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**

Nate Davis

#### **Permittee Company**

Medicine Bow - Routt National Forest USDA Forest Service

#### **Permittee Address 1**

2468 Jackson St.

**Permittee Address 2** 

Permittee City Permittee State Permittee Zip

Larime WY 820706535

Permittee Phone # Permittee Fax #

3077452319

#### **Permittee Contact Email Address**

nathaniel.davis@usda.gov

# **Permitting Contact Info**

#### **Permitting Contact Name**

Dennis Gale

## **Permitting Company**

U.S.D.A. Forest Service, Parks Ranger District

## **Permitting Address 1**

210 S. 6th St.

#### **Permitting Address 2**

P.O. Box 1210

Permitting City Permitting State Permitting Zip

Kremmling CO 80459

Permitting Phone # Permitting Fax #

### **Permitting Contact Email Address**

# **Inspection Contact Info**

**Inspection Contact Name** 

Dennis Gale

**Inspection Company** 

U.S.D.A. Forest Service, Parks Ranger District

**Inspection Address 1** 

210 S. 6th St.

**Inspection Address 2** 

P.O. Box 1210

**Inspection City Inspection State Inspection Zip** 

CO 80459 Kremmling

**Inspection Phone #** Inspection Fax #

9707249004 9707243662

**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. \*





# **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.

<ul> <li>1. Is the site identification sign posted in accordance with Rule 3.1.12(1). *</li> <li>Yes No</li> </ul>
2. Is the affected area boundary clearly marked in accordance with Rule 3.1.12(2). *   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 7/1/2019
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). * (?) 7.0
9. Number of acres that were newly affected during the current report year $^{\bigstar}$ (?) 0.0
<ul><li>10. Number of acres that were reclaimed during the current report year. * (?)</li><li>0.0</li></ul>
11. Estimated new acreage to be affected in the next report year. * (?) 0.0
<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



# Annual Report Questions

14. Is weed control being conducted in accordance with an a				
If "YES", indicate the weed species, control area, control type, application rate  Yes No N/A	and treatment date on the report map.			
15. Is adequate topsoil reserved for reclamation, based on you	our approved permit? *			
If "NO", please explain				
● <mark>Yes</mark> ○ No ○ N/A				
16. Is the reserved topsoil vegetated/stabilized in accordance	e with Rule 3.1.9(1)? *			
If "NO", please explain				
○ Yes ○ No ● <mark>N/A</mark>				
17. If mining has exposed groundwater, is the site in complia Office of the State Engineer (Well Permit, S.W.S.P., and/or P				
○ Yes ○ No ◎ N/A				
18. Are all hazardous materials stored within approved spill	containment structures? *			
○ Yes ○ No ◎ <mark>N/A</mark>				
19. Is your financial warranty value sufficient to cover the co	ost to complete reclamation? *			
○ Yes ○ No ● N/A				
20. Is your basis for legal right to enter still valid? *				
Yes \( \text{No} \) No				
21. Does your permit require you to submit monitoring information annually? *				
○ Yes ○ No ◎ <mark>N/A</mark>				
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			
23. If you have supplemental information you would like to p	provide, please upload it here.			
Only PDF formatted files can be uploaded.  AppendixC.pdf	832.72KB			
AppendixD.pdf	959.78KB			
24. Rule 5.7 requires submittal of final abandonment reports artesian flows and no later than 12 months for all other component of your exploration/prospecting activities, have to Yes No NA  Previous Proceed	pleted drill holes. If drill holes are a			

# Annual Fee Payment

# **Annual Fee Payment**

Payment Confirmation Number \* (?)

211753454

# **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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