ANNUAL MINE QUESTIONNAIRE
INFORMATION SHEET AND APPLICATION

Mine operators are required to provide a Mining Operation Annual Report to the State Department of Conservation and to the County Land Use Services Department on a date established by the State Department of Conservation, using forms furnished by the State Mining and Geology Board. The County is required to conduct an inspection of the surface mining operation within six (6) months after receipt of the annual report to determine whether the mining operation is in compliance with the approved Conditional Use Permit and/or Reclamation Plan, approved financial assurances, and State regulations.

The County is required to notify the State Department of Conservation upon completion of the inspection that the inspection has been conducted and of any findings made by the County.

The operator of the mining operation is responsible for filing an application with the County requesting an inspection and for paying the County’s cost of conducting the inspection.

FEES/DEPOSITS
Fees must be submitted at the time of filing the application and must be in the form of a check or money order made payable to the “County of San Bernardino.” Please indicate your CA Mine ID number on check or money order.

<table>
<thead>
<tr>
<th>Planning Initial Deposit</th>
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<tbody>
<tr>
<td>Less than 50 acres disturbed (J652)</td>
<td>$3,650.00</td>
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<tr>
<td>50 acres or more disturbed(J653)</td>
<td>$5,000.00</td>
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NOTE: 50% of initial deposit is due on a date to be determined by the Department. The remaining 50% of the initial deposit is due on a date to be determined by the Department.

“Actual Cost Initial Deposit” – The basic review fees for this application are charged on an “actual cost” basis. Your application fee is deposited into an account and the reviewing staff records the time spent on inspections and reviewing your documents. Your account is then charged for the staff time at established hourly rates ($105.00 to $193/hr). You are responsible for all charges made to the project account. If account funds are depleted, an additional deposit will be required. If an additional deposit is required, it must be paid to allow staff to continue inspections and review. Any failure to make the required deposit may result in fines being imposed in addition to the required fee.

Please complete the application and forms that are attached to this information packet.
# ANNUAL MINE QUESTIONNAIRE

## Section 1: APPLICATION INFORMATION

| Mine Name: | CA Mine ID#: 91-36- |

### Mine Operator Information

| Mine Operator: | Contact Person: | Phone: ( ) - |
| Mailing Address: | Email Address: |

- **Mine Operator d.b.a.**: Phone: ( ) -  
  - Mailing Address:  
  - Email Address:

- **Mine Operator d.b.a.**: Phone: ( ) -  
  - Mailing Address:  
  - Email Address:

### Representative Information

- **Representative Firm**: Phone: ( ) -  
  - Contact Person:  
  - Mailing Address:  
  - Email Address:

(Must reside in California pursuant to SMAR; PRC 2207. (a) (2))

### Land Owner Information

| Name of Land Owner: | Phone: ( ) - |
| Mailing Address: | Email Address: |

### Mineral Rights Owner Information

| Mineral Rights Owner: | Phone: ( ) - |
| Mailing Address: | Email Address: |

### Lessee Information

- **Name of Lessee**: Phone: ( ) -  
  - Contact Person:  
  - Mailing Address:  
  - Email Address:

(Must attached copy of lease agreement)

### Correspondence

Please send all correspondence pertaining to this site to the following (check those that apply):

- Mine Operator  
- Representative  
- Land Owner  
- Mineral Rights Owner  
- Lessee

### Check the items submitted with this application:

- Initial Deposit  
- Copy of MRRC-2 (MOAR)  
- Financial Assurance Cost Estimate  
- Statement of Responsibility  
- Financial Assurance Mechanism  
- BLM Contract/Claim  
- Lease Agreement
**Section 2: PROJECT DESCRIPTION**

Name on Approved Mine/Rec Plan Permit: ___________________________ Approval Date: ___________________________

Reclamation Plan #: ___________________________ Termination Date: ___________________________

- BLM Mine Claim: ________________
- BLM Contract #: ________________
- (Attach Copy)
- BLM Resource Area: ________________

Mine Status: ___________________________ Annual Production: ___________________________ Disturbed Acreage: ___________________________

Latitude: ___________________________ Longitude: ___________________________ USGS Quad: ___________________________

Assessor Parcel Numbers: ________________
(Attach separate page if necessary)

**Financial Assurance Information**

<table>
<thead>
<tr>
<th>Financial Assurance Mechanism Type</th>
<th>Financial Assurance Mechanism #</th>
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**Section 3: SIGNATURE**

I certify under penalty of perjury that I am the (check one):

☐ Legal Owner (Attach separate sheet if needed. All individuals must sign as their name appears on the deed to the land)

OR

☐ Owner’s legal agent, and that the foregoing is true and correct. (Must submit letter of authorization from legal owners)

<table>
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<tr>
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**TO BE COMPLETED BY COUNTY STAFF**

Filing Date: ________________

JCS No.: ________________

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