

# ANNUAL STATUS AND PRODUCTION REPORT – NON-METALLICS

## Nevada Division of Minerals

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MSHA No. \_\_\_\_\_ Date Submitted \_\_\_\_\_

Report for the Year \_\_\_\_\_ Submitted by \_\_\_\_\_

Operation Name: \_\_\_\_\_

(Name of mine, mill, etc.)

Operator Name: \_\_\_\_\_

(Name of company, corporation, partnership, or individual)

Mailing Address of Operation: \_\_\_\_\_

Telephone No. of Operation: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mailing Address of Home Office: \_\_\_\_\_

(if different from above)

Telephone No. of Home Office: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Location of Operation: County: \_\_\_\_\_ Township: \_\_\_\_\_

Range: \_\_\_\_\_ Section: \_\_\_\_\_

Current Mine Status: (Please check one. If in temporary or permanent shut down, please enter the date of occurrence.)

Development

Production

Temporary Shut Down → Temporary Shut Down Date \_\_\_\_\_

Permanent Shut Down → Permanent Shut Down Date \_\_\_\_\_

Date Operation Originally Commenced or Planned Commencement: \_\_\_\_\_

Mining Method: \_\_\_\_\_

(open pit, underground, placer, etc. If multiple methods exist, please indicate percentage of production from each.)

Type of Process: \_\_\_\_\_

(heap leach, milling, gravity, etc. If multiple methods exist, please indicate percentage of production from each.)

Is processing facility available for custom milling? \_\_\_\_\_

	Commodity 1	Commodity 2	Commodity 3
Commodity Produced:			
Primary Use(s):			

	Commodity 1	Commodity 2	Commodity 3
Commodity Mined:			
Mined Amount:			
Mined Unit (tons, ozs, etc.):**			
Mined Remarks:			

Commodity Processed:			
Processed Amount:			
Processed Unit (tons, ozs, etc.):**			
Processed Remarks:			

Commodity Shipped:			
Shipped Amount:			
Shipped Unit (tons, ozs, etc.):**			
Shipped Remarks:			

**NOTE: --- Please enter the amount and whether it is in tons, ounces, pounds, yards, etc. for Mined, Processed, and Shipped quantities. ---**

**Administrative Staff Name(s):**

Operations Manager: \_\_\_\_\_  
 Mine Manager: \_\_\_\_\_  
 Mill Manager: \_\_\_\_\_

**Total Number of Employees for the Facility:**                      **Company**                      **Contractor(s)**  
**Total Employees** \_\_\_\_\_