

ANNUAL STATUS AND PRODUCTION REPORT – NON-METALLICS

Nevada Division of Minerals

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MSHA No. _____ Date Submitted _____

Report Year _____ Submitted by _____

Operation Name: _____
(Name of mine, mill, etc.)

Operator Name: _____
(Name of company, corporation, partnership, or individual)

Operation Mailing Address: _____

Operation Telephone No.: _____ Operation Fax No.: _____

Home Office Mailing Address: _____
(if different from above)

Home Office Telephone No.: _____ 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 or Planned Date 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 1	Commodity 2	Commodity 3
Commodity Processed:			
Processed Amount:			
Processed Unit (tons, ozs, etc.):**			
Processed Remarks:			

	Commodity 1	Commodity 2	Commodity 3
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 _____