

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, quarry, gravel pit, 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 ----- → Planned Commencement Date _____
☐ Production----- → Commencement Date..... _____
☐ Temporary Shut Down - → Temporary Shut Down Date..... _____
☐ Permanent Shut Down - → Permanent Shut Down Date..... _____
☐ Intermittent Production

Mining Method: (Please check all that apply and indicate approximate annual percentages.)

- ☐ Open Pit/Quarry ____% ☐ Underground ____% ☐ Placer ____% ☐ Brine Pumping ____%
☐ Other ____% (Please describe) _____

Type of Process: (Check all that apply.)

- ☐ Crushing/Screening ☐ Gravity/Flotation/Jig ☐ Milling/Grinding ☐ Drying/Kiln/Calcination ☐ Solar Evaporation
☐ Other (Please describe) _____

NOTE 1: Please enter the amount and whether it is in tons, ounces, pounds, cubic yards, etc.

NOTE 2: For aggregate producers, please list only one amount for all sand and gravel and one amount for all crushed stone, regardless of size.

	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:			

Administrative Staff Name(s):

Operations Manager: _____

Mine Manager: _____

Mill Manager: _____

Average Number Employed at the Facility:	Company	Contractor(s)
Total Employed	_____	_____