



INYO COUNTY PLANNING DEPARTMENT

168 N Edwards St.
PO Drawer L
Independence, CA 93526

Phone: (760) 878-0263

Fax: (760) 872-2712

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 Planning 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.

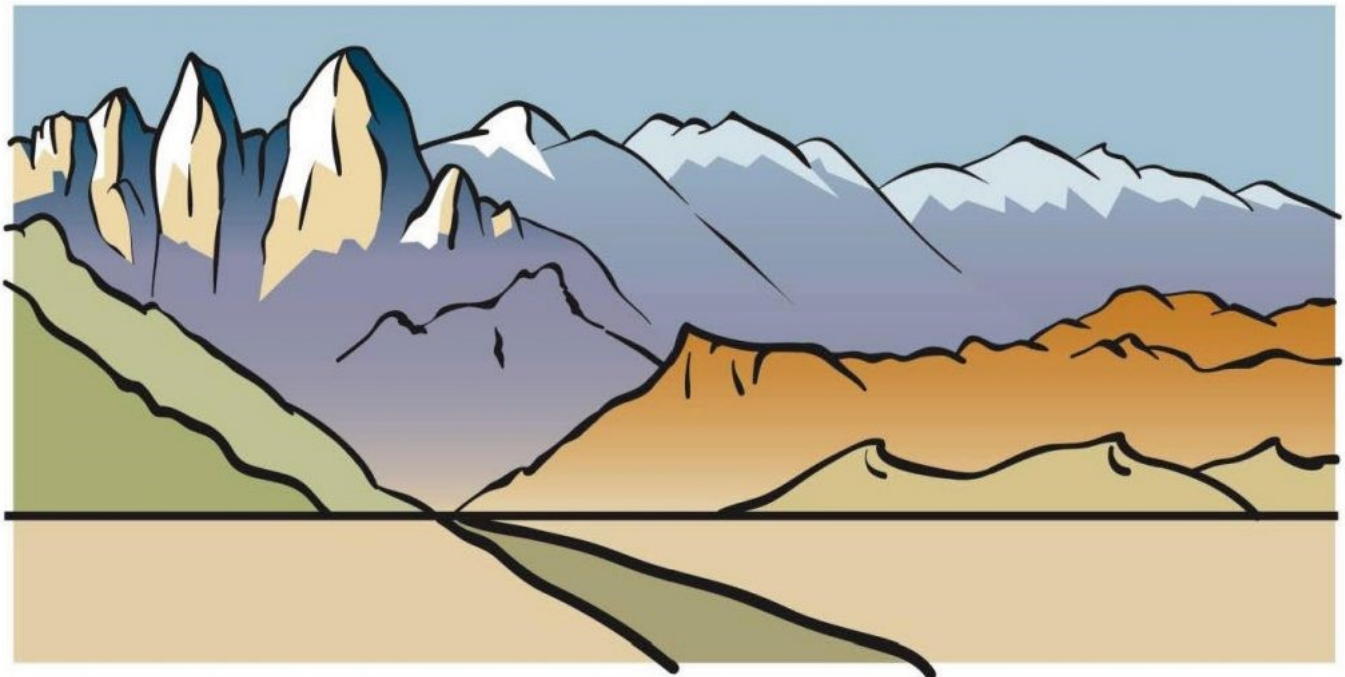
The County is required to notify the State Department of Conservation upon completion of the inspection that the inspection has been conducted and of any findings made by the County.

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

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 "Inyo County Planning". Please indicate your CA Mine ID number on check or money order.

Annual Inspection Fee \$450



ANNUAL MINE QUESTIONNAIRE

Section 1: APPLICATION INFORMATION

Mine Name: _____ CA Mine ID#: 91- _____

Mine Operator Information

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

Mine Operator d.b.a.: _____ Phone: () - _____
N/A Mailing Address: _____
Email Address: _____

Mine Operator d.b.a.: _____ Phone: () - _____
N/A Mailing Address: _____
Email Address: _____

Representative Information

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

Representative Firm: _____ Phone: () - _____
Same as Mailing Address: _____
Operator Mailing Address: _____
Email Address: _____

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

(Must attached copy of lease agreement)

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

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) Statement of Responsibility
 Notice of Responsibility Financial Assurance Cost Estimate 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 #: _____
 N/A **(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

Financial Assurance Mechanism Type:	Financial Assurance Mechanism #:	Amount of Mechanism

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)**

_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date