

USGS Form 9-4142-Q  
Ind. (rev. 3/15/2007)

OMB Control No. 1028-0065  
Approval expires: 7/31/2010



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY  
986 NATIONAL CENTER  
RESTON, VIRGINIA 20192

**CRUSHED AND BROKEN STONE & CONSTRUCTION SAND AND GRAVEL**

Please complete all applicable portions of this form

INDIVIDUAL COMPANY DATA - PROPRIETARY

- Name of company.
- Crushed and broken stone.
- Construction sand and gravel.
- Remarks.
- Person to be contacted regarding this report.

Company.	
Controlling company name	<input type="text"/>
Controlling company ID	<input type="text"/>
Operating (subsidiary) company name	<input type="text"/>
Operating (subsidiary) company ID	<input type="text"/>
Address	<input type="text"/>
City or town	<input type="text"/>
County	<input type="text"/>
State / Territory / Province	Not specified <input type="checkbox"/>
ZIP Code / Postal Code	<input type="text"/>
Country	USA <input type="checkbox"/>

**Section 1. Crushed and broken stone.**

What was the total amount of crushed and broken stone sold and/or used for the previous quarter in each State in which you operated?

CRUSHED AND BROKEN STONE					
State	No. of operations	QUARTER			
		1ST Jan. - Mar.	2ND Apr. - Jun.	3RD Jul. - Sep.	4TH Oct. - Dec.
Please specify <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					

[More States](#)

**Section 2: Construction sand and gravel.**

**What was the total amount of sand and gravel sold and/or used for the previous quarter in each State in which you operated?**

CONSTRUCTION SAND AND GRAVEL					
State	No. of operations	QUARTER			
		1ST Jan. - Mar.	2ND Apr. - Jun.	3RD Jul. - Sep.	4TH Oct. - Dec.
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					
Please specify					

[More States](#)

Remarks:

Person to be contacted regarding this report.

First name:  Last name:

Title:

E-mail:

Address:

City:

State / Territory / Province:

ZIP Code / Postal Code:

Country:

Phone:  -  -  Ext

[Previous screen](#)

[Print form](#)

[Log Off](#) | [Admin Options](#) | [Help](#) | [Feedback](#) | [FAQ](#)