

U.S. Department of the Interior, Office of Surface Mining Reclamation and Enforcement

**Part 1 -- OSM-1
Coal Reclamation Fee Report**

1. Reporting for 1st, 2nd, 3rd, or 4th quarter, 20____.

This certification covers the following permit number(s):

State Permit Number

3. Subscribed and sworn to before me in my presence
the ____ day of _____, 20____.

Notary Public signature (seal)

My commission expires _____

2. I hereby certify that the statements made herein are true, complete and correct to the best of my knowledge and belief and are made in good faith

Print in ink or type the name of reporting person, corporate officer, agent or director on behalf of the operator or the permittee.

Signature _____ Date _____

4. Contact name: _____
Telephone: _____
Email (If available): _____
Entity #: _____
Check one: Electronic funds transfer
 Check

5. Amount Due: \$ _____ . _____
Credits or Amounts
due from previous
filings: \$ _____ . _____
Total Due: \$ _____ . _____
Total Payment: \$ _____ . _____

Title 30 U.S.C. Section 1232 provides that any person, corporate officer, agent or director, on behalf of a coal mine operator who knowingly makes any false statements, representation or certification, or knowingly fails to make any statement, representation or certification required in this section shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than one year or both.

Part 2 -- OSM-1 Coal Reclamation Fee Report, OSM-1

You must fill out a Part 2 and Part 3 for Each permit number you are reporting.

6. Reporting for 1st, 2nd, 3rd, or 4th quarter, 20____

7. Permit Number _____ Mine Name _____ State _____

| | | |
|---|-------------------|------------------|
| a. MSHA Number | d. Permittee Name | g. Operator Name |
| b. County _____ Tribe _____ | e. Address | h. Address |
| c. <input type="checkbox"/> STOP REPORTING ON THIS PERMIT Coal Production is complete on this permit and all tonnage has been reported. Effective next quarter, this permit will no longer appear on my OSM-1 forms. | f. Taxpayer I.D. | i. Taxpayer I.D. |

8. Fee Computation

| | | |
|------------------------------------|------------------------------------|------------------------------------|
| a. Gross tons _____ . _____ | a. Gross tons _____ . _____ | a. Gross tons _____ . _____ |
| b. Moisture | b. Moisture | b. Moisture |
| 1. Total _____ % | 1. Total _____ % | 1. Total _____ % |
| 2. Inherent _____ % | 2. Inherent _____ % | 2. Inherent _____ % |
| 3. Excess _____ % | 3. Excess _____ % | 3. Excess _____ % |
| c. Reduced tons _____ . _____ | c. Reduced tons _____ . _____ | c. Reduced tons _____ . _____ |
| d. Net tons _____ . _____ | d. Net tons _____ . _____ | d. Net tons _____ . _____ |
| e. Rate \$. _____ | e. Rate \$. _____ | e. Rate \$. _____ |
| f. Calculated fee \$ _____ . _____ | f. Calculated fee \$ _____ . _____ | f. Calculated fee \$ _____ . _____ |

9. Total calculated fee for this permit number \$ _____ . _____

Part 3 -- OSM-1 Coal Reclamation Fee Report, OSM-1

Complete a Part 3 for each permit number you are reporting.
 This Information is required under section 402(c) of the
 Abandoned Mine Reclamation Act of 1990.

10. Reporting for 1st, 2nd, 3rd, or 4th quarter, 20____

11. **Permit Number** _____ **Mine Name** _____ **State** _____

12.

| Mineral Owners | Address | City | State | Zip |
|----------------|---------|------|-------|-----|
| | | | | |

13.

| Purchasers of Coal | Address | City | State | Zip |
|--------------------|---------|------|-------|-----|
| | | | | |

14.

| Coal Delivered to | Address | City | State | Zip |
|-------------------|---------|------|-------|-----|
| | | | | |

(prep plant, tipple, loading point)

If you pay by Check:

- Make your check payable to "Office of Surface Mining"
- Complete the "Payment Deposit Coupon" below to ensure that your account is properly credited
- Mail your check payment along with the "Payment Deposit Coupon" to:

Office of Surface Mining, Reclamation & Enforcement
P O BOX 979068
ST LOUIS MO 63197-9000

AML Fees Payment Deposit Coupon

OSM-1 Document Number: _____

Entity Number: _____

Entity Name: _____

Year/Quarter: _____

Enter Amount of Payment(s): \$ _____

Enter Check Number(s): _____

PLEASE INCLUDE THIS COUPON WITH YOUR CHECK TO ENSURE ACCURATE POSTING OF YOUR PAYMENT