

# Amended OSM-1

## Coal Reclamation Fee Report

Use this form to change an OSM-1 report already submitted.  
Send this form with any supporting documentation along with  
a check or wire transfer for applicable fees to:

Office of Surface Mining Reclamation and Enforcement  
P.O. Box 979068  
St. Louis, MO 63197-9000

Reporting for  1st,  2nd,  3rd, or  4th quarter, 20\_\_\_\_  
Entity Number \_\_\_\_\_  
Permit Number \_\_\_\_\_  
MSHA Number \_\_\_\_\_  
Mine Name \_\_\_\_\_  
State \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

### Block A

Enter originally reported tonnage below:

### Block B

Enter amended tonnage below:

### Block C

Enter the difference between A and B below:

<p>a. Gross Tons _____ . ____ ____</p> <p>b. Moisture</p> <p>    (1) Total _____ . _____ %</p> <p>    (2) Inherent _____ . _____ %</p> <p>    (3) Excess _____ . _____ %</p> <p>c. Reduced Tons _____ . ____ ____</p> <p>d. Net Tons _____ . ____ ____</p> <p>e. Rate           \$. _____ . _____</p> <p>f. Calculated Fee \$ _____ . ____ ____</p>	<p>a. Gross Tons _____ . ____ ____</p> <p>b. Moisture</p> <p>    (1) Total _____ . _____ %</p> <p>    (2) Inherent _____ . _____ %</p> <p>    (3) Excess _____ . _____ %</p> <p>c. Reduced Tons _____ . ____ ____</p> <p>d. Net Tons _____ . ____ ____</p> <p>e. Rate           \$. _____ . _____</p> <p>f. Calculated Fee \$ _____ . ____ ____</p>	<p>Enter the difference between A and B :</p> <p><input type="checkbox"/> + plus</p> <p><input type="checkbox"/> - minus</p> <p><b>Calculated Fee:</b></p> <p>\$ _____ . ____ ____</p> <p><input type="checkbox"/> check</p> <p><input type="checkbox"/> wire transfer</p>
---	---	--

Please explain the changes to your original filing on the back of this form

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 the reporting person, corporate officer, agent, or director on behalf of the operator or the permittee.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me in my presence the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ (seal)

Notary Public Signature \_\_\_\_\_

My commission expires \_\_\_\_\_