

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>Calculated Fee:</p> <p>\$ _____ . ____ ____</p> <p><input type="checkbox"/> check</p> <p><input type="checkbox"/> wire transfer</p>
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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 _____