-	rt 1 OSM-1 al Reclamation Fee Report	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 f		
1. Reporting for 1st, 2nd, 3rd, or 4th quarter, 20 This certification covers the following permit number(s): State Permit Number			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	-	
3.	Subscribed and sworn to before me in my presence the day of, 20	4.	Contact name:		
	Notary Public signature		Telephone: Email (If available): Entity #:		
	My commission expires		Check one: Electronic funds transfer		

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.

Approved by OMB, no.1029-0063. Expires 12/14 Call 1-800-799-4265, Ext 325 if you have any questions.

## 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. STOP REPORTING ON THIS PERMIT Coal Production is complete on this permit and all tonnage		
	f. Taxpayer I.D.	i. Taxpayer I.D.

### 8. Fee Computation

a. Gross tons	a. Gross tons	a. Gross tons
b. Moisture 1. Total %		b. Moisture 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.					
Permit Number	Mine Name			State	
Mineral Owners	Address	City	State	Zip	
Purchasers of Coal	Address	City	State	Zip	
Purchasers of Coal	Address	City	State	Zip	
Purchasers of Coal	Address	City	State	Zip	
Purchasers of Coal	Address	City	State	Zij	

	14.	Coal Delivered to	Address	City	State	Zip	
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# 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

\_\_\_\_\_

\_\_\_\_\_