



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

COMPREHENSIVE TEST BAN TREATY

INDIVIDUAL COMPANY DATA - PROPRIETARY

BACKGROUND

Please complete all applicable portions of this form.

**Respondent ID: 3333333**   **Reporting Year: 2015**

Name and location of operation (MIFORMS)

Name and location of operation (CMS)

Name and location of operation (RCF)

Name:

Address:

City or town:

County:

State / Territory / Province:

ZIP Code / Postal Code:

Country:

Section:

Township:

Range:

Operating Company:

Respondent 3333333 is not present in CMS file

Respondent 3333333 is not present in RCF file

If operating company is a subsidiary, please name controlling company

**Note:** Please use the **Remarks** section to provide any additional information regarding your operation.

**Base canvass: G34**

In the last calendar year, how many explosions with a total charge size of 300 tons of TNT-equivalent, or greater, did your mining operation conduct? **Conducted:**

In the next calendar year, how many explosions with a total charge size of 300 tons of TNT-equivalent, or great, do you expect to conduct? **Expect to Conduct:**

If this form covers more than one mining operation, and you had information to report in the above questions, please indicate below the county, State, and number of blasts for each site.

Line code	County	State	Number of blasts, current year	Number of blasts, next year
<input type="text" value="101"/>	<input type="text" value="ADAMS"/>	<input type="text" value="Ohio"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Not Specified"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Not Specified"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Not Specified"/>	<input type="text"/>	<input type="text"/>

		Not Specified		
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Remarks: (up to 1,000 characters)

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

May tabulations be published which could indirectly reveal the data reported above?  Yes  No

Data Source Code  Date of Receipt  (yyyymmdd)

Previous screen	Review before submission	Save partial edit
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