

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
_____	_____
_____	_____
_____	_____

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 signing below.

Signature

Date

3.

Contact name:

Telephone:

Email:

Entity:

4.

Amount Due: \$ _____.

Credits or Amounts
due from previous filings \$ _____.

Total Due: \$ _____.

Total Payment: \$ _____.

Check one: Electronic funds transfer Check

COMPANY NAME

MAILING ADDRESS

CITY, ST, ZIP CODE

5.

- Submit a properly notarized copy of the OSM-1 form-
Subscribed and sworn to before me in my presence the _____ day
of _____, 20_____.

OR

- Sign an unsworn statement-
"I declare under penalty of perjury that the foregoing is true and
correct. Executed on _____ day of _____, 20_____."

Notary Public signature Commission expires: _____

Signature

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. TO STOP REPORTING ON THIS PERMIT CHECK THE APPLICABLE BOX BELOW		
1. <input type="checkbox"/> PMC Auto Mining Complete "Mining is complete and all stockpiles have been reported"	f. Taxpayer I.D.	i. Taxpayer I.D.
2. <input type="checkbox"/> RMC Reported Mining Complete "We have transferred this permit to another company"		
3. <input type="checkbox"/> TMC Temporary Mining Complete "We have temporarily stopped mining but production is still possible from this permit"		

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
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13.

Purchasers of Coal	Address	City	State	Zip
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14.

Coal Delivered to	Address	City	State	Zip
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(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