



## NON-COAL QUARTERLY REPORT

Quarter and Year Reporting **OCT, NOV, DEC** **2017** Permit # \_\_\_\_\_

Operator's Company Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street OR Box No. City State Zip Code

Mine Name (if applicable) \_\_\_\_\_

Land Description: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Method of Mining: Auger Dredging Hydraulic Quarrying Stripping  
Drag Line Loading & Hauling Room & Pillar

Mineral Produced \_\_\_\_\_

**OCTOBER 2017** Tons \_\_\_\_\_ X (times) **\$0.01** = \$ \_\_\_\_\_

**NOVEMBER 2017** Tons \_\_\_\_\_ X (times) **\$0.0125** = \$ \_\_\_\_\_

**DECEMBER 2017** Tons \_\_\_\_\_ X (times) **\$0.0125** = \$ \_\_\_\_\_

Total Tonnage \_\_\_\_\_ Total Tonnage Fee \$ \_\_\_\_\_

*Round to the nearest whole number.*

**IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.**

10% Penalty Fee \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

NUMBER OF INDIVIDUALS WORKING DURING EACH MONTH OCT \_\_\_\_\_ NOV \_\_\_\_\_ DEC \_\_\_\_\_

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH OCT \_\_\_\_\_ NOV \_\_\_\_\_ DEC \_\_\_\_\_

HAS AN ACCIDENT OCCURRED ON THE MINESITE DURING THIS QUARTER? YES NO

**If yes, Departmental Rules require an accident report to be filed with the Department of Mines.**

**Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.**

Name of Person filling out this report: \_\_\_\_\_ Phone # \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

Commission No. \_\_\_\_\_ Notary Public \_\_\_\_\_