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.

_____

Signature Date

3. Subscribed and sworn to before me in my presence the _____ day of _____, 20_____.

_____ (seal)

Notary Public signature

My commission expires _____

4. Contact name: _____

Telephone: _____

Email (If available): _____

Entity #: _____

Check one: ☐ Electronic funds transfer

☐ Check

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 12/17

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

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 $ _____ . ___ ___

If you need more space, please attach additional sheets.

Part 3 -- OSM-1 Coal Reclamation Fee Report, OSM-1

10. Reporting for ☐ 1st, ☐ 2nd, ☐ 3rd, or ☐ 4th quarter, 20____

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.

11. **Permit Number** _____ **Mine Name** _____ **State** _____

12.

Mineral Owners	Address	City	State	Zip

13.

Purchasers of Coal	Address	City	State	Zip

14.

Coal Delivered to	Address	City	State	Zip

(prep plant, tipple, loading point)

If you need more space, please attach additional sheets.

Approved by OMB, no. 1029-0063. Expirees 12/17

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