



BUREAU OF DEEP MINE SAFETY INSTRUCTIONS Non-Coal Mineral Production Surface Mining Operations

- Complete all items – use N.A. for items not applicable.
- Indicate name of operator (company name the operation is licensed under, not the sub-contractor name.)
- Submit a separate Report for each **County** in which you have mining operations/or Surface Mine Permits.
- All Permits which had non-coal mineral operations must be listed.
- Indicate the ***SURFACE MINE PERMIT NUMBER***, also known as the water or mine drainage permit (8 digit number).
- When the Surface Mine Permit straddles the county line the production should be reported in the county which is identified in the permit. Please note it should be reported in one county only.
- Indicate total number of the days mine worked during the year.
- Indicate the number of employees involved in production at each individual Surface Mine Permit.
- Indicate number of fatal accidents and non-fatal accidents during the year which resulted in at least one man-day of lost time.
- Indicate total pounds of explosives used during the year at each individual Surface Mine Permit.
- Indicate each type of mineral or rock being mined on the Surface Mine Permit (sand, gravel, dolomite, etc.).
- Indicate total tons of mineral shipped from mine site. It should equal total production of mineral mined per year column.
- Indicate total tonnage of each mineral or rock produced on the Surface Mine Permit.
- SIGN AND DATE REPORT BY AN OFFICIAL OF COMPANY. INDICATE SIGNER'S TITLE.
- RETURN FORM NO LATER THAN JANUARY 25 TO THE CONSERVATION MINE INSPECTOR WHOM HAS JURISDICTION OVER YOUR OPERATION(S).

If you need more forms or assistance, please call 717-783-7515.



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF DEEP MINE SAFETY**

Please fill in date and return on or before
JANUARY 25, to Conservation Mine
Inspector whom has jurisdiction over your
operation(s):

Signature of Conservation Mine Inspector

NON-COAL MINERAL PRODUCTION SURFACE MINING OPERATIONS ANNUAL REPORT

Name of Operator _____

Year of 19 _____

Mining License No. _____

Address _____

County of _____

_____ Zip Code _____

Surface Mine Permit Number	Number of Days Mine Worked During Year	Total Number Production Employees	Number of Fatal Accidents	Number of Non-Fatal Accidents	Total Pounds of Explosives Used

Surface Mine Permit Number	Type of Rock or Mineral Being Mined	Production of Minerals – Net Ton Tonnage of Mineral Shipped By			Total PRODUCTION OF MINERALS Mined for Year in Tons
		By Rail	By Water	By Truck	

Total Company Employed: _____

Signature _____
Official of Company

Sub-Contractor Used: Yes _____ No _____

Title: _____

Contractor Name: _____

Date: _____