



San Bernardino County

Land Use Services Department, Planning Division

385 N. Arrowhead Ave., San Bernardino, CA 92415
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ANNUAL MINE QUESTIONNAIRE INFORMATION SHEET AND APPLICATION

Mining operators are required to provide a Mining Operation Annual Report to the State Department of Conservation and to the County Land Use Services Department on a date established by the State Department of Conservation using forms furnished by the State Mining and Geology Board. The County is required to conduct an inspection of the surface mining operation within six (6) months after receipt of the annual report to determine whether the mining operation is in compliance with the approved Conditional Use Permit and/or Reclamation Plan, approved financial assurances, and State regulations.

The County is required to notify the State Department of Conservation upon completion of the inspection that the inspection has been conducted and of any findings of the County.

The operator of the mining operation is responsible for filing an application with the County requesting an inspection and for paying the County's cost of the inspection.

FEES/DEPOSITS

Fees must be submitted at the time of submittal of a completed application and must be in the form of a check or money order made payable to the "County of San Bernardino." Please indicate your CA Mine ID number on check or money order.

Planning Initial Deposit (L652)

Less than 50 acres disturbed.....	\$1,800.00
50 acres or more disturbed.....	\$3,000.00

"Actual Cost Initial Deposit" – The basic review fees for this application are charged on an "actual cost" basis. Your application money is deposited into an account and the reviewing staff records the time spent on inspections and reviewing your documents. Your account is then charged for the staff time at established hourly rates (\$105.00 to \$193/hr). You are responsible for all charges made to the project account. If account funds are depleted an additional deposit will be required. If an additional deposit is required it must be paid to allow staff to continue inspections and reviewing. Any failure to pay the required deposit will result in fines being imposed in addition to the required fee.

Please complete the application and forms that are attached to this information packet.

ANNUAL MINE QUESTIONNAIRE

Section 1: APPLICATION INFORMATION

Mine Name: _____ CA Mine ID#: 91-36-

Mine Operator Information

Mine Operator: _____
Contact Person: _____ Phone: () -
Mailing Address: _____
Email Address: _____

Mine Operator d.b.a.: _____ Phone: () -
N/A Mailing Address: _____
Email Address: _____

Mine Operator d.b.a.: _____ Phone: () -
N/A Mailing Address: _____
Email Address: _____

Representative Information

(Must reside in California pursuant to SMAR; PRC 2207. (a) (2))

Representative Firm: _____
Same as Contact Person: _____ Phone: () -
Operator Mailing Address: _____
Email Address: _____

Land Owner Information

Name of Land Owner: _____ Phone: () -
Mailing Address: _____
Email Address: _____

Mineral Rights Owner Information

Mineral Rights Owner: _____ Phone: () -
Mailing Address: _____
Email Address: _____

Lessee Information

(Must attached copy of lease agreement)

Name of Lessee: _____
Contact Person: _____ Phone: () -
Mailing Address: _____
Email Address: _____

Check the items submitted with this application:

- | | | |
|---------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Initial Deposit | <input type="checkbox"/> Copy of MRRC-2 (MOAR) | <input type="checkbox"/> Statement of Responsibility |
| <input type="checkbox"/> Notice of Responsibility | <input type="checkbox"/> Financial Assurance Cost Estimate | <input type="checkbox"/> Financial Assurance Mechanism |
| <input type="checkbox"/> BLM Contract/Claim | <input type="checkbox"/> Lease Agreement | |

Section 2: PROJECT DESCRIPTION

Name on Approved Mine/Rec Plan Permit: _____ Approval Date: _____
 Reclamation Plan #: _____ Termination Date: _____

BLM Mine Claim: _____
 BLM Contract #: _____
 N/A (Attach Copy)
 BLM Resource Area: _____

Mine Status: _____ Annual Production: _____ Disturbed Acreage: _____
 Latitude: _____ Longitude: _____ USGS Quad: _____

Assessor Parcel Numbers: _____
 (Attach separate page
 if necessary)

Financial Assurance Information

Financial Assurance Mechanism Type:	Financial Assurance Mechanism #:	Amount of Mechanism

Section 3: SIGNATURE

I certify under penalty of perjury that I am the (check one):

Legal Owner (Attach separate sheet if needed. All individuals must sign as their name appears on the deed to the land)

OR

Owner's legal agent, and that the foregoing is true and correct. **(Must submit letter of authorization from legal owners)**

_____ Signature	_____ Print Name	_____ Date

TO BE COMPLETED BY COUNTY STAFF
 Filing Date: _____ JCS No.: _____