



DIVISION OF MINERAL MINING
 900 NATURAL RESOURCES DRIVE, SUITE 400
 CHARLOTTESVILLE, VA 22903
 (434) 996-5910

MINERAL MINING ANNUAL TONNAGE REPORT

REPORT FOR CALENDAR YEAR _____

1. **COMPANY NAME** _____ **PERMIT NO.** _____
2. **TOTAL TONS PRODUCED** _____
3. **WORKERS**—Include the number of full or part-time persons who worked for any part of the period covered by this report. Include all owners, officers, clerical help, engineers and others who worked at the mine.

NUMBER OFFICE WORKERS	OFFICE HOURS	OFFICE WAGES	NUMBER PRODUCTION WORKERS PIT/PLANT	PRODUCTION HOURS	TOTAL PRODUCTION WAGES

REPORT REQUIRED BY LAW—Code of Virginia, Title 45.2, Chapter 11, Section 45.2-1129 requires this form to be filled out and returned to this office by the 15th day of February. Operations that do not submit tonnage reports may be subject to closure.

I, the undersigned, hereby certify that all information provided on this report is true and accurate to the best of my knowledge and belief. I further certify that all occupational injuries occurring on the mine site have been reported for calendar year _____.

SIGNED _____ **TITLE** _____ **DATE** _____

PLEASE PRINT YOUR NAME
