STATE OF OKLAHOMA
DEPARTMENT OF MINES
2915 N. Classen Blvd., Suite #213 405-427-3859 FAX: 405-424-4932 Oklahoma City, OK 73106

**As provided for in 45 0.S., §611, of the mining laws of this State, this department is required to collect information from operators of mines and quarries regarding the production of minerals and such other information as is of interest and benefit, and for such purpose this schedule is prepared and issued, and must be fully filled out and returned to this office.**

# NONCOAL MONTHLY PRODUCTION REPORT

**Report for the month and year** _____

**PERMITTEE * Name**_____ **PERMIT #:**_____

Mine Name, if applicable _____

Land Description: Section _____Township_____Range _____County _____

Mailing Address:_____

Street OR Box No. City State Zip code

**PRODUCT PERMITTED TO MINE** _____

**TONS PRODUCED DURING THE MONTH (Mined or Hauled)** _____
**Please round to the nearest whole number**

**NUMBER OF INDIVIDUALS WORKING DURING THIS MONTH**_____

**NUMBER OF DAYS THE MINE WORKED DURING THE MONTH**_____

**HAS AN ACCIDENT OCCURRED ON THE MINESITE THIS MONTH? 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 been filed.**

Method of Mining: Auger _____ Dredging_____ Hydraulic_____ Quarrying_____

Stripping_____ Drag Line _____ Loading & Hauling_____ Room & Pillar _____

Name of Superintendent:_____

Name of Person filling out this report: _____ Phone #_____

**Permittee – the name of person or company on the face of the permit and to whom permit is issued.*

***Forms may be found at www.mines.ok.gov***