



**Oregon  
Division of  
State Lands**

**Recreational Placer Mining  
Report Form**

APP # \_\_\_\_\_-GA

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Date MM/DD/YYYY	Equipment Used	Waterway	County Location	T, R, S (Township, Range, Section)	Amount of Material Excavated (estimate)

**NOTE: PLEASE FILL OUT THIS FORM AS THOROUGHLY AS POSSIBLE. IF NO MATERIAL WAS EXCAVATED, WRITE "0" UNDER LAST COLUMN. FAILURE TO SUBMIT THIS YEAR-END REPORT MAY RESULT IN CANCELLATION OF YOUR PLACER MINING AUTHORIZATION.**

**BY SIGNATURE BELOW, YOU AFFIRM THAT THE INFORMATION YOU HAVE STATED ABOVE IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return this form by January 31 after each operating season to:

**Division of State Lands  
775 Summer St. NE, Suite 100  
Salem, OR 97301-1279**