



West Virginia Office of Miners' Health Safety and Training
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SURFACE MINE PRODUCTION TERMINATION REPORT

Effective this date: _____ coal production has been permanently
terminated in _____ County, State of West Virginia.

WV Surface Mine Permit Number: _____

Note: When coal production has been permanently terminated, this form may be submitted with your last quarterly
report.

The effective date of the termination will be the date of the postmark.

Name of Company

Name of Operation

Printed Name of Company Official and Title

Signature of Company Official

Signature: WVMHS&T Inspector

Signature: WVMHS&T Regional Office Supervisor