

**Coal Production and Preparation Report  
(Preparation Plant or Other Facilities)**

Reporting For Calendar Year 

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MSHA # 

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*Please read the instructions provided before completing this form.*

**NOTICE:** This report is **mandatory** under the Federal Energy Administration Act of 1974 (Public Law 93-275). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For further information concerning sanctions and data protections see the provision on sanctions and the provision concerning the disclosure of information in the instructions. **Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

**GENERAL REPORTING INSTRUCTIONS:** Form EIA-7A must be submitted by all coal mining operations that produced and/or processed 10,000 or more short tons of coal and/or worked 5,000 hours or more during the reporting year. A separate Form EIA-7A must be submitted for each Mine Safety and Health Administration (MSHA) ID.

**I. Identification.** The shaded areas in this section are reserved for preprinted information. Please make any corrections to the information shown in these areas by drawing a line through the incorrect information and entering the changes in the space provided at the right.

**A. Status Change:** Did the ownership change during the year?

Yes  No

If **Yes**, give date of change and, as applicable, the name and address of the new owner.

Month	Day	Year	

Name of New Owner	Name of New Mining Operation		
Address of New Owner (Street)	(City)	(County)	(State) (Zip Code)
New Owner E-mail	New Owner Phone Number	New Owner Fax Number	

*Please make any corrections to the mailing label in the area provided at the right and return the completed form in the business reply envelope provided.*

**B. Preparer Information**

Preparer Name:  
Preparer Company Name:  
Preparer Street Address:  
Preparer City, State, Zip:  
Preparer Phone #:  
Preparer Fax #:  
Preparer E-mail:

**C. Company Contact Information.** The information in this block refers to the Company that owns the MSHA ID. The Company contact person is a person who has oversight responsibility for responding to this data request and ordinarily is not the person preparing the response.

Contact Name:  
Contact Title:  
Contact Company Name:  
Contact Street Address:  
Contact City, State, Zip:  
Contact Phone #:  
Contact Fax #:  
Contact E-mail:

**D. Name and Location of Mining Operation**

Mine Name:  
Mine Location (County):  
Mine Location (State):

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**E. Name and Address of Operating Company**

Company Name:  
Company Address:  
Company City, State, Zip:

**F. Operating Company Contact Information**

Contact Name:  
Contact Title:  
Contact Street Address:  
Contact City, State, Zip:  
Contact Phone #:  
Contact Fax #:  
Contact E-mail:

**G. Type of Company Operating this Mining Operation Check one. (See instructions for definitions of company types).**

1. Independent Producer Operator       2. Operating Subsidiary       3. Contractor

*If you checked Box 1 in Section G above, please skip to Section J. If you checked Box 2, please complete Sections H and I with information about your Parent Company. If you checked Box 3, please complete Sections H and I with information about the Contractee for which you are providing services at this mining operation. If there is more than one Parent Company or Contractee, please provide the additional information for Sections H and I on a separate sheet of paper.*

**H. Parent Company or Contractee**

Company/Contractee Name:  
Company/Contractee Address:  
Company/Contractee City, State, Zip:

**I. Parent Company or Contractee Contact Information**

Contact Name:  
Contact Title:  
Contact Street Address:  
Contact City, State, Zip:  
Contact Phone #:  
Contact Fax #:  
Contact E-mail:

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**J. Kind of Operation** (check the appropriate box or boxes)

- Preparation Plant
- Tipple
- Loading Dock
- Train Loadout

**K. Union Identification.** Check the box that applies for this mining operation and identify the union, if applicable.

Is this operation unionized?  Yes  No

If yes, enter union name here: \_\_\_\_\_

**L. Facilities Location**

**1. Longitude and Latitude.** Please enter the longitude and latitude that best defines the predominant facilities location in the reporting year. The geographical points reported should represent the center of activity.

Longitude          
Degrees Minutes Seconds

Latitude        
Degrees Minutes Seconds

**2. Datum.** Please identify the method and datum that was used in determining the longitude and latitude locations (Please check all boxes that apply).

- Maps on Us ([www.maponus.com](http://www.maponus.com))
- U.S. Census Bureau TIGER Map Service
- Global Positioning System (GPS)
- U.S. Geological Survey MapFinder ([www.usgs.gov](http://www.usgs.gov))
- Unknown
- Other \_\_\_\_\_

*If you selected GPS, USGS or Other, please indicate datum below:*

- NAD27 (North American Datum 1927)
- WGS84 (World Geodetic Survey 1984)
- NAD83 (North American Datum 1983)
- Unknown
- Other \_\_\_\_\_

**II. Annual Processing Capacity.** Report the maximum amount of coal that your operation could have processed during the year with the existing equipment in place, assuming that the labor and materials sufficient to utilize the equipment were available, and that the market existed for the maximum coal production.

s.t.

**III. Coal Consumption.** Report the amount of coal consumed to operate this facility. Please exclude coal consumed to generate electricity that is sold to the grid.

s.t.

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**IV. Coal Preparation.** Complete this section only if this operation includes a preparation plant or tipple which crushes, screens, or mechanically cleans coal.

a. Percentage of coal prepared which originated at underground mines  %

b. Percentage of coal prepared which originated at surface mines  %

c. Total coal prepared  **100 %**

**V. Additional Remarks.** Attach another sheet of paper if necessary.

**VI. Point of Contact.** Enter the name, title, telephone number and e-mail address of your company representative who can answer questions regarding information provided on this form.

Name  Title

Telephone Number  E-mail Address