Department of Environmental Protection
Bureau of Abandoned Mine Reclamation
Abandoned Mine Land and Abandoned Mine Drainage Grant Program

WORK PROGRESS REPORT

Grant Manager: _____ Report Period: _____ to _____

Grantee: _____ Document Number: _____

Project Name and Number: _____

Report completed by: _____

Project Work Completed During the Period: **% Complete** _____

Proposed Activity for Next Quarter:

_____ _____ _____

Reviewed & Approved By **Title** **Date**