



COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF MINES, MINERALS & ENERGY
 DIVISION OF MINERAL MINING
 P.O. BOX 3727
 CHARLOTTESVILLE, VIRGINIA 22903
 (434) 951-6310

PERMIT/LICENSE APPLICATION

APPLICATION TYPE:

- NEW MINE
- CHANGE OF OWNERSHIP

FOR OFFICE USE ONLY

- PERMIT NO.
- RECEIPT NO.
- DATE ISSUED:

OWNERSHIP INFORMATION

1. Name of Applicant
2. Office Telephone Number ()
3. Mailing Address

Mine is located _____ of _____ town _____
 _____ miles _____ direction _____
 on Public Road No. _____ in _____ County

4. Type of Organization:
 - Sole Proprietorship - Complete questions A,B,C,D,E,F,G,I
 - Corporation - Complete questions A,B,C,D,E,F,G,J,K,L,M,N
 - Partnership - Complete questions A,B,C,D,E,F,G,H,I
 - Other - Complete questions A,B,C,D,E,F,G,H,J

Specify:

- (A) Name and address of the Mine
- (B) MSHA ID number of the Mine
- (C) Person with overall responsibility for operating decisions at the mine:
 - Name/Title
 - Address
 - Phone
- (D) Person to be contacted in the event of an accident or emergency:

Name	Address	Telephone
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- (E) Person with overall responsibility for health and safety at the mine:

Name	Address	Telephone
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- (F) Person responsible for business operation of the mine:

Name	Address	Telephone
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- (G) Federal Tax ID Number of Applicant

(H) List all individuals having any ownership interest in the organization.
Name/Title Address Telephone

(I) Trade name, address and telephone number for sole proprietors/partnerships:

(J) Principal organization officials, corporate officers, directors and members:
Name/Title Address Telephone

(K) Corporation name, address and telephone number if different than applicant:

(L) State of Incorporation

(M) Registered Agent:
Name Address Telephone

(N) If a subsidiary, provide:
Parent Organization Name:
Address
Telephone _____ State of Incorporation

5. Name, address and telephone number of person(s) authorized to sign permit/license documents:
Name Address Telephone

6. (a) Have any of the above listed persons or companies owned, in whole or in part, by said persons, had a mining permit issued by Virginia or any other state revoked? () Yes () No

(b) If yes, give a brief statement of action.

7. Have any of the persons listed above been convicted of violating any of the following sections: 45.1-161.292:33, 45.1-161.177, 45.1-161.178, and 45.1-161.233 as related to smoking in underground coal mines or tampering with methane detection equipment in underground coal mines?
() Yes () No
If yes, give name of person convicted

OPERATIONS INFORMATION

8. Latitude _____ Longitude

9. Mineral to be mined _____ Estimated annual production (in tons) _____

10. Type of Mine: () Open Pit () Quarry () Underground () Dredge
() Dragline () Other (specify)

11. List any other mining permits or MSHA Federal Identification Numbers issued to the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization.

Issuing Authority

Permit No./Identification No.

Status

12. Will explosive storage and blasting be required? () Yes () No

13. Number of employees each shift 1 _____ 2 _____ 3 _____

14. Distance in feet to nearest inhabited building

15. Does the applicant have the personnel and facilities to provide safety training to its employees?
() Yes () No

16. List any person with an ownership or leasehold interest in the surface land or minerals to be mined.

NAME

ADDRESS

Surface
Surface
Mineral
Mineral

17. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit: Provide deed book number, page number, parties to the deed or lease, date of execution **OR** provide a copy of the deed or lease.

18. Please provide the following information for any contractors who will be working on the mine site (attach additional sheets as necessary).

Contractor's Trade Name

Business Address

Business Telephone _____ **MSHA Identification Number**

Address of Record

Service to be Provided

Where at the Mine Will the Work be Provided

Persons with responsibility for operating decisions:

Name

Address

Persons with responsibility for the health and safety of employees:

Name

Address

19. List rivers, streams, tributaries or water impoundments on or adjacent to permitted property.

<u>NAME OF WATERWAY</u>	<u>Ph ADJACENT TO THE MINE</u>	<u>TRIBUTARY TO</u>
_____	_____	
_____	_____	

20. Specify how mine discharge and storm runoff water will be handled to minimize impact on any water courses. (Detail drainage plan attached): _____

21. Specify any chemicals or hazardous materials which will be used on the mine site and methods to be employed to prevent contamination of land and water resources on or adjoining permitted property.

OPERATION/RECLAMATION PLANS

22. Specify the materials which will be generated by mining operations and the plans for handling and disposal during operations and reclamation.

TYPE OF MATERIAL

- Overburden
- Spoil/Waste Minerals
- Scrap Metal
- Scrap Tires
- Used Oil and Lubricants
- Trash and Debris
- Hazardous Material
- Buildings/Structures

DISPOSAL METHOD

PLANS: OPERATION/RECLAMATION/DRAINAGE PLAN

23. Describe in detail the method of mining, procedures for handling drainage, regrading, and vegetation during active mining and upon completion (attach narrative).

CERTIFICATION/SIGNATURE

I, _____, having been duly sworn do state that all their presentations contained in the foregoing application are true to the best of my knowledge; and that I am (an executive officer), (a general partner), (the sole proprietor), (a legal representative), of the applicant, duly authorized to make this application on its behalf.

On behalf of the applicant, I hereby authorize the Virginia Division of Mineral Mining to conduct such safety/reclamation inspections as it may deem necessary or as may be required by law on this mining operation.

Name _____ Title _____
subscribed and sworn to, this _____ day of _____,

Notary Public

My commission expires



COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF MINES, MINERALS AND ENERGY
 DIVISION OF MINERAL MINING
 900 Natural Resources Drive
 P. O. Box 3727
 Charlottesville, Virginia 22903
 (434) 951-6310

NOTICE OF APPLICATION TO MINE

NOTICE ISSUED BY _____
 APPLICANT'S NAME _____

ADDRESS _____

_____ TELEPHONE NO. _____

NOTICE ISSUED TO PROPERTY OWNERS WITHIN 1000 FEET OF PERMIT BOUNDARY:

Name _____

Address _____

State law (Section 45.1-184.1 of the Code of Virginia) requires that land owners within 1,000 feet of a proposed new mineral mine be notified that the operator is seeking a surface mining and reclamation permit from the Department of Mines, Minerals and Energy. The surface mining permit pertains to regrading, revegetation and erosion controls of mineral mine sites.

In accordance with that requirement _____

(COMPANY NAME) is hereby notifying you that it has applied/will apply for a surface mining and reclamation permit on _____ (DATE). The mineral to be mined is _____ . The proposed mine is located _____ miles _____ (DIRECTION) of _____ (NEAREST TOWN) on _____ (ROAD) in _____ (CITY/COUNTY), Tax Map ID No. _____ .

Property owners within 1,000 feet of the land proposed to be mined for minerals other than coal may specify objections in writing and request a hearing within ten (10) days of receipt of this notice to: The Department of Mines, Minerals and Energy, Division of Mineral Mining, P. O. Box 3727, Charlottesville, Virginia 22903, (434) 951-6310.



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
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(434) 951-6310**

YEARLY PROGRESS REPORT

COMPANY: _____ PERMIT NO.: _____ COUNTY: _____

1. The following report is required by Section 45.1-185, Code of Virginia. This section requires that this information be provided by the operator within 10 days following the anniversary date of the issuance of any permit.

2. **COMPLETE BELOW**

Have metal, lumber, and other debris been removed? Yes No

3. **ACRES RECLAIMED LAST 12 MONTHS:**

- A. Regraded _____
- B. Vegetated, (but not released) _____
- C. Approved by Mine Inspector during the past 12 months and eligible for release or otherwise released (SHOWN HERE AND IN 4 C BELOW) _____
- D. Fertilizer (Total) _____
- E. Lime (Total) _____
- F. Tree Seedlings: Species _____ Amount _____ Date _____
 Grasses/Legumes: Species _____ Amount _____ Date _____
 Species _____ Amount _____ Date _____
 Species _____ Amount _____ Date _____

4. Number of acres covered by this permit (DMM Records):

BOND ACREAGE CALCULATION:

- A. Acres under bond the previous year (DMM Records):
 - B. Additional acreage to be affected the next 12 months: _____
 - C. Acres vegetated the past 12 months (acreage has to be approved by Inspector) or acres otherwise released: _____
- TOTAL RENEWAL ACREAGE (A + B - C)** _____

5. Have there been any changes in Company name, address, organizational structure or Company officials?
 No Yes Specify, if yes: _____

6. Official in charge of mining operations: _____

Title: _____

Signature: _____ Date _____



SURETY BOND

KNOW ALL MEN BY THESE PRESENTS: That we,
, (hereafter **Principal**) whose principal place of business is located at _____, and
, (hereafter **Surety**), are held and firmly bound unto the **COMMONWEALTH of VIRGINIA**, Director, Division of Mineral Mining (hereafter **Obligee**), in the sum of _____ (\$ _____) Dollars for the payment thereof the Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and, severally, firmly, by these presents.

WHEREAS, the Principal proposes to commence mineral mining, to be known as _____ in _____ County(ies), of Virginia.

Now, therefore, the condition of this obligation is such that if the Principal shall promptly and faithfully comply with the operations plan, including the drainage and reclamation plans as filed with Obligee under Permit Number _____ and furnish such information and reports thereon as may be required, in compliance with all the rules and regulations of Obligee and with the laws of the COMMONWEALTH of VIRGINIA relating thereto, then this obligation shall be null and void; otherwise, it shall remain in full force and effect until it is released in writing by the Obligee in accordance with Chapter 16 of Title 45.1 of the **Code of Virginia**, 1950, as amended. In the event that this performance bond is declared forfeited, in whole or in part, according to law, the Surety will cause the principal sum or appropriate part hereof to be delivered to the Obligee immediately upon the written demand of the latter.

The Surety represents to the Principal and to the Obligee that it is legally authorized to do business in the Commonwealth of Virginia.

WHEREAS, the Surety will notify the Obligee and the Principal of any notice received or action filed alleging the insolvency or bankruptcy of the Surety company, or alleging any violations or regulatory requirements which could result in suspension or revocation of the Surety's license to do business or render the Surety incapable of fulfilling its obligations under the bond for any reason. This notification will also apply to increase or decrease riders/stipulations affecting the original amount of this bond.

Signed and sealed this _____ day of _____, _____.

(Contractor/Principal)

By: _____

Witness

Title: _____

(Surety)

By: _____

Attorney-in-Fact

Typed Name: _____

My Power of Attorney is recorded in the Clerks Office of the Circuit Court of _____, Virginia in Deed Book _____, Page _____, and has not been revoked.

Attorney-in-Fact

AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT

COMMONWEALTH OF VIRGINIA

(or, alternatively, Commonwealth or State of _____)

CITY/COUNTY OF _____, to wit:

I, the undersigned notary public, do certify that _____ personally appeared before me in the jurisdiction aforesaid and made oath that he is the attorney-in-fact of _____
_____, the Surety, that he is duly authorized to execute on its behalf the foregoing Bond pursuant to the Power of Attorney noted above, and on behalf of said Surety, acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this _____ day of _____, ____.

_____(SEAL)

Notary Public

My Commission expires: _____

ACCEPTED:

Division of Mineral Mining Date

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS, AND ENERGY
DIVISION OF MINERAL MINING



900 Natural Resources Drive
P. O. Box 3727
Charlottesville, Virginia 22903
(434) 951-6310

RELINQUISHMENT OF MINING PERMIT

I, _____ of _____,
(company official) (company)

hereby relinquish my permit rights to Mineral Mining Permit No.
issued under Chapter 16, Title 45.1, Code of Virginia for _____ acres at

said area to be permitted to (other company or individual)

Signed:

Title: _____

Company:

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

My commission expires _____.



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REQUEST FOR AMENDMENT

Company Name: _____ Permit No.: _____

Operating Official: _____ Title: _____

An Amendment Is Requested to This Permit As Listed Below:

List of Attached Items:

Operator's Signature: _____ Date: _____

Inspector's Comments/Recommendations:

Inspector's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Sent Back for Revision and/or Additions As Indicated On Attached Letter.

Signature: _____ Date: _____

Amendment: () Approved () Disapproved

Signature: _____ Date: _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
 DIVISION OF MINERAL MINING
 P O BOX 3727
 CHARLOTTESVILLE VA 22903

CONSOLIDATED BIENNIAL REPORT OF WAIVERED COUNTIES, CITIES, AND TOWNS
 July 1, _____ - June 30, _____

RE: Chapter 16, Section 45.1-197, of the Code of Virginia, as amended. The Director of the Department hereby requests each waived locality to submit this report by July 30 biennially to the Division of Mineral Mining for review and assurance that the ordinances of the locality adopted to regulate surface mining are equivalent to the requirements of Chapter 16 of Title 45.1 of the Code of Virginia and to the Division of Mineral Mining Regulations.

1. County/City/Town of _____ Virginia
 Chief/Administrative Officer: _____
 Title: _____
 Address: _____
 Telephone Number: _____

2. Permitting handled by the _____
 (Division, Department, Section, etc.)
 Address: _____
 Telephone Number: _____

3. Include a flow chart and description (including length of review period, etc.) of how a new permit is treated by your locality before it is granted.

4. Person directly responsible for administering the Division of Mineral Mining Permit Program:

 Title: _____
 Address: (if different from #2): _____
 Telephone Number: _____

5. Number of full-time mining inspectors: _____
 Number of part-time inspectors (if duties are divided and description of other duties): _____
 Total number of inspections made: _____

6. Total number of surface mining permits issued since last report: _____
 Total number of surface mining permits currently active (being mined): _____
 Total number of surface mining permits in process of being reclaimed: _____
 Total number of surface mining permits not being mined or reclaimed: _____
 How many surface mining permits have had mining activities completed since the last report? _____
 Total number of requests for public hearings for new permits: _____
 Total number of permitted acres: _____ disturbed acres: _____
 Total number of acres reclaimed: _____

7. Bond: Amount per acre required: \$ _____
 Permit application fee required: \$ _____
 Other fees: _____

8. Total value or permit bonds held by locality: \$ _____
Does your locality offer a Minerals Reclamation Fund as per sections 14.1-197 – 45.1-197.18? Yes No

9. Has your locality reviewed Chapter 16 of Title 45.1 of the Code of Virginia and the Division of Mineral Mining Regulations to ascertain whether any amendments are needed to keep your locality current with state law and regulations? Yes No

If amendments have been made or are being drafted, please update your ordinances and the copy enclosed to reflect these changes. List below the measures being taken to implement amendments, date adopted, section amended, or to be amended:

10. How are appeals handled on actions of surface mining orders from your locality? _____

11. Enclose a copy of all county/city/town ordinances governing mineral mining. List the county regulation that addresses the Chapter 16 requirements listed below:

<u>VAC REGULATION SEC</u>	<u>BRIEF DESCRIPTION</u>	<u>COUNTY ORDINANCE OR REGULATION</u>
25-31-340	Signs _____	_____
25-31-130	Reclamation Schedule _____	_____
25-31-130	Method of Operation _____	_____
25-31-130	Drainage Design _____	_____
25-31-150	Maps _____	_____
25-31-160	Legal Right _____	_____
25-31-160	Outstanding Permits, Revocations, and Forfeitures _____	_____
25-31-170	Permit Notification _____	_____
25-31-170	Public Comment _____	_____
25-31-200	Exemption for Restricted Mining _____	_____

25-31-150	Preparation of Maps
25-31-150	Certification
25-31-150	Map Requirements
25-31-210	Renewal
25-31-350	Roads (planning)
25-31-350	Roads (construction)
25-31-350	Roads (maintenance)
25-31-350	Abandonment
25-31-360	Simultaneous Reclamation
25-31-370	Slopes
25-31-380	Treatment of Acid Material
25-31-390	Spoil & Stockpiles
25-31-410	Topsoil
25-31-420	Screening
25-31-430	Completing of Active Mining
25-31-440	Drainage & Sediment Control
25-31-450	Sediment Basins
25-31-460	Diversion Structures
25-31-460	Protection of Streams
25-31-450	Natural Drainways
25-31-490	Water Quality

25-31-500	Water Impoundments _____
25-31-500	Certification of Drainage and Sediment Control Structures _____
25-31-500	Completion of Structures _____
25-31-510	Rock Rip-Rap _____
25-31-520	Revegetation _____
25-31-530	Process in Revegetation _____
25-31-540	Trees and Shrubs _____
25-31-510	Critical or Problem Areas _____
25-31-550	Intensive Agricultural Use _____
25-31-530	Inspection for Adequacy of Revegetation & Surety Release _____

12. Describe the method used by the locality to enforce the ordinances pertaining to mineral mining:



**DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
P O BOX 3727
CHARLOTTESVILLE VA 22903**

**BIENNIAL WAIVERED COUNTIES, CITIES, AND TOWNS
REPORT OF INDIVIDUAL MINING COMPANIES
PERIOD: July 1, ____ - June 30, ____**

RE: Chapter 16, Section 45.1-197, of the Code of Virginia, as amended. The Director of the Department hereby requests each waived locality to submit this report by July 30 biennially to the Division of Mineral Mining for review and assurance that the ordinances of the locality adopted to regulate surface mining are equivalent to the requirements of Chapter 16, of Title 45.1 of the Code of Virginia and the Division of Mineral Mining regulations.

1. County/City/Town of _____ Virginia
 Company Name: _____
 Permit Number: _____
 Person in Charge (President, manager, etc.): _____
 Address: _____
 Business telephone number: _____
 Location of mining site: _____

2. Permitted acreage: _____ Disturbed acreage: _____

3. Bond: Amount per acre: _____ Total: _____

4. Number of inspections made during year: _____

5. Inspector(s) responsible for the day-to-day enforcement:
 Name: _____
 Address: _____

6. County/City/Town – Road or city map showing locations.

7. Special orders, orders of non-compliance, issued to company, as listed: (Explain your actions on violations). Attach additional pages, if necessary.

8. Forfeiture of bonds declared against company, as noted: _____

9. State Water Control Board Discharge Permit Number, if required: _____

10. Complaints registered: Yes No

11. Describe and explain action taken to alleviate complaint(s):

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DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
P.O. BOX 3727
CHARLOTTESVILLE, VIRGINIA 22903
(434) 951-6317

CONSENT FOR RIGHT OF ENTRY

owner of record of property identified in the records of _____
County, Virginia in Deed Book _____, Pages _____ and
described as _____ acres in the _____ Magisterial District,
hereby grants to the DIVISION OF MINERAL MINING, VIRGINIA DEPARTMENT OF MINES,
MINERALS AND ENERGY (Division), their agents, employees, or contractors, the
right to enter upon the above described property to restore, reclaim, abate,
control or correct the adverse effects of minerals other than coal mining and
to do all things necessary or expedient to protect the health, safety, and
general welfare of the public.

Entry, reclamation and abatement work, if any, performed by the Division,
their agents, employees, or contractors, is pursuant to the authority granted
in Article III of the Mineral Mining Law, Chapter 16, Title 45.1 of the Code of
Virginia.

_____ gives this consent to enter upon the above
described property for the length of time necessary to complete the reclamation
work.

In giving consent to this entry _____ does
not waive any rights conferred upon it by virtue of the language contained in
Article III of the Virginia Minerals Mining Law. The Division does not waive
their rights or responsibilities conferred by the law.

As consideration for the grant of this consent to enter upon the above
described property, the Division, their agents, employees, or contractors agree
that the following provisions are to be considered a part of the foregoing

Consent for Right of Entry:

1. All work hereunder shall be at the sole expense of the Division.
2. The entry by the Division upon the property is for the convenience and purposes of the Division and is not upon any business of or for _____.
3. The Division will require any contractor and/or subcontractor utilized in accomplishing the _____ to maintain adequate insurance coverage to protect from any liability for any negligent act or omission on the part of said contractor or subcontractor.

WITNESS the following signatures this _____ day of _____, 19 _____.

By: _____
Authorized Agent/Landowner

WITNESS:

DIVISION OF MINERAL MINING,
DEPARTMENT OF MINES, MINERALS AND ENERGY

BY:

Division Director

WITNESS:



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS & ENERGY
DIVISION OF MINERAL MINING
P. O. Box 3727
Charlottesville, Virginia 22903
(434) 951-6310

LICENSE RENEWAL APPLICATION

Ownership Information

1. Name of Applicant _____ Permit No. _____
2. Mailing Address _____
3. Office Telephone No. _____
4. Attach to this License Renewal Application the following information on any contractors who will be working on the mine site in the next 12 months: trade name, business address, business telephone number, MSHA identification number, address of record (if different than business address), service to be provided, where at the mine the work will be provided, person(s) with responsibility for operating decisions (name and address) and person(s) with responsibility for health and safety of employees (name and address). During the year any contractors on the mine site but not on the list must be reported individually. Contractors not shown on the attached list will no longer be associated with the mine permit.

PLEASE COMPLETE ANY INFORMATION THAT HAS CHANGED SINCE YOUR ORIGINAL LICENSE APPLICATION OR SINCE YOUR LAST RENEWAL
(be sure to complete the certification statement on page 2, sign and date the form)

5. Type of Organization:
 - () Sole Proprietorship - Complete questions A,B,C,D,E,F,G,I
 - () Corporation - Complete questions A,B,C,D,E,F,G,J,K,L,M,N
 - () Partnership - Complete questions A,B,C,D,E,F,G,H,I
 - () Other - Complete questions A,B,C,D,E,F,G,H,J

Specify:

- (A) Mine name, address and telephone number
- (B) MSHA ID number of the mine
- (C) Person with overall responsibility for operating decisions at the mine
Name/Title _____ Telephone # _____
Address _____
- (D) Person to be contacted in the event of an accident or emergency
Name _____ Telephone # _____
Address _____
- (E) Person with overall responsibility for health and safety at the mine
Name _____ Telephone # _____
Address _____
- (F) Person responsible for business operation of the mine
Name _____ Telephone # _____
Address _____
- (G) Applicant's Federal Tax ID Number _____

(H) List all individuals having any ownership interest in the organization

Name/Title _____ Telephone #

Address

(I) Trade name, address and telephone number for sole proprietors/partnerships

(J) Principal organization officials, corporate officers, directors and members

Name/Title _____ Telephone #

Address

(K) Corporation name, address and telephone number if different than applicant

(L) State of Incorporation

(M) Registered Agent _____ Telephone #

Address

(N) If a subsidiary, provide:

Parent Organization Name

Address

Telephone No. _____ State of Incorporation

6. Name, address and telephone number of person(s) authorized to sign Permit/License Documents

7. Have any of the above listed persons or companies owned, in whole or in part, by said persons, had a mining permit issued by Virginia or any other state revoked? () Yes () No

If yes, give a brief statement of action. _____

8. Have any of the persons listed above been convicted of violating any of the following sections: 45.1-161.292:33, 45.1-161.177, 45.1-161.178, and 45.1-161.233 as related to smoking in underground coal mines or tampering with methane detection equipment in underground coal mines? () Yes () No

If yes, give a brief statement of action. _____

9. List any other mining permits or MSHA Federal Identification Numbers issued to the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization.

Issuing Authority	Permit No./Identification No.	Status
_____	_____	
_____	_____	

I, _____ hereby certify that to the best of my knowledge, the information provided in this License Renewal Application is accurate and complete.

_____ Operating Official

_____ Date



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS, AND ENERGY
DIVISION OF MINERAL MINING
900 Natural Resources Drive
P.O. Box 3727
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PERMIT TRANSFER ACCEPTANCE

I, _____ of _____
(company official) (company)

hereby accept the transfer of Mineral Mining Permit No. _____ from

(transferring company)

I agree to abide by the terms and conditions of Mineral Mining Permit No. _____ issued under Chapter 16, Title 45.1, Code of Virginia until such time as the permit terms and conditions have been modified through the appropriate procedure and approved by the Division of Mineral Mining.

Signed:

Title:

Company:

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public

My commission expires _____.

You may submit this notarized statement to us in place of the maps and map legends only if your maps have not changed.

**TO: DIVISION OF MINERAL MINING
P.O. BOX 3727
CHARLOTTESVILLE, VIRGINIA 22903**

RE: _____
COMPANY NAME **PERMIT NUMBER**

I, THE UNDERSIGNED, HEREBY CERTIFY THAT NO CHANGES HAVE BEEN MADE IN THE DIFFERENT AREAS OR IN OTHER MAP FEATURES SINCE THE LAST ANNUAL PERMIT RENEWAL OR SINCE THE LAST AMENDMENT MAP THAT WAS SUBMITTED AND APPROVED BY THE DIVISION.

SIGNATURE _____ **DATE** _____

NOTARIZATION

State of Virginia, County of _____

Subscribed and sworn to, this _____ **day of** _____, **20**__

Notary Public

My commission expires _____