

**APPLICATION FOR PERMIT TO ENGAGE IN
OPEN-CUT MINING IN THE STATE OF ARKANSAS**
Submit in Duplicate

Department of Environmental Quality
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317
Telephone: (501) 682-0807

Date: _____

(I) (We) (The) _____
(Name of Company, Corporation, Partnership or Individual)

Street _____ City _____ State _____ Zip Code _____ Phone Number _____

make application:

- For a new permit
 - Open-Cut
 - In-Stream
- To amend Permit No. _____ as follows _____
- For an extension of time for Permit No. _____
- Transfer of Permit No. _____

to mine _____ by the open-cut method for a _____ year period (not to exceed five years)
in the following area : _____
Mineral
County _____ Section _____ Township _____ Range _____

Front Gate Location: Latitude : _____ ° _____ ' _____ " N Longitude: _____ ° _____ ' _____ " W

Name of Mine _____ "911" Address of Mine _____

Estimated annual production (tons) _____ Total Acres to be permitted _____

Based upon the attached mining and reclamation plans, a bond, duly executed in accordance with the Arkansas Open-Cut Land Reclamation Act and the Arkansas Open-Cut Mining and Reclamation Code in the amount of _____, together with a check for the application fee in keeping with the Act and the Code in the amount of _____ is enclosed. The Applicant certifies that all required documentation is attached.

Typed Name of Official Title Signature of Official

Subscribed and sworn to before me this _____ day of, _____

My commission expires _____
Notary Public

Approved: _____
Date For the Department Permit Number