



APPLICATION FOR PERMIT TO ENGAGE IN OPEN-CUT MINING IN THE STATE OF ARKANSAS

Submit in Duplicate

Date: _____

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

Mailing Address: _____

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)
Name of Mineral

in the following area:

County Section Township Range

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

Mine's Name: _____

Mine's "911" Address: _____

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 Regulation 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.

Official: _____
Name Title Signature

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

My commission expires _____
Notary Public

Approved: _____
Date For the Department Permit Number