

Please send complete application to:
Environmental Protection Division, Surface Mining Unit
4244 International Parkway, Suite 104
Atlanta, GA 30354

EPD USE ONLY

Permit No. _____

Amendment No. _____

Surface Mining Application

I. MINE INFORMATION

| | | | |
|----------------------------------|------|---|---------|
| Mine Name: | | <input type="checkbox"/> New Permit <input type="checkbox"/> Amendment: Permit No. | |
| Mine Address: | | City: | |
| State: | Zip: | Telephone Number: | County: |
| Site Latitude (decimal degrees): | | Site Longitude (decimal degrees): | |
| Onsite Contact Name: | | Title: | |
| Telephone Number: | | Email Address: | |

II. MINING OPERATOR AND LAND OWNERSHIP INFORMATION

| | | | |
|--|----------------|--------|------|
| Name of Mining Operator's Company: | | | |
| Company Contact Name: | | | |
| Mailing Address: | City: | State: | Zip: |
| Telephone Number: | Email Address: | | |
| Total Acreage in Proposed Permit Boundary: | | | |
| List Owners of the Land Within the Proposed Permit Boundary: | | | |

III. GENERAL MINING INFORMATION

| | |
|---|-----------|
| Mineral or Material to be Mined: | SIC Code: |
| Method of Mining: Quarry <input type="checkbox"/> Dredge <input type="checkbox"/> Pit <input type="checkbox"/> Borrow <input type="checkbox"/> | |
| Anticipated Date to Begin Mining: Month/Year | |
| Anticipated Date to Complete Mining: Month/Year | |
| Anticipated Date of Final Reclamation: Month/Year | |

IV. AMENDMENT INFORMATION (IF APPLICABLE)

| | | |
|--|----------------------------|---------------------------------------|
| Current Approved Acreage: | Proposed Acreage Increase: | Proposed Acreage Decrease: |
| Company/Contact Changes: | | |
| Property Ownership Changes: | | |
| Inactive Status: Applying for inactive: <input type="checkbox"/> Applying to return to active: <input type="checkbox"/> | | |
| Briefly describe any changes needed to be made with the permit or Mining Land Use Plan: | | |
| Updated Anticipated Mining Completion Date: | | Updated Anticipated Reclamation Date: |

V. SIGNATURES

Pursuant to the requirements of the Georgia Surface Mining Act, O.C.G.A. 12-4-70, et seq., and the Surface Mining Rules, Chapter 391-3-3, both as amended, the undersigned hereby:

1. Understands a Mining Land Use Plan (guidance provided by EPD) needs to be submitted in order for this application to be processed.
2. Understands that a permit will not be issued until financial assurance is received by EPD (after Mining Land Use Plan is approved).
3. Certifies that the Mining Operator is the rightful owner and/or holds a valid lease on said lands which extends a minimum of two years beyond final reclamation date shown in this Application.
4. Certifies that the information provided in or submitted by the Mining Operator as a part of this Application is true and correct.

Authorized Signature:

Date:

Print Name:

Title:

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public: _____

My commission

Expires: _____