**Department of Natural Resources** Bond No.

**Environmental Protection Division** Plan/Permit No.

Acreage:

Amount/Acre:

**SURFACE MINING SURETY BOND**

Operator:

KNOW ALL MEN BY THESE PRESENTS, THAT

WE,      , as Principle, and       as Surety, are held and firmly bound unto the Governor of the State of Georgia and his successors in the office in the full sum of dollar amount in words dollars ($ numeric amount), for the payment of which will and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the above-abound Principle has submitted a surface mining permit application and a mined land use plan (“Plan”) to the Environmental Protection Division of the Department of Natural Resources and said plan was approved on the date day of month, year.

NOW, THEREFORE, the conditions of this obligation are such that if the above bound Principle shall faithfully and fully perform the requirements set forth in the Georgia Surface Mining Act of 1968, O.C.G.A. § 12-4-70 et. seq. and the rules and regulations promulgated pursuant thereto, both as amended, and faithfully fulfill all obligations under aforementioned Plan, then this obligation shall be void; otherwise of full force and effect.

For value received, Surety agrees that neither the amendment to existing law, rules or regulations, the adoption of new laws, rules or regulations or the modification of the Plan shall not alleviate its obligation under this bond in anywise and does hereby waive notice of any such amendment, adoption or modification.

This bond shall be in full force and effect for the duration of mining operations and reclamation obligations on the land affected under the Plan or substituted therefor, or until the Principle is notified that it is released of its obligations hereunder by the Department of Natural Resources, Environmental Protection Division.

IN WITNESS WHEREOF, the Principle and the Surety have caused these presents to be duly signed and sealed this date day of month, year.

|  |  |  |  |
| --- | --- | --- | --- |
|  | (L.S.) |  | (L.S.) |
| Surety |  | Principle |  |
|  |  |  |  |
|  |  |  |  |
| Officer or Attorney-In-Fact |  | Officer if Principle Is Corporate Entity |  |
|  |  |  |  |
|  | (L.S.) |  | (L.S.) |
| Licensed Registered Agent |  | Attest: Secretary or Asst. Secretary |  |

(Affidavit following must be executed by Principle)

AFFIDAVITS

STATE OF       COUNTY OF

On this date day of month, year, before me personally came to me known:

(1) to be the individual described in and who executed the foregoing instrument, and be duly acknowledge; OR

(2) to be a member of the partnership of       described herein and which executed the foregoing instrument in the name of said firm and for its purposes; OR

(3) who being by me duly sworn did depose and say; that he resides in      ; that he is the       of      , the corporation described in and which the seal affixed to said instrument is the same; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.