

STATE OF ALABAMA
DEPARTMENT OF LABOR
INSPECTIONS DIVISION

Office Use Only

New ()
Renew ()
Amendment ()

APPLICATION FOR SURFACE MINING PERMIT AND PLAN OF RECLAMATION

FILE NO. _____

(1) Name of Applicant _____ Telephone No. _____

(B) Is applicant an individual () partnership () or corporation ()

Fed. Tax I.D. or Social Security No. _____

Mailing Address: _____

Email Address: _____

Name & Title of Person Representing Company: _____

(2) Mineral(s) to be mined: _____

(3) Description of acreage (the description shall include the quarter/quarter section (40 acres) and shall other-wise describe the land with sufficient clarity so that it may be located and distinguished from other lands):

County: _____ Section(s): _____ Township: _____ Range(s): _____

(4) Describe Access Thereto from nearest public highway: _____

(5) Give file number of previous permit at this location (if applicable): _____

Number of acres mined previous year at this location: _____ No. Acres Released: _____

(6) How will water from the mining operations be diverted so as to reduce siltation and erosion?

Settling ponds _____ Recycling _____ Diversion ditches _____ Other _____

Will natural drainways be interrupted during operation? _____

(7) Method of Reclamation: Reforestation _____ acres, Agriculture _____ acres, water impoundment _____ acres,

Other (specify) _____

Describe Proposed Reclamation: (attach extra sheets if needed.) _____

(8) Amount due, fees and bonds. \$ _____

(9) Type of Bond Executed (cash, surety or negotiable). If surety or negotiable, give name and address of bonding company or political subdivision of State or Government: _____

(10) State the legal source of authority (warranty deed, landowner lease, etc.) to enter the above-described acreage and extract minerals.

There from: _____

(11) I, the undersigned, hereby submit this to be my application for a Surface Mining Permit & Plan of Reclamation of the above acreage with the understanding that revisions may be made ONLY with the written consent of the Department of Labor and certify that all of the statements are true and correct.

Signed: _____ Date: _____
Applicant

Approved:: _____ Date: _____
Department of Labor

RETURN TO: Department of Labor
Division of Finance
Attn: Central Cashier
649 Monroe Street - Room 2228
Montgomery, AL 36131

FORM LABOR ASM-1
(Rev. 11/15)