

**APPLICATION FOR MINING OPERATIONS  
 MODULE I**

Permit Application No.: \_\_\_\_\_ Date: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Surface                  | <input type="checkbox"/> Underground                   |
| <input type="checkbox"/> Loading/Processing Plant | <input type="checkbox"/> Original                      |
| <input type="checkbox"/> Refuse Reclamation       | <input type="checkbox"/> Amendment to Permit No. _____ |

**1. APPLICANT IDENTIFICATION**

- 1.1 Name of Applicant or Company: \_\_\_\_\_
- 1.2 Address: \_\_\_\_\_
- 1.3 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 1.4 Telephone Number: \_\_\_\_\_
- 1.5 Applicant Employer ID Number: \_\_\_\_\_
- 1.6 Applicant Social Security Number: \_\_\_\_\_

**2. MINE SITE INFORMATION AND OWNERSHIP**

2.1 Indicate Acreage To Be Permitted:

Mining Operation Area	Drainage Control Facilities	Haulroad	Total	Open Acre Limit
Existing _____ Acres + _____ Acres + _____ Acres = _____ Acres _____ Acres				
Requesting _____ Acres + _____ Acres + _____ Acres = _____ Acres _____ Acres				
Total _____ Acres + _____ Acres + _____ Acres = _____ Acres _____ Acres				

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2.2 Will the operation be permitted in increments?  YES  NO

If YES, indicate the acreage in each increment and the number of open acres to be permitted in each increment. Include a map showing the location and extent of each increment.

Increment	Total Acres	Open Acres	Drainage Control Facilities Acres	Haulroad Acres

2.3 Indicate the anticipated starting and termination date for each increment of the mining operation.

Increment I: Start \_\_\_\_\_ Termination \_\_\_\_\_  
Increment II: Start \_\_\_\_\_ Termination \_\_\_\_\_  
Increment III: Start \_\_\_\_\_ Termination \_\_\_\_\_  
Increment IV: Start \_\_\_\_\_ Termination \_\_\_\_\_

2.4 Name of the proposed mine: \_\_\_\_\_

2.5 Maryland Grid Coordinates: N \_\_\_\_\_ E \_\_\_\_\_

2.6 Community: \_\_\_\_\_ Nearest Public Road: \_\_\_\_\_

2.7 Nearest Named Stream: \_\_\_\_\_

2.8 MSHA ID Number: \_\_\_\_\_

2.9 Indicate the anticipated life of the proposed permit: \_\_\_\_\_ Years

2.10 Is a permit term in excess of five (5) years being requested?  YES  NO.

If YES, indicate the permit term being requested \_\_\_\_\_ Years. Document the reasons why, including written confirmation by your proposed source of financing. (Label Attachment I-2.10)

**FOR ITEMS 2.11 TO 2.17 IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEETS AND LABEL ATTACHMENTS I-2.11 to I-2.17 RESPECTIVELY**

2.11 List the names and addresses of every legal or equitable owner of record of the surface property(s) to be mined under this application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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2.11 (Continued)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

2.12 List the names and addresses of every legal or equitable owner of record of the mineral(s) to be mined under this application.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

2.13 List the names and addresses of all holders of record of any leasehold interest for each property (surface and mineral) to be mined under this application. Identify as surface or mineral interest.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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2.14 List any purchaser of record under a real estate contract of the property (surface and mineral) to be mined under this application.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

2.15 List all lands, interests in lands, options or pending bids on interests held or made by the applicant for lands which are contiguous to the area to be covered by the permit.

\_\_\_\_\_  
\_\_\_\_\_

2.16 List the names and addresses of the owners of record of all surface areas contiguous to any part of the proposed permit area.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

2.17 List the names and addresses of all owners of record of all mineral rights contiguous to any part of the proposed permit area.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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2.17 (Continued)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**3. OPERATOR INFORMATION**

3.1 Will the mine operator of the proposed permit be different from the applicant?  
 YES  NO.

If YES, also submit Operator Information for Mining Operations form (MDE/WMA/PER.027) completed by the operator. A separate form must be completed by each operator, other than the applicant, who will conduct surface coal mining operations on this permit. Label Attachment I-3.1.

**4. RIGHT OF ENTRY**

4.1 The source of the applicant's legal right to enter and conduct surface coal mining operations on the proposed permit area covered by this application is by:

\_\_\_\_\_  
\_\_\_\_\_

from: \_\_\_\_\_ for \_\_\_\_\_ Acres, located in \_\_\_\_\_ County  
in Election District No. \_\_\_\_\_ dated \_\_\_\_\_.

4.2 Are the rights claimed in the document(s) referenced in item 4.1 the subject of any pending litigation?  
 YES  NO.

If YES, identify the nature and current status of the proceedings and label as Attachment I-4.2.

4.3 Has the private mineral estate to be mined been severed from the private surface estate?  
 YES  NO. If YES, provide the following and label Attachment I-4.3.

- a) A copy of the written consent of the surface owner for extraction of coal by surface mining methods;
- b) A copy of the document of conveyance that expressly grants or reserves the right to extract the coal by surface mining methods; or

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4.3 (Continued)

c) If the conveyance does not expressly grant the right to extract the coal by surface mining methods, document that under State law the applicant has the legal authority to extract the coal by these methods.

4.4 Attach a completed copy of the Bureau of Mines Consent of Landowner form for each surface owner on the proposed permit area, and label Attachment I-4.4.

**5. FEES AND INSURANCE**

5.1 Permit Fee: \$10.00       Check      OR       Money Order.

Please enclose with application.

5.2 Attach a valid certificate of liability insurance as required by COMAR 26.20.15 and label Attachment I-5.2.

5.3 In accordance with Environment Article, §1-202, Annotated Code of Maryland, provide either:

a) A Certificate of Compliance with the Maryland Workers' Compensation Act; or

b) A Workers' Compensation Insurance policy or binder number: \_\_\_\_\_

**6. PUBLIC NOTICE OF APPLICATION**

6.1 Identify the name and address of the public office where a copy of this application will be filed for public inspection.

Allegany County: Bureau of Mines, Frostburg

Garrett County: Soil Conservation District Office, Oakland

Other as approved by the Bureau: Specify

6.2 Attach a copy of the Notice of Application for Surface Mining Permit to be submitted to the newspaper(s) and label Attachment I-6.2. NOTE: Submit under separate cover, no later than two weeks after the last date of publication, the certified proof of publication from the newspaper(s).

**7. LANDS UNSUITABLE AND VARIANCES**

7.1 Is the proposed permit area within any area where mining is prohibited or limited?

	<u>YES</u>	<u>NO</u>
a) Within the boundaries of the Youghiogheny River Scenic Corridor?	<input type="checkbox"/>	<input type="checkbox"/>
b) Within 300 feet of occupied dwelling(s)?	<input type="checkbox"/>	<input type="checkbox"/>
c) Within 100 feet of the right of way of a public road(s)?	<input type="checkbox"/>	<input type="checkbox"/>
d) Does the applicant propose to relocate any portion of a public road?	<input type="checkbox"/>	<input type="checkbox"/>
e) Within 25 feet, or a distance of 2 feet for each vertical foot of highwall from any adjacent property line?	<input type="checkbox"/>	<input type="checkbox"/>
f) Within 300 feet of a public building, school, church, community, institutional building or public park?	<input type="checkbox"/>	<input type="checkbox"/>
g) Within 100 feet of a cemetery?	<input type="checkbox"/>	<input type="checkbox"/>
h) Within 100 feet of an intermittent or perennial stream?	<input type="checkbox"/>	<input type="checkbox"/>
i) Within 500 feet of an abandoned or active underground mine?	<input type="checkbox"/>	<input type="checkbox"/>
j) Within an area designated unsuitable for surface mining operations?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, identify each instance and attach information supporting applicant's right to conduct surface mining operations on or within these areas, including approval of the person with jurisdiction over the area, if applicable, and label Attachment I-7.1.

**8. BONDING**

8.1 Give a detailed estimate of the cost to perform the reclamation and restoration work to achieve compliance with the regulatory program and requirements of the permit with supporting data for the estimate and label Attachment I-8.1.

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**9. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

The undersigned, being first duly sworn, states that he/she has read all the information provided in this Application For Mining Operations and has found it to be true and correct. The undersigned further acknowledges that any information provided or omitted herein for the purpose of defrauding or misleading the Maryland Bureau of Mines may result in criminal charges being instituted pursuant to applicable state laws.

Applicant Company Name: \_\_\_\_\_

Name of Applicant or Agent Whose Signature Appears Below: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Signature of Applicant or Agent\*: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me by: \_\_\_\_\_

The \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

State in which Commissioned: \_\_\_\_\_

\*NOTE: If signer is other than president or secretary of a corporation, attach a notarized copy of power of attorney, or certified resolution which grants signer the legal authority to represent the applicant in this application. (Does not apply to a single proprietorship or partnership.) Such documents should include evidence the power was in effect on the date of the signing.