

# APPLICATION FOR PERMIT TO ENGAGE IN NON-COAL MINING

The Mining Lands Reclamation Act, 45 O.S., 1981 721-728

## (Section 1)

OFFICE USE ONLY	
PERMIT NUMBER	_____
PERMIT PERIOD	_____ to _____

Date \_\_\_\_\_

Number of years for which Permit plan is requested: \_\_\_\_\_

\_\_\_\_\_  
Name of Company, Corporation, Partnership, Individual Telephone Number

\_\_\_\_\_  
Street, R.F.D., Box No. City State Zip Code

hereby make application for a permit to mine \_\_\_\_\_ by the following method:  
Type of Mineral(s)

UNDERGROUND \_\_\_\_\_ SURFACE \_\_\_\_\_

Specify Method: Auger Mining \_\_\_ Dredging \_\_\_ Hydraulic Mining \_\_\_

Pumping \_\_\_ Quarrying \_\_\_ Stripping \_\_\_

Other \_\_\_\_\_

Mine Name or Number \_\_\_\_\_ Nearest Town \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Type of perimeter markers to be used: \_\_\_\_\_

**OPERATIONAL SECTION**

**A. EXISTING OPERATION**

1. Acres disturbed under previous permit(s), not reclaimed and released \_\_\_\_\_

ODM permit number acreage was disturbed under \_\_\_\_\_

This acreage must include the areas of mine excavation(s), processing plants, haulroads, stockpiles and any refuse/waste areas or tailing ponds.

2. Additional acres that will be affected: (Incremental Mining Plan)

Current Year	Estimate Acreage
1st Year.....	_____
2nd Year.....	_____
3rd Year.....	_____
4th Year.....	_____
5th Year.....	_____

(Over five years, please attach separate schedule)

3. Total acreage to be affected for this mining plan \_\_\_\_\_  
Total Permit Area

**B. NEW OPERATION:** An operation currently not under permit:

Number of new acres that will be affected \_\_\_\_\_

This acreage must include the proposed mine excavation(s), processing plants, haul roads, stockpiles, and any refuse/waste areas or tailing ponds.

**C. PURCHASE AND/OR TRANSFER OF EXISTING OPERATION:**

If an operation was purchased which will be permitted, give name of previous Owner and Company.

Name of Company: \_\_\_\_\_

Oklahoma Department of Mines Permit number: \_\_\_\_\_

Acreage covered by permit: \_\_\_\_\_

Will additional acreage be affected? \_\_\_\_ Yes \_\_\_\_ No  
If yes, then please complete (2) found under **Section A.**

**TOTAL ESTIMATED ACRES TO BE COVERED BY PERMIT AND BOND**

Will you file a bond covering all your mining acreage under your plan or will you file for an incremental mining plan?

Total Permit Area \_\_\_\_\_ Incremental Bonding \_\_\_\_\_

Please show your acreage below. If you have indicated incremental mining plan, then your acreage will be progressive as each permit period comes to term. Prior to the issuance of this permit, your maps must show the sequence proposed for incremental bonding for the term of this permit.

Current Year	Est. Acreage	Permit Period	Bond Coverage
1 <sup>st</sup> Year _____	_____	From _____ to _____	\$ _____
2 <sup>nd</sup> Year _____	_____	_____	\$ _____
3 <sup>rd</sup> Year _____	_____	_____	\$ _____
4 <sup>th</sup> Year _____	_____	_____	\$ _____
5 <sup>th</sup> Year _____	_____	_____	\$ _____

Will there be an acreage increase after 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, then please attach separate schedule for each additional year.**

**TOTAL ESTIMATED ACREAGE TO BE COVERED BY PERMIT:** \_\_\_\_\_

**The Department shall determine REQUIRED BOND, Minimum bond shall be \$2,000.00.**

Type: Surety \_\_\_\_\_ Cash \_\_\_\_\_ Cashier's Check \_\_\_\_\_ Certificate of Deposit \_\_\_\_\_

Letter of Credit \_\_\_\_\_ Other \_\_\_\_\_

Bond Number Identification: \_\_\_\_\_

Amount of Bond Coverage \$ \_\_\_\_\_

## STATEMENT OF CERTIFICATION

I, (Company Official) \_\_\_\_\_ Certify that the (Company, Corporation, Individual(s)) \_\_\_\_\_ has the right and power by Legal Estate owned to mine the land for which this application is made. We hereby certify that all details contained in this Permit Application are true and correct to the best of knowledge. We fully understand that any willful misrepresentation of facts will be cause for permit revocation.

Signature of Company Official \_\_\_\_\_ Position \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My Commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

**Note:** THIS APPLICATION MUST BE SIGNED AND NOTARIZED. ALL QUESTIONS MUST BE ADDRESSED AND ALL REQUIRED DOCUMENTS AND INFORMATION PROVIDED BEFORE THIS APPLICATION CAN BE CONSIDERED COMPLETE. ATTACH ADDITIONAL SHEETS AS NEEDED.