

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #5

Do Not Mark in this Box

FILED

AUG 30 1 25 PM '93

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

**NOTICE OF AGENCY ADOPTION OF A PROCEDURAL OR INTERPRETIVE RULE
OR A LEGISLATIVE RULE EXEMPT FROM LEGISLATIVE REVIEW**

AGENCY: WV Division of Environmental Protection TITLE NUMBER: 38

CITE AUTHORITY: WV Code 22-1-13 and 22A-3-4

RULE TYPE: PROCEDURAL INTERPRETIVE

EXEMPT LEGISLATIVE RULE _____
CITE STATUTE(S) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW

AMENDMENT TO AN EXISTING RULE: YES , NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 2E

TITLE OF RULE BEING AMENDED: Division of Energy Article 3

IF NO, SERIES NUMBER OF NEW RULE BEING ADOPTED: N/A

TITLE OF RULE BEING ADOPTED: N/A

THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE
EFFECTIVE DATE OF THIS RULE IS September 29, 1993

Roger T. Hall
Roger T. Hall
Administrator

**TITLE 38
PROCEDURAL RULES
DIVISION OF ENVIRONMENTAL PROTECTION
SERIES 2E
DIVISION OF ENVIRONMENTAL PROTECTION ARTICLE 3
FORMS**

§38-2E-1. General

1.1. Scope. - This rule is for the purpose of filing revised forms required by Chapter 22A, Article 3 of the West Virginia Code, and to change the rule title, all to conform to recent changes in State law and regulation.

1.2 Authority. - W.Va. Code §22-1-13 and 22A-3-4.

1.3 Filing Date. - June 9, 1993

1.4 Effective Date. - September 1993

§38-2E-2. Forms.

2.1. All current forms and copies of any forms currently used under or required by Chapter 22A, Article 3 of the West Virginia Code are included with this series.

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

AUG 30 1 30 PM '93

FILED

APPLICATION FOR PERMIT RENEWAL

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION

MR-17

Revised 8/1/93

Expiration Date Article 3 _____

Expiration Date Article 5A/NPDES _____

Applicant Name <small>(Applicant must be current Permittee)</small>	Article 3 Permit No.
MSHA No.	Article 5A NPDES No.
Filing Fee: <input type="checkbox"/> Article 5A/NPDES <input type="checkbox"/> Article 3 Amount \$	DEP Region

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ **State** _____ **Zip** _____ **Telephone No. ()** _____

(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

COUNTY: _____

DISTRICT: _____

NEAREST POST OFFICE: _____

CURRENT PERMITTED ACRES: _____

DISTURBED ACRES: _____

In accordance with 22A-3-19 of the West Virginia Code, any valid permit issued pursuant to this article shall carry with it the right of successive renewal upon expiration with respect to areas within the boundaries of the existing permit.

In accordance with current rules and regulations, the following provisions have been complied with in making this request for renewal of the above-referenced surface mining permit:

- A. The terms and conditions of the preplan are being satisfactorily met.
- B. The operation is in compliance with the applicable environmental protection standards of the Act and the Rules and Regulations.
- C. Will not substantially jeopardize your continuing responsibility on existing permit areas.
- D. The performance bond and insurance policy for the operation will continue in effect.
- E. All required additional, revised, or updated information has been provided.

I certify that the information contained in this application is true and correct to the best of my knowledge and belief.

DATE

PRINCIPAL OFFICER SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19____.

My Commission Expires _____

NOTARY PUBLIC

Attachment 1

ARTICLE 3:

GENERAL INSTRUCTIONS: One original and four copies of completed MR-17 application is submitted. If this is a joint Article 3 renewal and Article 5A/NPDES reissuance application, one original and five copies of joint application is submitted.

- ATTACHMENTS:**
1. Current Insurance Certificate.
 2. Progress map(s) of same size and scale as proposal map indicating all permit revisions and incidental boundary revisions.
 3. Copy of Completed Sample Advertisement form.
 4. Subsidence Control Plan, Updated Mine Development Map, and Abandonment Plan
 5. *Renewal Fee of \$2,000.00 for Article 3 Permits.

*Fees are to be paid in form of Certified Check, Cashier's Check or Bank Money Order.

ARTICLE 5A/NPDES

GENERAL INSTRUCTIONS:

1. For A First-Time Application Or When The Permit Has Expired, the following must be completed:
 - A. Underground Mines - Modules 1, 2, 3, 4, 7, and 8
 - B. Surface Mines - Modules 1, 2, 3, 5, and 7
 - C. Preparation Plants and/or associated areas (refuse, impoundments, tipples, and loadouts) Modules 1, 2, 3, 6, and 7
 - D. Existing Sewage Facility - Add Module 10 to modules required under A, B, and C above
 - E. New Sewage Facility - Complete Module 9 and submit to the Department of Health
 - F. Application fee of \$500.00
 - G. Copy of Completed Sample Joint Advertisement form
2. For Reissuance Of Underground Mines, the following must be completed:
 - A. Module 1 - General Information
 - B. Module 2 - Outlet Information
 - C. Module 12 - If alterations were made since last permit or modification was issued.
 - D. Updated Mine Development Map
 - E. Updated (Module 8) Abandonment Plan
 - F. Application fee of \$100.00
 - G. Copy of Completed Sample Joint Advertisement form.
3. For Reissuance Of Surface Mines, Preparation Plants, and Associated Areas, the following must be completed:
 - A. Module 1 - General Information
 - B. Module 2 - Outlet Information
 - C. Module 12 - If alterations were made since last permit or modification was issued.
 - D. Application fee of \$100.00
 - E. Copy of Completed Sample Joint Advertisement form.

DISTRIBUTION PROCEDURES FOR DEP OFFICE USE ONLY

ARTICLE 3 FORM MR-17	ARTICLE 3 PERMIT RENEWAL	ARTICLE 5A/NPDES REISSUANCE MODULES	ARTICLE 5A/NPDES PERMIT REISSUANCE
ORIGINAL-HEADQUARTERS	ORIGINAL-OPERATOR	ORIGINAL-HEADQUARTERS	ORIGINAL-OPERATOR
COPY-OPERATOR	COPY-HEADQUARTERS	COPY-OPERATOR	COPY-HEADQUARTERS
COPY-INSPECTOR	COPY-INSPECTOR	COPY-INSPECTOR	COPY-INSPECTOR
COPY-REGION	COPY-REGION	COPY-REGION	COPY-REGION
COPY-OSM	COPY-OSM	COPY-EPA	COPY-EPA

CONSOLIDATION GUIDELINES

FOR ARTICLE 3 RENEWAL/NPDES REISSUANCE

There are many NPDES and Article 3 Permits in effect and soon to expire that must be phased into the consolidation program. The consolidation program is one which will effectuate consolidation over the next several years. Having both permits expire and reapplying at the same time will greatly aid the administration of both the NPDES and SMCRA Programs. Therefore, in order to implement and facilitate the consolidation program, the following guidelines shall be used:

1. If you do not possess a valid NPDES Permit or have not already applied for one, then you must apply for one at the time you are reapplying for a renewal of the Article 3 Permit. You will need to complete all the appropriate Modules for your type of facility per the attachments listed on the MR-17.
2. If your NPDES Permit expires within 18 months (1-1/2 years) after the expiration date of the Article 3 Permit, you are required to reapply for reissuance of the NPDES permit at the time you are reapplying for renewal of the Article 3 permit. You will also need to complete the appropriate reissuance Modules per the attachments listed on the MR-17. In cases where one NPDES Permit covers multiple Article 3 Permits, reissuance of the NPDES Permit will be administered on a case-by-case basis. Please consult the NPDES Permit Writer for your region.
3. If your NPDES Permit expires between 1-1/2 years and 3-1/2 years after the expiration date of the Article 3 Permit, then the Department is requesting that you reapply for reissuance of the NPDES Permit at the time you are reapplying for renewal of the Article 3 Permit. The Division is also requesting you to reapply since the Division cannot require you to reapply unless you agree. In cases where one NPDES Permit covers multiple Article 3 Permits, reissuance of the NPDES Permit will be administered on a case-by-case basis. Please consult the NPDES Permit Writer for your region.
4. If your NPDES Permit expired beyond 3-1/2 years after the expiration date of the Article 3 Permit, you will not need to reapply now for reissuance of the NPDES Permit. However, you will need to reapply 120 days before your NPDES Permit expires. Your NPDES Permit will be extended to the expiration date of the renewed Article 3 Permit.

RENEWAL PROGRESS MAP

Progress maps submitted with the Application for Permit Renewal (MR-17) should be entitled "Renewal Progress Map" and should provide all the information contained in the original proposal map. In addition, all subsequent permit revisions affecting the original proposal map and incidental boundary revisions must also be included on the Renewal Progress Map.

Renewal Progress Maps must adhere to the size, scale, and color-coding requirements contained in Section 3.4(c) of the Rules and Regulations. Please insure that regraded, operational, and undisturbed areas are properly reflected and color-coded on the Renewal Progress Map.

It is important to note that once the renewal application is approved, the Renewal Progress Map will then become the official map for the particular permit.

PERMIT RENEWAL CHECKLIST

COMPANY NAME _____

ARTICLE 3 PERMIT NO.: _____ ARTICLE 5A/NPDES PERMIT NO.: _____

ARTICLE 3 PERMIT RENEWAL

- _____ Have 5 completed copies of the permit renewal application and maps been submitted?
 - _____ Is renewal filing fee of \$2,000.00 included for Article 3 permit?
 - _____ Is current certificate and acknowledgment of insurance included?
 - _____ Is the permit renewal application in the name of the current permittee?
 - _____ Is the Certification of Publication included?
 - _____ Does the permit renewal application contained the following revised or updated information that is appropriate to this application?
 - _____ Updated Mine Development Map?
 - _____ Abandonment Plan?
 - _____ Subsidence Control Plan?
 - _____ Current Modifications of Revisions?
 - _____ Is the "Renewal/Progress Map" of the same size and scale as the proposal map?
 - _____ Does this "map" provide all the information contained on the original proposal map?
 - _____ Does this "map" also indicate all subsequent permit modifications and incidental boundary revisions that have affected the original proposal map?
 - _____ Does this "map" clearly indicate the undisturbed, operational, and regraded areas?
- NOTE: Cross-hatching can be used to indicate current operational areas - Regraded areas should be colored green.

ARTICLE 5A (NPDES) PERMIT REISSUANCE

- _____ Have 5 completed copies of the NPDES reissuance modules been submitted?
- _____ Is reissuance filing fee included for NPDES permit?
- _____ If the expiration date of the NPDES permit occurs within 18 months after the Article 3 permit expiration date, are the NPDES reissuance modules included?
- _____ Is the Certification of Publication and copy of published advertisement included?
- _____ Is affidavit notifying affected agencies included?

RENEWAL ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a renewal application for a Chapter 22A, Article 3 permit.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication _____	Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has a permit on file with the Division of Environmental Protection (DEP) for the surface mining of approximately _____ acres and has submitted an application to the DEP, _____
(Regional DEP Office Address), for renewal of Article 3 Permit Number

_____ to _____
(Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal.
(Geological Title)

The operation is discharging into _____ of _____
(Receiving Stream) (Major Subbasin)

and is located _____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

District of _____ County, Longitude _____° _____' _____" and
 Latitude _____° _____' _____" (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

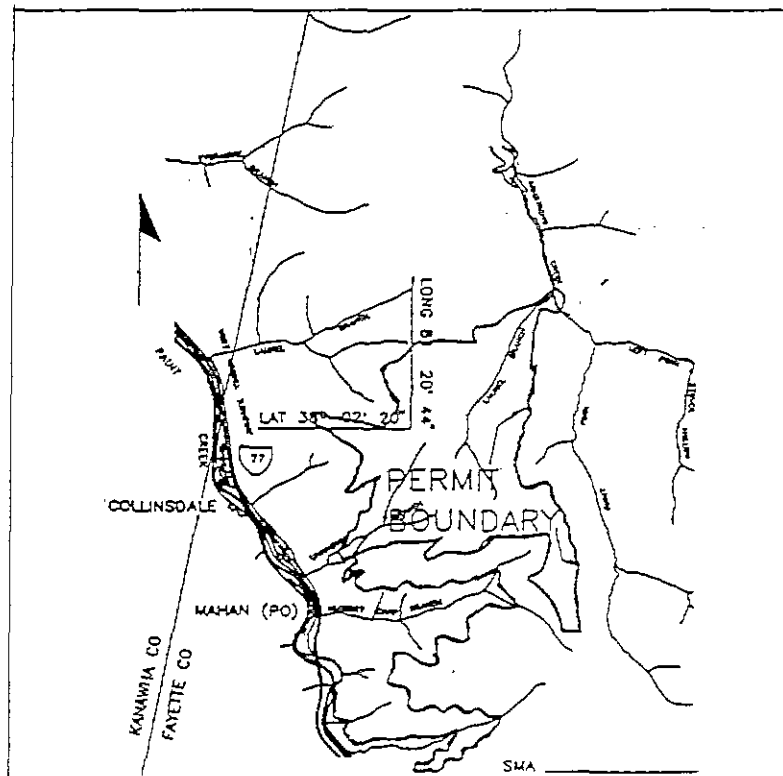
Written comments and/or requests for an informal conference of the permit renewal application or significantly revised permit application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ Permit No. _____

*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

"COMPANY NAME"
LOCATION MAP
SCALE 1" = 1 MILE



RENEWAL ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a joint application for a Chapter 22A, Article 3 permit renewal and Article 5A/NPDES permit reissuance.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication _____	Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has a permit on file with the Division of Environmental Protection (DEP) for the surface mining of approximately _____ acres and has submitted an application to the DEP, _____
(Regional DEP Office Address), for renewal of Article 3 Permit Number

_____ to _____
(Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal and an application for reissuance of Article
(Geological Title)

5A/WVNPDES Permit No. _____. The operation is discharging into _____ of _____ and is located
(Receiving Stream) (Major Subbasin)

_____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

District of _____ County, Longitude _____° _____' _____" and
 Latitude _____° _____' _____" (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

Comments on the Article 5A/WVNPDES application or requests for a public hearing regarding the WV/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Director, Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of **initial publication** will be considered. The NPDES application, draft permit, and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

Written comments and/or requests for an informal conference of the permit renewal application or significantly revised permit application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

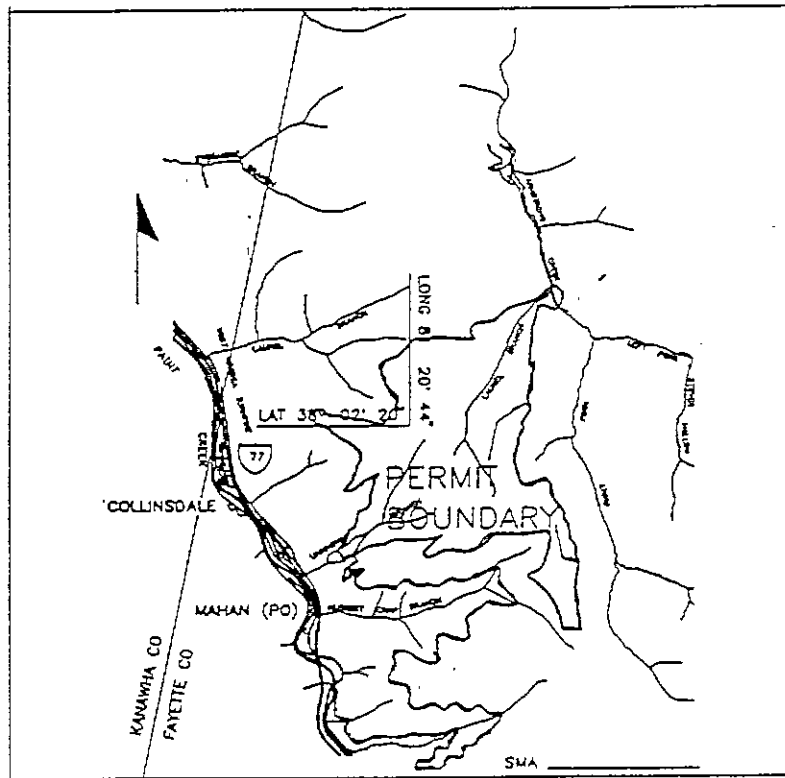
DEP Telephone No. _____

Article 3 Permit No. _____ Article 5A/NPDES Permit No. _____

*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

"COMPANY NAME"
LOCATION MAP
SCALE 1" = 1 MILE



RENEWAL ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a single application for a Article 5A/NPDES permit reissuance.	Ad will be published one time in a qualified newspaper of general circulation in the location of the permit area. Applicant shall enter the date of publication prior to advertisement.
Date of Publication	

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an Article 5A/WVNPDES Application No. _____ for the reissuance
of a Permit to the Division of Environmental Protection, _____
(Regional Office Address)

in order to _____
(Surface Mine) or (Construct a Tipple, Preparation Plant, Haulroad, Shop Area) or (Face-Up Deep Mine)

in the _____ seam of coal. The operation is discharging into
(Geological Title)

_____ of _____ and is located _____
(Receiving Stream) (Major Sub basin) (Distance)

(miles), _____ of _____, in _____ District of
(Direction) (Nearest Post Office)

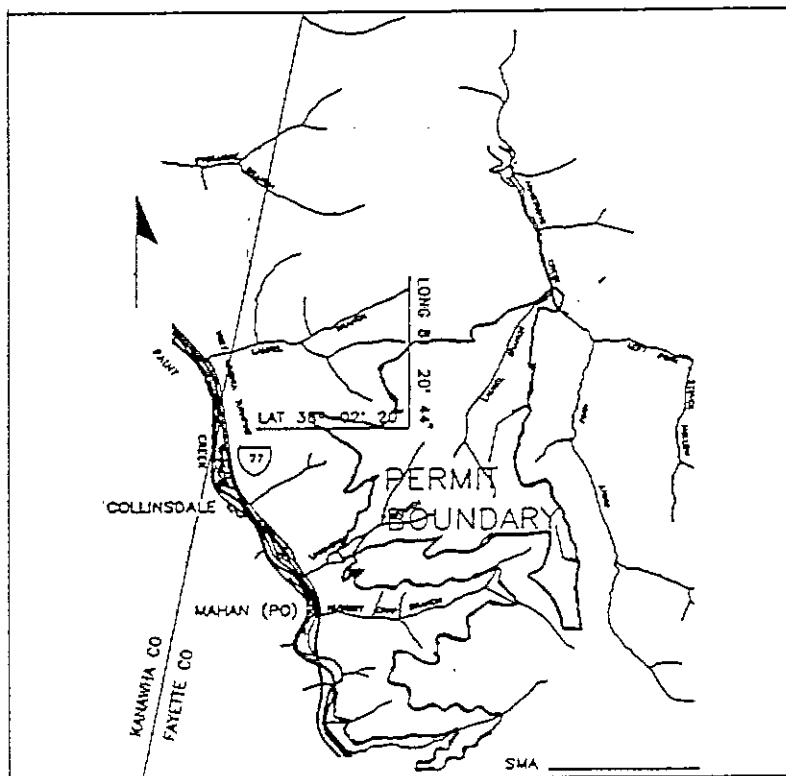
of _____ County, Longitude _____ ° _____ ' _____ "
and Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Comments on the Article 5A/WVNPDES application or requests for a public hearing regarding the Article 5A/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered. The Article 5A/WVNPDES application, draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above during normal business hours.

DEP Telephone No. _____ Article 5A/NPDES Permit No. _____

"COMPANY NAME"
LOCATION MAP
SCALE 1" = 1 MILE



STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

NOTIFICATION OF PERMITTEE MERGER AND/OR NAME CHANGE

NOTE: If sale of a corporation, or a change in owners or controllers, Form MR-19C must be used.
If sale of permit, Form MR-19A must be used.

MR-19B

8/1/93

Name Change

Merger and Name Change

Single Permit

Multiple Permits*

*If application is for multiple permits, complete Table I

Applicant Name _____	Permit No. _____
Current Permittee _____	NPDES No. _____
	MSHA No. _____

1. Applicant Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

2. If resident agent for service of process in West Virginia for the applicant is the same as in all permits as currently issued, check here:
If different, identify new resident agent below:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

3. If entity who will pay Federal abandoned mine land reclamation fees for the applicant is the same as in all permits as currently issued, check here:
If different, identify new entity below:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

4. Include Certified copy of "Certificate of Amendment of the Articles of Incorporation" or "Certificate of Merger" other appropriate document from the Office of Secretary of State which verifies the name change. Identify as attachment 4.

5. Does the applicant wish to retain existing operators approved by DEP?
 Yes No
 If Yes, it is necessary to complete and include the DEP notification signed by both the Permittee and Applicant. Use attachment 5.

6. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of name change. Identify as attachment 6.

7. Performance Bond - Complete the current bonding method and method to be used:

	BOND AMOUNT	TYPE OF BOND	BOND NO.
CURRENT PERMITTEE			
APPLICANT			

8. Permittee/Applicant's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment 8.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
(SEAL)	Typed Name
Notary Public	Official Title
My Commission Expires:	

**ADVERTISEMENT
NOTIFICATION FOR PERMITTEE MERGER AND/OR NAME CHANGE**

INSTRUCTIONS	
This advertisement is for notification for permittee merger and/or name change. Date of Publication _____	Ad will be published one time in qualified newspaper(s) of general circulation in the location of all permit areas. Applicant shall enter the date of publication prior to advertisement.

ADVERTISEMENT

Notice is hereby given to the public that notification of (Permittee Merger and/or Permittee Name Change) has been submitted to the Division of Environmental Protection (DEP)

_____ (DEP Regional Office Address)

_____ (Name and address of company)

has merged and/or changed name to _____ (Name and address of company)

This merger and/or name change affects Permit No(s). _____
_____, WVNPDES Permit No(s). _____

Comments on the notification shall be in writing and should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered.

A copy of the notification will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

**APPLICATION FOR ANNUAL UPDATE
AND/OR NOTIFICATION OF CHANGE OF OWNERS,
OFFICERS, DIRECTORS OR PARTNERS**

MR-19C

8/1/93

NOTE: This form is to be used when a change of owners, officers, directors or partners has taken place but the name of the permittee has not changed. If a name change of permittee only is taking place, complete Form MR-19B.

- | | |
|--|--|
| <input type="checkbox"/> Single Permit | <input type="checkbox"/> Annual Update |
| <input type="checkbox"/> Multiple Permits* | <input type="checkbox"/> Change of Ownership and Control |
- *If application is for multiple permits, complete Table 1

Applicant/ Permittee Name _____	Permit No. _____
Mailing Address _____	NPDES No. _____
Street Address _____	MSHA No. _____
City _____ State _____ Zip _____	
Telephone _____ Social Security _____	
No. _____ FEIN _____ No. _____	
<small>(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)</small>	

1. A. **If no changes in ownership and control** have occurred since the last application or notification submitted to DEP, check here:
Complete Pages 1 and 8 only and submit to the Headquarters DEP.

- B. **If changes have occurred** in ownership and control since the last application or notification submitted to DEP, check here:
Complete this entire application and submit to Headquarters DEP.

NOTE: To facilitate the review of ownership and control data submitted, it is recommended that an organization chart of the applicant's ownership structure be submitted. "Organizational Chart" shall consist of a boxes and lines diagram of the relationships between the applicant, its owners, "sister" companies, subsidiaries, and owners' owners. Chart provides a brief explanation of the relationships specified in this application.

6. Provide the following information for all **NEW** individuals or entities who are:
- an owner or shareholder of ten percent (10%) or more of any class of voting stock;
 - an officer;
 - a director and any person performing a function similar to a director;
 - a partner;
 - a member; and/or
 - a manager.

NOTES: If any person is a business entity and not an individual, also complete item 8 for that entity.

If any of the ownership constitutes 50% or more, a one-time advertisement (10-day comment period) is required.

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title within Corporation _____
 Date Title/Position was Assumed _____ Beginning date of Affiliation _____
 Percent of Ownership _____ Beginning date of Ownership _____

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title within Corporation _____
 Date Title/Position was Assumed _____ Beginning date of Affiliation _____
 Percent of Ownership _____ Beginning date of Ownership _____

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title within Corporation _____
 Date Title/Position was Assumed _____ Beginning date of Affiliation _____
 Percent of Ownership _____ Beginning date of Ownership _____

7. Provide the following information for all new individuals or entities having any other ownership/control relationship such as:

- Having authority to commit financial, real property assets or working resources of the permittee;
- Owning or controlling the coal to be mined **AND having the right to receive it after mining;**
- Owning or controlling the coal to be mined **AND having the authority to determine the manner in which the proposed surface mining operation is conducted; and/or**
- Having the authority directly or indirectly to determine the manner in which the surface mining operation is conducted.

NOTE: If any person is a business entity and not an individual, also complete item 8 for that entity.

If NONE, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title within Corporation _____
 Date Title/Position was Assumed _____ Beginning date of Affiliation _____
 Permit(s) Affected _____

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title within Corporation _____
 Date Title/Position was Assumed _____ Beginning date of Affiliation _____
 Permit(s) Affected _____

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title within Corporation _____
 Date Title/Position was Assumed _____ Beginning date of Affiliation _____
 Permit(s) Affected _____

NOTE: Attach additional entries as needed using the above format and identify as attachment 7. No. of additional entries _____

8. Complete this item whenever a business entity (rather than an individual) is listed in items 6, 7, or 8. Identify below the corresponding item number in which the entity is listed:

6 7 8

Name of Entity _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Ownership/Control relationship to applicant _____

Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment 8. No. of additional entries _____

10. Has any new individual or entity listed in items 6, 7, or 8:
- A. Had a Federal or State coal mining permit permanently suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No
 - B. Forfeited a reclamation performance bond or a security deposited in lieu of bond? Yes No

If Yes to A. or B. above, complete the following:

Name of Applicant or Person _____
 Permittee _____
 Permit No. _____ Date of Issuance _____
 Regulatory Authority suspending/revoking the permit _____
 Stated reason for action _____
 Bond Amount Forfeited _____
 Current status _____

If the individual or entity has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment 10.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____
 Current status _____

Name of Applicant or Person _____
 Permittee _____
 Permit No. _____ Date of Issuance _____
 Regulatory Authority suspending/revoking the permit _____
 Stated reason for action _____
 Bond Amount Forfeited _____
 Current status _____

If the individual or entity has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment 10.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____
 Current status _____

Name of Applicant or Person _____
 Permittee _____
 Permit No. _____ Date of Issuance _____
 Regulatory Authority suspending/revoking the permit _____
 Stated reason for action _____
 Bond Amount Forfeited _____
 Current status _____

If the individual or entity has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment 10.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____
 Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment 10. No. of additional entries _____

11. Permittee/Applicant's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment 11.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

**APPLICATION FOR TRANSFER, ASSIGNMENT,
OR SALE OF QUARRY PERMIT**

MR-19Q

8/1/93

Applicant Name _____	Permit No. _____
Current Permittee _____	NPDES No. _____
County _____	MSHA No. _____
District _____	Current Permitted Acres _____
Nearest Post Office _____	
Mine or Facility Name _____	

NOTE: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other business entity.

1. Applicant Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

2. Indicate legal structure of applicant:

Sole Proprietorship (Complete 7)
 Partnership (Complete 8)
 *Corporation: State of Incorporation _____ Date of Incorporation _____
 *Association
 *Other: Specify _____

*Complete 9

3. Indicate the type of change being requested:

Change in Permittee Name
 Change of Ownership and Control
 Change of Permittee Name AND Ownership and Control
 Transfer, Assignment and Sale of Permit Rights

4. Indicate the mineral being mined:

<input type="checkbox"/> Limestone	<input type="checkbox"/> Clay*	<input type="checkbox"/> Manganese*
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Iron Ore*	<input type="checkbox"/> Gravel*
<input type="checkbox"/> Sand	<input type="checkbox"/> Shale*	

*Complete 5 below

5. Performance Bond - Check below and complete the current bonding method and method to be used:

	BOND AMOUNT	TYPE OF BOND	BOND NO.
CURRENT PERMITTEE			
APPLICANT			

6. Include in the original application a "true copy" of an original insurance policy with required limits of liability. A copy shall be placed in the remaining copies of application.

Policy Number _____ Expiration Date _____

7. If applicant is a SINGLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

8. If applicant is a PARTNERSHIP, list all partners, including limited partners.
If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Official title within partnership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment 8. No. of additional entries _____

9. If applicant's legal structure is other than a sole proprietorship or partnership, provide all information requested below for: Stockholders (SH) owning ten percent (10%) or more of any class of voting stock; Officers such as President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS), Directors (DIR), and any other person performing a function similar to a Director.

If N/A, check here:

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

10. Do you or any person, partnership or corporation associated with you now hold or have ever held a prospecting or surface mining permit issued by the State of West Virginia?
 Yes No
 If Yes, identify below:

INDIVIDUAL'S NAME	PERMITTEE NAME	PERMIT NO.

11. Are the owners of record of property permitted same as shown in current permit application?
 Yes No
 If No, list all property owners below:

 (SO) Surface Owner Only
 (MO) Mineral Owner Only
 (SMO) Surface and Mineral Owner

NAME	ADDRESS	OWNER CLASS SO / MO / SMO

12. Does the applicant own all of the coal to be mined? Yes No
 If No, identify below the legal source by which the applicant has the authority to mine all of the coal:

 LEASE SUBLEASE AGREEMENT OTHER CONTRACT

13. Has the applicant or any person listed in items 7, 8, or 9 or any subsidiary, affiliate, or person controlled by or under common control with the applicant ever had a surface mining permit issued under the laws of this state revoked or has ever had a surface mining bond, or security deposited in lieu of bond, forfeited? Yes No If Yes, complete the following:
 Name of Applicant or Person _____
 Permittee _____
 Permit No. _____ Date of Issuance _____
 Regulatory Authority suspending/revoking the permit _____
 If the applicant or person has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment 13.

14. Include sample advertisement with submittal of application and the certificate of publication within 30 days of the close of comment period.

15. Applicant's Certification of Application:

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
(SEAL)	Typed Name
Notary Public	Official Title
My Commission Expires:	

16. Permittee's Certification of Application:

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the permittee and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
(SEAL)	Typed Name
Notary Public	Official Title
My Commission Expires:	

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. Identify as attachment C-2.

**ADVERTISEMENT
APPLICATION FOR TRANSFER, ASSIGNMENT,
OR SALE OF QUARRY PERMIT**

INSTRUCTIONS	
This advertisement is for application for the transfer, assignment, or sale of non-coal quarry permit.	Ad will be published one time in qualified newspaper(s) of general circulation in the location of all permit areas. Applicant shall enter the date of publication prior to advertisement.
Date of Publication _____	

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an application to the Division of Environmental Protection (DEP)
_____ to transfer,
assign, and sell Permit No(s). _____, WVNPDES Permit No.
_____ to _____
(Applicant Name and Business Street Address)

Comments on the application shall be in writing and should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered.

A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

MR-3

Revised 8/1/93

NOTICE OF INTENT TO PROSPECT

NOTE: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other business entity.

1. Applicant Name	DEP Region
Mailing Address	
Street Address (if mailing address is a Post Office Box)	
City	State Zip Telephone No. ()
FEIN No.	Social Security No.
<i>(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release.)</i>	

2. Location of the Operation:		
COUNTY	MAGISTERIAL DISTRICT	NEAREST POST OFFICE

Latitude ° ' "	Longitude ° ' "
-------------------------------	--------------------------------

3. Indicate legal structure of applicant:	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation: State of Incorporation:	Date of Incorporation:
If State of Incorporation is not WV, date of Certificate of Authority to conduct business in WV:	
<input type="checkbox"/> Limited Liability Company: State of Organization: Date:	
<input type="checkbox"/> Association	
<input type="checkbox"/> Other: Specify:	

4. Provide the names, titles, addresses, and social security/FEIN number for every partner, resident agent, and officer such as President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS), Directors (DIR), and any other person performing a function similar to a Director, together with the names and addresses of every Stockholder (SH) of record owning ten percent (10%) or more of any class of voting stock of the applicant:

NAME	SS/FEIN #	TITLE	ADDRESS

5. Identify the individual who will have the responsibility for conducting prospecting:

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

6. Identify the applicant's representative who will have on-site responsibility for conducting the operation:

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

7. Provide a list of the **names and addresses** of each legal or equitable owner of record of the **surface lands and mineral rights** of the property to be mined. Identify each owner by the following classes:

Note: If name listed is a business entity and not an individual, provide names and addresses of principals, officers, and resident agent

(SO) Surface Owner Only
 (MO) Mineral Owner Only
 (SMO) Surface and Mineral Owner

NAME	ADDRESS	OWNER CLASS SO / MO / SMO

8. Provide a list of all notices of intent to prospect the applicant or any person, partnership, or corporation associated with the applicant has on file, or has ever had on file, in the State of West Virginia, and provide their current reclamation status below.
 If N/A, check here:

PROSPECT NAME	PROSPECT NO.	CURRENT STATUS

9. For each owner listed in 8, provide below a description of the legal documents upon which the applicant bases his legal right to enter and conduct operations.
 Note: DEP may require copies of these documents.

OWNER OF RECORD	DOCUMENT TYPE	GRANTOR OF RIGHT	DATE OF EXECUTION	LOCATION WHERE FILED

10. Are any listed or proposed endangered or threatened species of plants or animals or their critical habitats present within the proposed prospect and/or adjacent area?
 Yes No
 A.. If Yes, identify the species or habitat and describe all protection and/or enhancement measures to be utilized and include a map identifying location relative to proposed permit area. Identify as attachment 10.
 B. If No, attach the State or Federal Wildlife Biologist's written documentation to verify this determination.
 Identify as attachment 10.

11. Provide a description of how, to the extent possible using the best technology currently available, the applicant will conduct prospecting operations so as to protect habitats of unique or unusually high value for fish, wildlife, and other related environmental values and critical habitats of threatened or endangered species. Identify as attachment 11.

12. Describe any cultural or historic resources listed, or eligible for listing on the National Register of Historic Places and any known archeological sites within the proposed prospecting area.
 If None, check here: Identify as attachment 12.

13. The applicant shall provide to DEP, as a separate package, the following information for the State Historic Preservation Officer (SHPO) review and subsequent response.

- Two topographic maps of the proposed mining site and surrounding areas;
 - One at a scale of 1" to 500', color coded to show the boundaries and extent of the proposed surface mining operation; and
 - One at a scale of 1" to 2000' which show boundaries of the proposed surface mining operation.
- Photographs of any structures (excluding trailers and temporary buildings, any structure built within the past twenty-five years, and equipment) situated on the proposed surface mining operation and directly adjacent to the operation; and
- A statement of the conditions of the proposed surface mining operation with particular attention given to any known historic, cultural, or archeological resources.

Identify as attachment 13.

14. Indicate below the estimated timetable by month and year for each phase of the operation:

PHASE	PROSPECTING			RECLAMATION		
	START	END	ACRES	START	END	ACRES
I						
II						
III						
IV						
V						

15. Provide a reclamation plan which includes the following: Identify as attachment 15.

- A. The method of prospecting;
- B. The method for controlling runoff and sedimentation;
- C. The method of regrading;
- D. A plan for revegetation;
- E. The method for sealing, casing or otherwise managing prospecting holes, bore holes, wells or other exposed underground openings created during the prospecting; and
- F. The method of constructing and/or utilizing roads.

16. Provide a U.S.G.S. topographic map (scale 1" = 2000') showing the following:
- A. Topographic features;
 - B. Streams;
 - C. Bodies of water;
 - D. Manmade structures, utility lines, etc;
 - E. Surface and minerals owners of the tract(s) and property lines within the area to be prospected, including occupied dwellings;
 - F. Quadrangle title with north arrow;
 - G. Receiving stream(s);
 - H. Approximate location and number of excavations, trenches, drill holes, proposed and existing roads, and indicate the number of proposed disturbed acres;
 - I. Location of critical habitats of any threatened or endangered species; and
 - J. Approximate location of cropline(s) and name of the seam(s).

17. Will this notice of intent to prospect remove more than than two hundred fifty (250) tons of coal?

Yes No

If Yes, provide the following and complete item 18 of this application:

- A. A narrative discussion of a feasibility study for the site, including the specific reasons for extraction of the amount of tonnage for which permission is requested. The narrative shall be of sufficient detail and shall be in accordance with the requirements of the Surface Mining Reclamation Regulations. Identify as attachment 17A.
- B. The name of the company that will receive the tonnage for test burning or other testing purposes and further identify the precise tests that will be conducted on the coal and the location of the test site. Provide a statement that the testing proposed in the application has already been agreed to by the applicant and the company that will receive the coal. Identify as attachment 17B.
- C. The intended end user and/or agent or broker shall provide a statment which will set forth the specific reasons for the test. Identify as attachment 17C.
- D. A completed copy of DEP's sample newspaper advertisement that will be used to give public notice of intent to prospect. Identify as attachment 17D.

NOTE: Certification of publication must be submitted within two weeks after publication.

18. Complete the following filing fee requirements for this application:

Filing Fee:	\$2,000.00	Check No.:
-------------	------------	------------

19. Complete the following financial requirements for this application:

Performance Bond: Surety Bond Check No. Certificate of Deposit Other

Total Prospect Area (Acres)	Bond Amount Per Acre	Total Bond Amount
	X \$500.00	= \$

20. Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a current certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment 20.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief; that all prospecting operations shall be conducted in accordance with the performance standards in the Code of West Virginia; and that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: Application shall be submitted to the Division of Environmental Protection Regional Office as five (5) separate entities (one original and four copies) in 9" x 12" clasp type binders. If application is for "Greater Than 250 Tons", an additional copy is required.

NOTICE OF INTENT TO PROSPECT ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a notice of intent to prospect application in excess of 250 tons	Ad will be published one time.
Date of Publication:	

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Address)

filed an application on file with the Division of Environmental Protection (DEP)

(DEP Regional Office Address)

on _____ to remove in excess of two-hundred fifty (250) tons of coal
(Date Application Filed)

during prospecting operations.

Approximately _____ tons are to be removed for the purpose of
(Amount of Tonnage Requested)

The proposed operation will discharge into _____ of _____
(Receiving Stream) (Major Subbasin)

and is located _____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

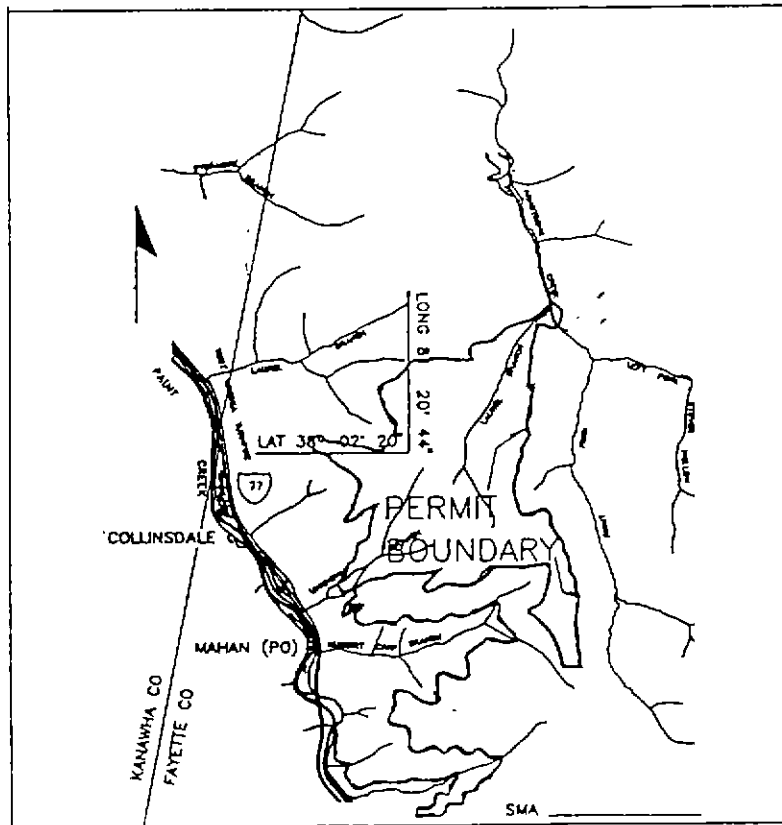
District of _____ County, Longitude _____ ° _____ ' _____"
and Latitude _____ ° _____ ' _____" (Coordinates from USGS Topographic Map).

Written comments on this application will be received by the Permit Supervisor at the DEP address above until _____, or fifteen (15) days from date of publication.

DEP Telephone No. _____

NOTE: Include location map (sample attached)

"COMPANY NAME"
LOCATION MAP
SCALE 1" = 1 MILE



STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

MR-12

Revised 8/1/93

REQUEST FOR SPECIAL USE

For more desirable land use, water retention structures, sanitary landfills, recreation sites, building, industrial sites, roads, etc.

Request is made for permission to carry out a special use project on disturbed land as detailed in the Mining and Reclamation Plan submitted with the application for the permit listed below or as detailed in the supplemental plan attached hereto.

PERMIT NO.	REVISION NO.	COUNTY:
------------	--------------	---------

Provide description of special use project:

PERMITTEE NAME AND ADDRESS	LANDOWNER NAME AND ADDRESS

Identify with an "X" any attachments to this request.

Contract	<i>*If leaving water retention structures, include all of the following:</i>
Compliance Insured	Spillway Calculations
Plans	Plan View, Cross Sections, Details, and Calculations
Maps	Signed statement regarding condition of structure
Other:	Signed landowner liability, inspection, and
Other:	maintenance statement

****NOTE: Current plan view, cross sections, details, and calculations shall be certified by approved person which demonstrates that structures meet current rules and regulations.***

The undersigned hereby grants permission to develop a special use project as described on the above listed permit or lands adjacent thereto. Provide the appropriate signatures and date below:

Surface Owner Date	DEP Inspector Date
Surface Owner Date	DEP Permit Supervisor Date
Permittee Principal Officer Date	DEP I & E Supervisor Date

SURFACE OWNER LIABILITY STATEMENT

SURFACE OWNER NAME AND ADDRESS

DEP REGIONAL OFFICE ADDRESS

RE: **Company Name:** _____
 Permit No.: _____
 County: _____

TO WHOM IT MAY CONCERN:

I, _____, surface owner of the property on which _____, water retention structure, is located, will assume all liability after final release of the above referenced permit, will inspect the structure periodically, and will maintain the structure in a safe condition.

Surface Owner
Date

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

APPLICATION FOR OPERATOR ASSIGNMENT

MR-19

Revised 8/1/93

Single Permit Assignment

Multiple Permit Assignment*

*If application is for multiple assignments, complete Table 1

Operator Name _____	Permit No. _____
Permittee Name _____	
County _____	MSHA No. _____
District _____	
Nearest Post Office _____	

Section A: Operator Ownership and Control Information

NOTES: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other entity.

To facilitate the review of ownership and control data submitted, it is recommended that an organization chart of the applicant's ownership structure be submitted. "Organizational Chart" shall consist of a boxes and lines diagram of the relationships between the applicant, its owners, "sister" companies, subsidiaries, and owners' owners. Chart provides a brief explanation of the relationships specified in this application.

A-1	Operator Mailing Address _____
	Street Address (if mailing address is a Post Office Box) _____
	City _____ State _____ Zip _____ Telephone No. () _____
	FEIN _____ Social Security No. _____
	<i>(NOTE: The operator assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)</i>

A-2.	Identify resident agent for service of process in West Virginia for the Operator:
	Name _____
	Mailing Address _____
	Street Address (if mailing address is a Post Office Box) _____
	City _____ State _____ Zip _____ Telephone No. () _____
	FEIN _____ Social Security No. _____

A-3. Identify entity who will pay Federal abandoned mine land reclamation fees (if different from applicant):

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

A-4. Has the Operator previously submitted to DEP sufficient documentation to establish the legal structure of the Operator and have an approved Centralized Ownership and Control File?

Yes No

If Yes, include a copy of the most recent certification submitted to the Centralized Ownership and Control File (COCF) and identify as attachment A-4.

A-5. A. Indicate legal structure of Operator:

Sole Proprietorship (Complete A-6)

Partnership (Complete A-7)

*Corporation: State of Incorporation _____ Date of Incorporation _____
(If State of Incorporation is not WV, date of Certificate of Authority to conduct business in WV _____)

*Limited Liability Company: State of Organization _____ Date _____

*Association

*Other: Specify _____

*Complete A-8

B. Complete the following appropriate items and attach sufficient notarized documents and identify as attachment A-5. Check below the type of documents included:

Certified copy of "Certificate of Incorporation", "Certificate of Authority", "Articles of Organization" or other appropriate document from the Office of Secretary of State and a certified copy of the most recently filed Corporation License Tax Return.

Notarized Copy of Partnership Agreement

Certified Copy of "Certificate of Limited Partnership"

Certified Copy of "Certificate of Registration of True Name" with county of registration (for use of assumed name or "d/b/a")

A-6. If Operator is a SOLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

A-7. If Operator is a PARTNERSHIP, list all partners, including limited partners. If any partner listed below is a business entity and not an individual, also complete item A-11 for that entity:

If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Official title within partnership _____

Beginning date of ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-7. No. of additional entries _____

A-8. If Operator's legal structure is other than a sole proprietorship or partnership, provide all information requested below for: Owners or Stockholders owning ten percent (10%) or more of any class of voting stock; All officers such as President, Vice President, Secretary, Treasurer, Directors; any other person performing a function similar to a Director; and for limited liability companies, all Members and Managers. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.

If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Ownership/Control relationship to Operator _____

Location in Organizational Structure _____

Date Title/Position was Assumed _____ Official Title/Position _____

Beginning date of Ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-8. No. of additional entries _____

A-9. Identify below all persons who have the authority or ability to commit the financial, real property assets or working resources of the Operator or who may have the authority to determine the manner in which the proposed surface mining operation is conducted who are not otherwise identified as owners, officers, or directors of the Operator. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.

If NONE, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

Ownership/Control relationship to Operator _____

Location in Organizational Structure _____

Date Title/Position was Assumed _____ Official Title/Position _____

Beginning date of Ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-9. No. of additional entries _____

A-10. Does the Operator own all of the coal to be mined? Yes No

If No, identify below all legal sources by which the Operator has the authority to mine all of the coal and complete a. and b. below: Note: DEP may require copies of these documents.

LEASE SUBLEASE AGREEMENT OTHER CONTRACT

a. Identify every person, other than the Operator, owning or controlling the coal to be mined AND having the right to receive it after mining. If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Ownership/Control relationship to Operator _____
Beginning date of Relationship _____

b. Identify every person, other than the Operator, owning or controlling the coal to be mined AND having the authority to determine the manner in which the proposed surface mining operation is conducted. If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Ownership/Control relationship to Operator _____
Beginning date of Relationship _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-10a. or b. No. of additional entries _____

A-11. Complete this item whenever a business entity (rather than an individual) is listed in items A-7, A-8, A-9, A-10 or A-11. Identify below the corresponding item in which the entity is listed:

A-7 A-8 A-9 A-10 A-11

Name of Entity _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Ownership/Control relationship to Operator _____

Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-11. No. of additional entries _____

A-12. Identify below all permit **applications pending** and all **permits held** within the five (5) years preceding the date of this application for surface coal mining operations in the United States owned or controlled by the Operator and/or any person listed in items A-6, A-7, A-8, A-9, A-10 or A-11. Include all operations that the Operator and/or any person is deemed or presumed to own or control through contract, subcontract, lease, sublease, license, or other contractual relationship, regardless of the entity holding the permit.

Name of Operator or person _____
Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

Permit Number _____ State/Regulatory Authority _____
Operator/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to Operator _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to Operator _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to Operator _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to Operator _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-12.

Section B: Operator Violation Information

B-1. Has the Operator or any person listed in items A-6, A-7, A-8, A-9, A-10, or A-11 or any subsidiary, affiliate, or person controlled by or under common control with the Operator:

- A. Had a Federal or State coal mining permit suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No
- B. Forfeited a reclamation performance bond or a security deposited in lieu of bond? Yes No

If Yes to A. or B. above, complete the following:

Name of Operator or Person _____

Permittee _____

Permit No. _____ Date of Issuance _____

Regulatory Authority suspending/revoking the permit _____

Stated reason for action _____

Bond Amount Forfeited _____

Current status _____

If the Operator or person has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment B-1.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____

Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment B-1. No. of additional entries _____

B-2. Provide a list for any violation of a provision of the Act or these regulations and any other Federal or State laws, rules and regulations pertaining to air, water, and/or environmental protection incurred in connection with any surface mining operation received by the Operator during the three (3) year period preceding the application date. The list shall consist of the following information: If NONE, check here:

Use attachment B-2 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Violation Number
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation
- Abatement actions taken
- Current Status of proceedings and violation notice: NOTE: If administrative or judicial proceedings, provide: Date; Location; Type of proceedings

NOTE: Attach pages as needed using attachment B-2.

B-3. Provide a list of all **unabated** cessation orders, and **unabated** air and water quality violation notices received prior to the date of the application by any surface mining reclamation operation owned or controlled by **either** the Operator or by any person who owns or controls the Operator listed in items A-6, A-7, A-8, A-9, A-10, or A-11:

If NONE, check here:

Use attachment B-3 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Violation Number
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation notice
- Abatement actions taken
- Current Status of proceedings and violation notice: NOTE: If administrative or judicial proceedings, provide: Date; Location; Type of proceedings

NOTE: Attach pages as needed using attachment B-3.

B-4. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of Operator assignment. Identify as attachment B-4.

Section C: Certification of Application

C-1. Operator's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the Operator. Identify as attachment C-1.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the Operator and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: After the Operator has been notified that the application is approved, but before the permit is issued, the Operator shall provide an update of the information in Section A, OR indicate in writing that no change in this information has occurred.

C-2. Permittee's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. Identify as attachment C-2.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the permittee and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

**ADVERTISEMENT
APPLICATION FOR OPERATOR ASSIGNMENT**

INSTRUCTIONS	
This advertisement is for application for the operator assignment Date of Publication _____	Ad will be published one time in qualified newspaper(s) of general circulation in the location of all permit areas. Applicant shall enter the date of publication prior to advertisement.

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an application to the Division of Environmental Protection (DEP)
_____ for
operator assignment on Permit No(s). _____ to

(Applicant Name and Business Street Address)

Comments on the application shall be in writing and should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered.

A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____

NOTICE TO CEASE OPERATOR ASSIGNMENT

DATE

OPERATOR NAME AND ADDRESS

REGIONAL OFFICE ADDRESS
Division of Environmental Protection Office of Mining and Reclamation

RE: Permit No. _____

TO WHOM IT MAY CONCERN:

This is to advise that effective _____ (Date Operator ceased operations),
_____ (Operator Name) is no longer conducting operations
on the above referenced permit.

Please see that the appropriate ending date is entered in the ownership and control computer systems and placed in the permit files.

I understand that a new Application for Operator Assignment must be submitted and Approval must first be obtained from the Division of Environmental Protection prior to resuming operations on this permit.

Sincerely,

Principal Officer of Operator

cc: Headquarters DEP Ownership and Control Unit
Permittee

REQUEST FOR ADVANCE APPROVAL OF OPERATOR ASSIGNMENT

DATE

PERMITTEE	OPERATOR

RE: Permit No.(s) _____

Division of Environmental Protection:

In accordance with 3.25(a)(4) of these regulations, this is a request for advance approval of the Operator assignment for the above referenced permit(s).

We understand that this advance approval is based upon the following stipulations:

1. That where information is made available to the Director as a result of public comment that would preclude approval, such approval shall be immediately withdrawn.
2. The advance approval is limited to a period of 60 days from the date of the advance approval.

Permittee: Signature of Principal Officer	Operator: Signature of Principal Officer
Date:	Date:

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

MR-4-PR

8/1/93

APPLICATION FOR PERMIT REVISIONS

- | | |
|--|--|
| <input type="checkbox"/> INCIDENTAL BOUNDARY REVISION NO. _____
<input type="checkbox"/> Add/Delete Acres
<input type="checkbox"/> Add Acres
<input type="checkbox"/> Delete Acres | <input type="checkbox"/> PERMIT REVISION NO. _____
<input type="checkbox"/> Drainage <input type="checkbox"/> Fills
<input type="checkbox"/> Haulroad <input type="checkbox"/> Refuse
<input type="checkbox"/> Other |
|--|--|

NOTE: Applicable revised sections of the current WV Surface Mining Application (SMA) shall be completed and submitted as attachments.

- *() **SIGNIFICANT** () **INSIGNIFICANT**

*Sample advertisement must be submitted for all significant revisions

PERMIT NUMBER _____	MSHA # _____	NPDES # _____
---------------------	--------------	---------------

GENERAL INFORMATION:

1. Applicant Name _____	DEP Region _____
Applicant Mailing Address _____	
Street Address (if mailing address is a Post Office Box) _____	
Mine Name _____	
City _____ State _____ Zip _____ Telephone No. (<input type="checkbox"/>) _____	

2. Location of Operation:	
County _____ District _____	Nearest PO _____
Receiving Stream _____	
Tributary of _____	
Major Watershed _____	USGS Quadrangle _____
Latitude _____ ° _____ ' _____ "	Longitude _____ ° _____ ' _____ "

3. Will additional Probable Hydrologic Consequence (PHC) information be necessary? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No If Yes, include appropriate revised section of SMA and identify as attachment 3.

4. Will the subsidence control plan need to be revised? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) N/A If Yes, include appropriate revised section of SMA and identify as attachment 4.

5. Is a new discharge point being added, deleted, or relocated? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No If Yes, complete and submit applicable NPDES modules.

Applicant:	Permit No.:	IBR/Rev. No.:
------------	-------------	---------------

6. Include the following:
- A. Narrative explaining the details of the revision: Identify any changes to the current approved permit and provide all additional information required by current law and regulations.
 - B. Applicable updated maps, plans, design data and cross sections which shall be titled, dated, signed and sealed by an approved person when required.
 - C. Site specific lands inquiry response (IBR only)
 - D. Site specific SHPO information (IBR only)

INCIDENTAL BOUNDARY REVISION

Questions 7 - 18 must be addressed for Applications for Incidental Boundary Revisions ONLY.

7. If additional acreage is being requested, completethe following: (NOTE: For surface mining permits the maximum total acreage to be permitted under one or more IBR(s) shall not exceed twenty percent (20%) of the original permitted acreage or a maximum of fifty (50) acres, whichever is less. Acreage limitation for IBR(s) on underground mining permits shall be limited to one hundred fifty percent (150%) of the original permitted acreage or a maximum of fifty (50) acres, whichever is less, throughout the life of the permit.)

Original Permitted Acres _____ +
 Net Increase of Previous
 IBR Acres _____ = Current Total Acres _____

*Proposed Acres Added + _____
 Proposed Acres Deleted - _____ = Proposed Total Acres _____

*Proposed Acres Added _____ X Bond Rate Per Acre \$ _____ .00 = \$ _____ .00

Bond Type:
 Reclamation Surety Bond # _____ Amount \$ _____ 00
 Certificate of Deposit # _____ Amount \$ _____
 Other _____ Amount \$ _____

8. If this IBR proposed an additional underground opening, can a gravity discharge be anticipated from this opening? () Yes () No () N/A
 If Yes, and the seam is defined as acid-producing, provide justification which includes the consideration of relevant safety and environmental factors. Identify this justification as attachment 8.

9. Is owner(s) of the surface land to be disturbed as a result of this IBR the same as listed in current permit?
 () Yes () No
 If No, list names and addresses of additional owners and identify with an "X" those within 100' of IBR area:

_____ 100'
 _____ 100'

Applicant:

Permit No.:

IBR/Rev. No.:

10. Has the private mineral estate been severed from the private surface estate as a result of this IBR?
 Yes No
 If Yes, address the requirements of Chapter 22A, Article 3, Section 18(b)(5) and identify as attachment 10.

11. Is owner(s) of the minerals to be mined as a result of this IBR the same as listed in current permit?
 Yes No
 If No, list names and addresses of additional mineral owners:

12. Are there any surface and subsurface areas contiguous to any part of the proposed IBR area and/or residents thereon? Yes No
 If Yes, list names and addresses of additional areas./residents:

13. Is applicant's legal right to enter and conduct surface mining operations on this IBR the same as original permit? Yes No
 If No, include explanation in narrative

14. Will the IBR area extend within 300 feet of any public building, school, church, community or institutional building, public park, or within 100 feet of a cemetery? Yes No
 If Yes, include proof of valid existing rights and identify as attachment 14.

15. Is the IBR disturbance proposed within 100 feet of an intermittent or perennial stream?
 Yes No If Yes, include in narrative how performance standards will be met?

16. Is the land use for this IBR the same as original permit? Yes No
 If No, include explanation in narrative and include sample of public notice

17. Are there any changes to the original drainage control measures, placement of overburden, method of regrading, topsoiling and/or revegetation as a result of this IBR? Yes No
 If Yes, include explanation in narrative and submit plans, and design data.

18. Will the IBR area affect a refuse area? Yes No
 If Yes, include complete plans in accordance with current Coal Refuse Regulations and identify as attachment 18.

Applicant: _____	Permit No.: _____	IBR/Rev. No.: _____
------------------	-------------------	---------------------

CERTIFICATIONS/SIGNATURES

NOTE: If applicant signs as anyone other than President or Vice-President, attach a notarized copy of Power of Attorney or Resolution of Board of Directors, which grants the legal authority to represent the applicant for this purpose. (Does not apply to a single proprietorship or partnership.)

CERTIFICATION OF PLANS:

I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

Licensed Land Surveyor

Typed Name: _____ Signature: _____ Address: _____ Date: _____	Professional Seal
--	------------------------------

CERTIFICATION OF APPLICATION:

I, _____, having been duly sworn, depost and attest that all the representations contained in this application are true and correct to the best of my knowledge, that I am a principal executive officer (President/Vice President) of the permittee and that this application for permit revision is being executed with my consent and has been executed by the person required by law.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	Typed Name
Notary Public	Official Title
My Commission Expires:	

ADVERTISEMENT FOR SIGNIFICANT PERMIT REVISION

INSTRUCTIONS	
This advertisement is for a single application for a Chapter 22A, Article 3 significant permit revision.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication	Final Date of Publication

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Street Address)

has submitted a application to the Division of Environmental Protection (DEP)

(DEP Regional Office Address)

for a **significant permit revision** to Article 3 permit number _____ in order to

(Describe significant revision)

The revised permit will discharge into _____ of _____
(Receiving Stream) (Major Subbasin)

and is located _____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

District of _____ County, Longitude _____ ° _____ ' _____ " and
 Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

*Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

*Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

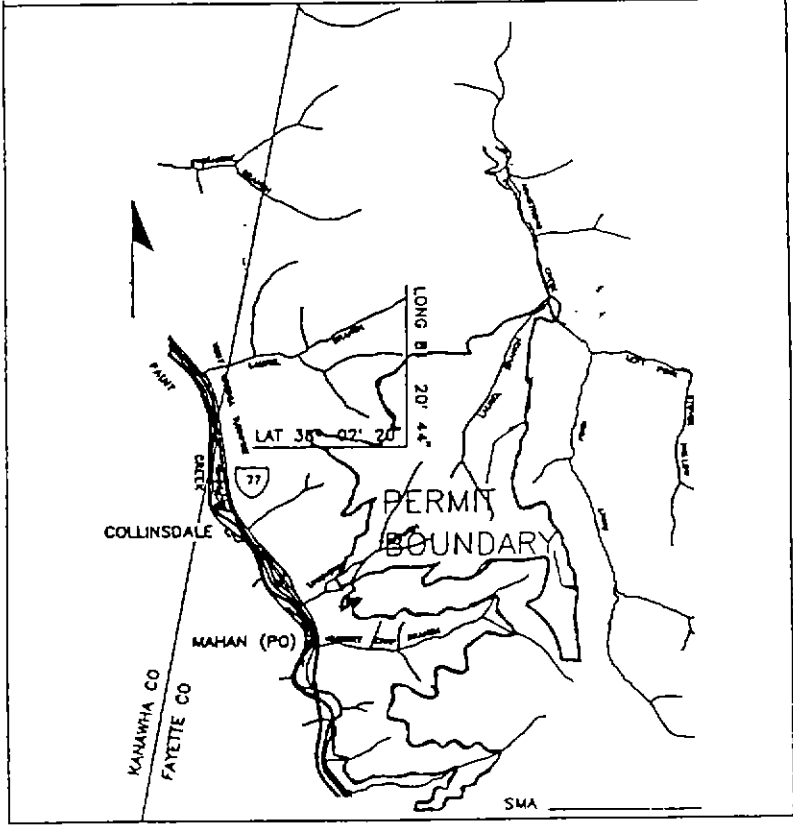
Written comments and/or requests for an informal conference of the surface mining application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ Permit No. _____

*These items are to be completed only for revisions which changes the boundaries of the current permit.

Include location map in accordance with 38-2-3.2(b)(2)

"COMPANY NAME"
LOCATION MAP
SCALE 1" = 1 MILE



Department of Commerce, Labor and Environmental Resources
Division of Environmental Protection



SURFACE
MINING
APPLICATION

August 1, 1993

*This application has been
prepared and is submitted
to DEP by:*

Individual Name: _____

Company Name: _____

Address: _____

Telephone No. _____

Office of Mining and Reclamation

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INTRODUCTORY NOTES

SURFACE COAL MINING APPLICATION DEP FORM "MR-4"

GENERAL

- Parts 1, 2, and 3 shall be submitted to the regional OMR Permitting Staff in separate binders no larger than 10-½" x 12". One original and two copies of the application shall initially be submitted: the original shall remain in the DEP regional office for review; one copy to be placed on file in the County Courthouse; and one copy to be submitted if NPDES application is included. After the technical review is completed, four additional copies shall be submitted.
- Applicant shall be responsible for revised pages to the application after an SMA No. is issued to indicate the revision date and name of person(s) inserting the revision in the upper right hand corner of each page(s) being revised. Voided pages shall be removed from the ORIGINAL application and marked "VOID", and placed in sequence in a binder which shall remain with the original application. The date voided and person(s) removing page shall be indicated in the upper right hand corner. The voided pages shall be removed from all "copies" of the application and disposed of by the applicant.
- Applications received in the regional office will be processed as rapidly as possible, consistent with the public participation and notification requirements of the regulations. Permit applicants are encouraged to meet with the regional office staff to discuss the proposed operations (including discharges). Applications which contain complete and accurate information will enhance the processing of the review and subsequent issuance without unnecessary delays.

Section A - Item 5.

- "Organizational Chart" shall consist of a boxes and lines diagram of the relationships between the applicant, its owners, "sister" companies, subsidiaries, and owners' owners. Chart provides a brief explanation of the relationships specified in items A-6 through A-11.

Section A - Item 12.

- Provide a complete listing of all operations connected to the applicant in any way through ownership or control relationships. It is to be construed broadly. Permits need not be held by or in the name of the applicant to be required to be listed.

- Complete this item for each entity listed in items A-6 through A-11, i.e., a separate listing of permits for each entity.
- "Person's Relationship to Permittee or Operator" is the relationship between the applicant or an owner/controller of the applicant AND the entity holding or operating on the permit listed. The person's relationship to the applicant will already be identified in items A-6 through A-11. However, the person's relationship to the entity involved with the operation listed may not be clear. For example, if the entity identified is also an officer of an unrelated company holding permits, entering "Vice President of Permittee" and a list of that company's permits is appropriate.

Section B - Item 2.

- "Name in which violation was issued" shall indicate the name of the entity, not the inspector or individual served. However, if the entity's name is clear, it is acceptable to also include the name of the individual served. "MSHA No." and "Date MSHA No. Issued" must be provided, even if this information was previously provided.

Section B - Item 3.

- "Name in which violation was issued" shall indicate the name of the entity, not the inspector or individual served. However, if the entity's name is clear, it is acceptable to also include the name of the individual served. "MSHA No." and "Date MSHA No. Issued" must be provided, even if this information was previously provided.
- "Name of Applicant or Person" is the name of the person or entity whose relationship is causing the violation to be listed. This entity will normally have an owner/controlling relationship (past or present) with both the applicant and the entity receiving the violation.

Section C - Item 1.

- "Principals" are defined as directors and owners of 10% or greater of the business entity.

Section C - Item 8.

- List the names and mailing addresses of all public water supply entities having interest in, or which may be impacted by the proposed operation. At a minimum, this should include all public water supplies within one-half mile of the mine or disturbed surface areas.

- List the names and mailing addresses of all sewage authorities which serve areas that overlay the proposed underground mine and/or augering limits. This requirement is necessary for mine subsidence evaluation.
- List the names and mailing addresses of all local governments in whose jurisdiction the mine portals and all surface disturbed areas are located; and areas which overlay, or which will overlay the underground mine.

Section C - Item 10.

- Courthouse Copy of Application - No later than the first day of the appearance of the newspaper advertisement, the applicant shall make a copy of the application available for public review in the county clerk's office where the mining activity is to take place. (A list of county clerk's offices for fulfilling this requirement is available upon request.) The applicant shall be responsible to revise the application as long as it is on public review. In addition, the applicant shall retrieve the application from the county clerk's office after end of comment period.

Section D - Item 2.

- If the application includes multiple mining categories and incremental bonding, open acre limit bonding, or combined operation bonding, it may be necessary to complete more than one bonding table.

Section F - Items 2. and 4.

- Refer to the Land Use Categories defined in the Surface Mining Reclamation Regulations.

Section H - Item 1.

- The applicant shall contact the Wildlife Resources District Biologist and provide a map and a brief description of the operation.

Section I - Item 3.

- Requirements for the analysis shall be provided by the DEP Regional Geologist.

Section I - Item 5.

- Slake Durability Analysis shall preferably be based on ASTM Method D 4644 - 87 (Franklin and Chandra Method). The system uses Slake Durability Index (SDI) to assess durability and is defined as the percentage retention measures by dry weight after two (2) cycles of testing. An SDI of at least 90 is considered as durable rock which can withstand surface mining conditions without significant degradation. This procedure will be the preferred standard and recognized Slake Durability Test. Other equivalent methods may be acceptable.

Section J - Item 2.

- Ground Water Inventory shall include all areas within one-half mile of the proposed operation, including underground mine and/or augering limits. If a Public Service District (PSD) well or ground water source is within this area, the applicant shall notify the PSD to determine if a well head protection zone has been declared. Inventory sites shall be identified on the geohydrologic map.

Section J - Item 3.

- In completing attachment J-3A, the description shall include the name of the stream according to the USGS map. Local names shall not be used.
 - Sampling sites shall be identified on the geohydrologic map.
- In completing attachment J-3B, the chart shall include minimum, maximum, and average for all parameters tested.

Section J - Item 4.

- In completing attachment J-4A, the description shall include:
 - the user of the well(s) or spring(s)
 - the mine name and coal seam for discharges from underground mines.
 - Sampling sites shall be identified on the geohydrologic map.
- In completing attachment J-4B, the chart shall include minimum, maximum, and average for all parameters tested.

Section N - Item 1.A.

- Dates in the timetable are estimates and will only be used by permit reviewers in reviewing the Mining and Reclamation Plan. The term "unreclaimed acres", as used in this timetable, means any part of the permit that does not meet Phase I requirements.

Section O - Item 1.

- The number of regrade cross sections for a proposed permit depends on the size, terrain, and complexity of the operation. For example, a ten acre underground mine may need one to two regrade cross sections. Whereas, a 300 acre surface mine may need six to eight. The cross sections shall extend at least 1000 feet beyond permit boundaries.

Section O - Attachment O-2

- In completing column 5, indicate the volume and area being reclaimed in each phase of mining.
- In completing column 6, indicate the volume of excess spoil and the site(s) in each phase of mining.

Section P - Item 10.

- If water treatment facilities other than sediment control are required, they shall be designed based on anticipated flow and quality of the water.

Section Q

- Applicant shall notify the Office of Miner's Health, Safety, and Training that an application has been submitted. The notification shall provide specific location, plan view, and cross sections of the primary haulageway. A copy of this notification and response, if applicable, shall be included in the application.

Section R - Item 5

- A Registered Professional Engineer (RPE) experienced in excess disposal shall provide certified calculations and documentation that each durable fill contains at least 80%, by volume, of durable material.

Section T - Item 4.

- The pre-blast survey map shall identify ALL structures, including outbuildings. The vacant structures and outbuildings shall be clearly identified on the map. Prior to any blasting activities, it may be necessary to verify that structures listed as vacant are still vacant.

Section U

- Provide latitude, longitude, and elevations for all water monitoring sites.

Section X Maps and Designs

- It is preferred by DEP that Drainage and Proposal Maps be separate. However, a combined Drainage/Proposal map can be utilized only if the map is not difficult to read.
- Maps and Designs shall be placed in the order in which the application requests the information. The proposal and drainage maps shall be placed last in this section.
- Drainage Map shall consist of all information as required in 3.4(a), (b), (c), and (e) of the Surface Mining Reclamation Regulations.
- Proposal/Preplan Map shall consist of all information as required in 3.4(a), (b), (c) and (d) of the Surface Mining Reclamation Regulations.
- Supplemental maps for underground mining shall consist of all information as required in 3.4(a), (b), (c) and (f) of the Surface Mining Reclamation Regulations.
- No map, cross section, or plan shall be smaller than 8½" x 11" or larger than 30" x 42".
- Plans or cross sections shall have the following information placed on the right side or lower right corner:
 - Title
 - Date prepared and date of all revisions
 - Name of person or consultant who prepared plan/cross section
 - Scale
 - Mine/Facility Name
 - Contour intervals, if applicable
 - Legend, including symbols and colors used
 - If applicable, notarized certification by approved person
- Maps shall have the following information placed on the right side or lower right corner:
 - Title
 - Date prepared and date of all revisions
 - Name of person or consultant who prepared map
 - Mine/Facility Name
 - Scale
 - Legend, including symbols and colors used
 - If applicable, notarized certification by approved person
 - Location to include County, District and Quadrangle name
 - North arrow, dip and strike in upper right corner
 - Location map shall be on the proposal map in upper right corner at a minimum size of 4" x 4"

SECTION A

SURFACE COAL MINING APPLICATION

STATE OF WEST VIRGINIA

MR-4

Revised 8/1/93

Part I: Administrative Information

Applicant Name	SMA No.
MSHA No. NPDES No.	
Filing Fee: <input type="checkbox"/> Article 5A <input type="checkbox"/> Article 3 Amount \$	DEP Region

Section A: Applicant Ownership and Control Information

NOTES: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

To facilitate the review of ownership and control data submitted, it is recommended that an organization chart of the applicant's ownership structure be submitted. "Organizational Chart" shall consist of a boxes and lines diagram of the relationships between the applicant, its owners, "sister" companies, subsidiaries, and owners' owners. Chart provides a brief explanation of the relationships specified in this application.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other entity.

A-1. Applicant Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

A-2. Identify resident agent for service of process in West Virginia:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

A-3. Identify entity who will pay Federal abandoned mine land reclamation fees (if different from applicant):
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

A-4. Has the applicant previously submitted to DEP sufficient documentation to establish the legal structure of the applicant and have an approved Centralized Ownership and Control File?

Yes No

If Yes, include a copy of the most recent certification submitted to the Centralized Ownership and Control File (COCF) and identify as attachment A-4.

A-5. A. Indicate legal structure of applicant:

Sole Proprietorship (Complete A-6)

Partnership (Complete A-7)

*Corporation: State of Incorporation _____ Date of Incorporation _____
(If State of Incorporation is not WV, date of
Certificate of Authority to conduct business in WV _____)

*Limited Liability Company: State of Organization _____ Date _____

*Association

*Other: Specify _____

*Complete A-8

B. Complete the following appropriate items and attach sufficient notarized documents and identify as attachment A-5. Check below the type of documents included:

Certified copy of "Certificate of Incorporation", "Certificate of Authority", "Articles of Organization" or other appropriate document from the Office of Secretary of State and a certified copy of the most recently filed Corporation License Tax Return.

Notarized Copy of Partnership Agreement

Certified Copy of "Certificate of Limited Partnership"

Certified Copy of "Certificate of Registration of True Name" with county of registration (for use of assumed name or "d/b/a")

A-6. If applicant is a SOLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

A-7. If applicant is a PARTNERSHIP, list all partners, including limited partners. If any partner listed below is a business entity and not an individual, also complete item A-11 for that entity:
 If N/A, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Official title within partnership _____
 Beginning date of ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-7. No. of additional entries _____

A-8. If applicant's legal structure is other than a sole proprietorship or partnership, provide all information requested below for: Owners or Stockholders owning ten percent (10%) or more of any class of voting stock; All officers such as President, Vice President, Secretary, Treasurer, Directors; any other person performing a function similar to a Director; and for limited liability companies, all Members and Managers. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.
 If N/A, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Date Title/Position was Assumed _____ Official Title/Position _____
 Beginning date of Ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-8. No. of additional entries _____

A-9. Identify below all persons who have the authority or ability to commit the financial, real property assets or working resources of the applicant or who may have the authority to determine the manner in which the proposed surface mining operation is conducted who are not otherwise identified as owners, officers, or directors of the applicant. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.
 If NONE, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Date Title/Position was Assumed _____ Official Title/Position _____
 Beginning date of Ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-9. No. of additional entries _____

A-10. Does the applicant own all of the coal to be mined? Yes No

If No, identify below all legal sources by which the applicant has the authority to mine all of the coal and complete a. and b. below: **Note: DEP may require copies of these documents.**

LEASE SUBLEASE AGREEMENT OTHER CONTRACT

a. Identify every person, other than the applicant, owning or controlling the coal to be mined **AND having the right to receive it after mining.** If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Relationship _____

b. Identify every person, other than the applicant, owning or controlling the coal to be mined **AND having the authority to determine the manner in which the proposed surface mining operation is conducted.** If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Relationship _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-10a. or b. No. of additional entries _____

A-11. Complete this item whenever a business entity (rather than an individual) is listed in items A-7, A-8, A-9, A-10 or A-11. Identify below the corresponding item in which the entity is listed:

A-7 A-8 A-9 A-10 A-11

Name of Entity _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Ownership/Control relationship to applicant _____

Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Official Title/Position _____ Date Title/Position was Assumed _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-11. No. of additional entries _____

A-12. Identify below all permit **applications pending** and all **permits held** within the five (5) years preceding the date of this application for surface coal mining operations in the United States owned or controlled by the applicant and/or any person listed in items A-6, A-7, A-8, A-9, A-10 or A-11. Include all operations that the applicant and/or any person is deemed or presumed to own or control through contract, subcontract, lease, sublease, license, or other contractual relationship, regardless of the entity holding the permit.

Name of applicant or person _____
Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-12.

SECTION B

Section B: Applicant Violation Information

- B-1. Has the applicant or any person listed in items A-6, A-7, A-8, A-9, A-10, or A-11 or any subsidiary, affiliate, or person controlled by or under common control with the applicant:
- A. Had a Federal or State coal mining permit suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No
- B. Forfeited a reclamation performance bond or a security deposited in lieu of bond? Yes No

If Yes to A. or B. above, complete the following:

Name of Applicant or Person _____

Permittee _____

Permit No. _____ Date of Issuance _____

Regulatory Authority suspending/revoking the permit _____

Stated reason for action _____

Bond Amount Forfeited _____

Current status _____

If the applicant or person has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment B-1.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____

Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment B-1. No. of additional entries _____

- B-2. Provide a list for any violation of a provision of the Act or these regulations and any other Federal or State laws, rules and regulations pertaining to air, water, and/or environmental protection incurred in connection with any surface mining operation received by the applicant during the three (3) year period preceding the application date. The list shall consist of the following information: If NONE, check here:

Use attachment B-2 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Violation Number
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation
- Abatement actions taken
- Current Status of proceedings and violation notice: NOTE: If administrative or judicial proceedings, provide: Date; Location; Type of proceedings

NOTE: Attach pages as needed using attachment B-2.

B-3. Provide a list of all **unabated** cessation orders, and **unabated** air and water quality violation notices received prior to the date of the application by any surface mining reclamation operation owned or controlled by **either** the applicant or by any person who owns or controls the applicant listed in items A-6, A-7, A-8, A-9, A-10, or A-11:

If NONE, check here:

Use attachment B-3 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Violation Number
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation notice
- Abatement actions taken
- Current Status of proceedings and violation notice: NOTE: If administrative or judicial proceedings, provide: Date; Location; Type of proceedings

NOTE: Attach pages as needed using attachment B-3.

B-4. Will mine operator(s) be different from applicant?

Yes No

If Yes, it is necessary to complete and submit as a separate application the "Application for Operator Assignment " to the appropriate DEP Office.

Section C: Property Information

C-1. Provide a list of the **names and addresses** of each legal or equitable owner of record of the **surface and mineral** property to be mined, each **holder of record of any leasehold interest in the property to be mined**, and **any purchaser of record under a real estate contract for the property to be mined**. Identify each owner by the following classes:

Note: If name listed is a business entity and not an individual, provide names and addresses of officers, directors, and owners of 10% or more and identify as attachment C-1.

- (SO) Surface Owner Only
- (MO) Mineral Owner Only
- (SMO) Surface and Mineral Owner
- (LI) Leasehold Interest
- (RE) Real Estate Purchaser

NOTE: Attach additional entries as needed using the format below and identify as attachment C-1. No. of additional entries _____

NAME	ADDRESS	OWNER CLASS SO / MO / SMO / LI / RE

C-2. For each owner listed in C-1, provide below a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface coal mining operations.

Note: DEP may require copies of these documents.

OWNER OF RECORD	DOCUMENT TYPE	GRANTOR OF RIGHT	DATE OF EXECUTION	LOCATION WHERE FILED

C-3. Are any rights identified in C-2 the subject of pending court litigation?

- Yes No

If Yes, provide the names of the parties, the court and the case number involved below:

NAME	COURT	CASE NUMBER

C-6. Complete the following to indicate whether or not any portion of the proposed permit area is:

Yes No

- within any lands under study for designation as unsuitable for surface coal operations;
- within the boundaries of the National Park System;
- within the boundaries of the National Wildlife Refuge System;
- within the boundaries of the National System of Trails;
- within the boundaries of the National Wilderness Preservation System;
- within the boundaries of the wild and scenic rivers system, including "study" rivers;
- within the boundaries of any National Recreation Areas;
- within the boundaries of any National Forest;
- will adversely impact any publicly-owned park or places included in, or may be eligible to be included in, the National Register of Historic Sites, or National Register of Natural Landmarks;
- within 300 feet of any public building;
- within 300 feet of any school;
- within 300 feet of any church;
- within 300 feet of any community or institutional building;
- within 300 feet of any public park; or
- within 100 feet of a cemetery;

If any of the above is Yes, provide proof of Valid Existing Rights (VER). Identify as attachment C-6.

C-7. Complete the following to indicate whether or not any portion of the proposed permit area is:

- A. within 100 feet of the right-of-way of any public road, except where mine haulage or access road joins such right-of-way; Yes No
If Yes, provide the basis for this response and identify by checking the item(s) which apply
- Proof of Valid Existing Rights; or
- Public Notice by Advertisement.
- B. within 300 feet of any occupied dwelling; Yes No
If Yes, provide the basis for this response and identify by checking the item(s) which apply
- Proof of Valid Existing Rights; or
- Notarized written waivers which identify the dwelling(s) by number (corresponding to the proposal map).

C-8. Is the proposed permit area within the boundaries of the following:

Yes No

 any governmental planning agencies that have jurisdiction to act regarding land use, air, or water quality planning?

 any water companies or municipal authorities that provide sewage or water service or that have facilities, including sources of water supply?

If Yes, provide names and mailing addresses below:

NAME	ADDRESS

C-9. Include a list of all lands, interests in lands, or options on such interests held by the applicant or pending bids on interests in lands by the applicant, which lands are contiguous to the area to be covered by this application. Identify as attachment C-9. If None, check here:

C-10. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of intent to mine. Identify as attachment C-10.

Check below the special items which have been included in the public notice of intent to mine:

 Joint Article 3/Article 5 Advertisement

 Mining within 100 feet of the outside right-of-way of a public road

 *Relocation or closure of a public road

 Land use change

NOTE: Certification of publication must be submitted within four weeks after last date of publication.

***Requires permission from the authority with jurisdiction over the public road**

Section D: Insurance/Bonding Information

Applicant: _____

SMA/Permit Number: _____

D-1.	Include a current Certificate of Insurance and Acknowledgement of Insurance: Policy Number _____ Expiration Date _____
-------------	---

D-2.	Site Specific Performance Bond - Check below and complete the bonding method:
-------------	---

Full Permit Bonding:

To Be Completed By Applicant	To Be Completed By DEP	
Total Permit Area (Acres)	Bond Amount Per Acre	Total Bond Amount
	\$ _____	\$ _____

Multiple Mining Categories Bonding:
If two or more of the four major mining categories is proposed

To Be Completed By Applicant		To Be Completed By DEP	
Major Mining Category	Total Category Area (Acres)	Bond Amount Per Acre	Total Bond Amount

Incremental Bonding: Total Increments as indicated on Proposal Map _____
(\$10,000.00 minimum for each increment)

NOTE: If Incremental Bonding is proposed, applicant must submit this page with each subsequent increment along with an incremental bonding map drawn to scale to clearly identify the number and boundary of each increment.

To Be Completed By Applicant		To Be Completed By DEP	
Increment No.	Total Increment Area (Acres)	Bond Amount Per Acre	Total Bond Amount

Combined Operation Bonding:

NOTE: If permit proposes a combination of surface and/or multiple underground operations, complete this section and submit separate bonds (minimum \$10,000.00) for each operation.

To Be Completed By Applicant		To Be Completed By DEP	
SMA No.	Total Permit Area (Acres)	Bond Amount Per Acre	Total Bond Amount

Open Acre Limit Bonding:

To Be Completed By Applicant			To Be Completed By DEP	
ACRES	GENERAL BOND	ANCLLARY FACILITIES BOND	OPEN-ACRE LIMIT BOND	TOTAL BOND AMOUNT
	X \$750.00			= \$
		X \$ 1,000.00		= \$
			X \$	= \$
				= \$

SECTION E

Section E: Applicant's Certification of Application

E-1. Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a current certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment E-1.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: After the applicant has been notified that the application is approved, but before the permit is issued, the applicant shall provide an update of the information in Part I, OR indicate in writing that no change in this information has occurred.

PART II

SECTION F

SURFACE COAL MINING APPLICATION

STATE OF WEST VIRGINIA

MR-4

Revised 8/1/93

Part II: Environmental Resource Information

Applicant Name _____	SMA No. _____
Mine Name _____	
Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "	NPDES No. _____
Total Surface Acres _____	MSHA No. _____

Section F: Land Use Information

F-1. Did the applicant's reconnaissance inspection or soil survey indicate that all or any part of the proposed permit area is prime farmland? Yes No

If Yes, submit a soil survey to confirm the exact location of such lands. Identify survey as Attachment B-1 and delineate the area of prime farmland on the PROPOSAL MAP.

If No, provide the basis for this response by checking the item(s) which apply:

- No land within the proposed permit area has been historically used for cropland.
- The slope of all land within the proposed permit area is ten percent (10%) or greater.
- Other factors (i.e. rocky surface, frequent flooding) disqualify the land as prime farmland.
- A qualified person other than the applicant has conducted a soil survey and determined in writing that no prime farmland is present. Identify this determination and provide results of the soil survey. Identify as Attachment F-1.

F-2. Indicate the existing land uses within the proposed permit area:

- | | | |
|--|---|--|
| <input type="checkbox"/> Forestland | <input type="checkbox"/> Hayland or Pasture | <input type="checkbox"/> Cropland |
| <input type="checkbox"/> Water Impoundments | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial/Commercial |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Rangeland | <input type="checkbox"/> Commercial Woodland |
| <input type="checkbox"/> Fish & Wildlife Habitat
and Recreation lands | <input type="checkbox"/> *Previously Mined
and Not Reclaimed | <input type="checkbox"/> **Combined Uses |

*Delineate on PROPOSAL MAP those areas that were previously mined and not reclaimed.

**Designate primary (1) and secondary (2) land uses above .

F-3. Has there been a land use change during the five (5) years preceding the date of this application?
 Yes No

If Yes, describe the historic land use: _____

F-4. A. Indicate the postmining land uses below. Describe the methodology for the determination, and the maintenance program for said postmining land use and identify as attachment E-4.

- | | | |
|--|---|--|
| <input type="checkbox"/> Forestland | <input type="checkbox"/> Hayland or Pasture | <input type="checkbox"/> Cropland |
| <input type="checkbox"/> Water Impoundments | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial/Commercial |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Rangeland | <input type="checkbox"/> Commercial Woodland |
| <input type="checkbox"/> Fish & Wildlife Habitat
and Recreation lands | <input type="checkbox"/> **Combined Uses | |

**Designate primary (1) and secondary (2) land uses above .

B. If a postmining land use change is indicated, the premining land use and postmining land use must be included in the advertisement. The request for postmining land use change must meet the criteria described in the Surface Mining Reclamation Regulations.

F-5. Provide, using the best information available, a description of the productivity of land prior to mining and the average yield of food, fiber, forage or wood products from such lands obtained under high levels of management. Identify as attachment F-5.

F-6. Provide, using the best information available, a description of the land's capability to support a variety of uses prior to mining AND after reclamation. Identify as attachment F-6.

SECTION G

Section G: *Parks and Historic Lands Information*

G-1. Will any publicly-owned parks be affected by the proposed operation? Yes No
 If Yes, name and locate them on the PROPOSAL MAP and describe the measures to be taken to minimize or prevent adverse impacts from mining on these areas. Identify as attachment G-1.

G-2. Describe any cultural or historic resources listed, or eligible for listing on the National Register of Historic Places and any known archeological sites within the proposed permit area and adjacent areas. Include a description of the measures to be taken to protect these resources. Identify as attachment G-2.
 If None, check here:

G-3. The applicant shall provide to DEP, as a separate package, the following information for the State Historic Preservation Officer (SHPO) review and subsequent response.

- Two topographic maps of the proposed mining site and surrounding areas;
 - One at a scale of 1" to 500', color coded to show the boundaries and extent of the proposed surface mining operation; and
 - One at a scale of 1" to 2000' which show boundaries of the proposed surface mining operation.
- Photographs of any structures (excluding trailers and temporary buildings, any structure built within the past twenty-five years, and equipment) situated on the proposed surface mining operation and directly adjacent to the operation; and
- A statement of the conditions of the proposed surface mining operation with particular attention given to any known historic, cultural, or archeological resources.

Identify as attachment G-3.

Section H: Fish and Wildlife Information

H-1. Include fish and wildlife resources information for the proposed permit area and adjacent area. Identify as attachment H-1.

H-2. Are any listed or proposed endangered or threatened species of plants or animals or their critical habitats likely to be present within the proposed permit and/or adjacent area?
 Yes No

A. If Yes, identify the species or habitat and describe all protection and/or enhancement measures to be utilized and include a map identifying location relative to proposed permit area. Identify as attachment H-2.

B. If No, attach the State or Federal Wildlife Biologist's written documentation to verify this determination. Identify as attachment H-2.

H-3. Will any important streams, wetlands, riparian areas, cliffs supporting raptors, or other habitats of unusually high value for fish and wildlife be impacted by the proposed operation?
 Yes No

A. If Yes, delineate boundaries in the PROPOSAL AND DRAINAGE MAPS and complete the following:

Wetlands (acres)	Stream (miles)
Riparian Area (acres)	Others (specify)

B. If No, attach the State or Federal Wildlife Biologist's written documentation to verify this determination. Identify as attachment H-3.

H-4. Include a description of how, to the extent possible using the best technology currently available, the operator will minimize disturbances and adverse impacts on fish and wildlife and related environmental values during the surface mining and reclamation operations and how enhancement of these resources will be achieved where practicable. Identify as attachment H-4.

SECTION I

Section I: Geologic Information

NOTE: The geologic information being required shall address both the areal and structural geology and related information of both the proposed permit and adjacent areas down to and including the deeper of either the stratum immediately below the lowest coal seam to be mined, or any aquifer which may be adversely impacted below the lowest coal seam to be mined.

I-1. Provide the following information for all coal seam(s), rider(s), and/or refuse to be mined, processed, stockpiled, or affected by the proposed operation.

COAL, RIDER SEAM(S) AND/OR COAL REFUSE (USGS NAME)	THICKNESS (INCHES)	SULFUR FORMS (%)			
		ORGANIC	PYRITIC	SULFATE	TOTAL

NOTE: Acid-producing coal seams include but are not limited to the Waynesburg, Washington, Freeport, Sewickley, Redstone, Pittsburgh, Kittanning, Elk Lick, Peerless, No. 2 Gas, Upper Eagle, No. 5 Block, and Stockton Lewiston.

I-2. Is gravity discharge anticipated from a proposed underground mine or augering area?
 Yes No N/A
 If Yes, and coal seams are defined as acid-producing, provide site-specific data demonstrating that the seams to be mined are not acid-producing or iron-producing in the location of the proposed mine. Identify as attachment I-2.

I-3. Is coal fly ash usage proposed?
 Yes No
 If Yes, provide analysis to show its chemical properties. Identify as attachment I-3.

I-4. Is coal processing refuse disposal proposed?
 Yes No
 If Yes, provide overburden analysis to show its chemical properties. Use attachment I-11.

I-5. Are durable rock fills proposed?
 Yes No
 If Yes, provide slake durability analysis. Use attachment I-11.

I-6. Does the applicant request a waiver of the requirement to provide certain geologic information?

Yes No

If Yes, address A. and B. below:

A. Check the type of waiver requested:

- Results of test borings as requested in I-11.
 Engineering properties of soft rock for underground mines as requested in I-12.

B. Provide the specific source of existing equivalent information available upon which the request of waiver is based: Identify as attachment I-6.

I-7. Provide certified geologic cross-sections which include the following:
Identify as attachment I-7.

- A. Nature and depth of the various strata or overburden including geologic formation names and/or geologic members as described by the U.S. Geological Survey or other published geologic reports;
- B. Presence of any known structural features such as faults, fractures, anticlines, synclines, and monoclines;
- C. Depth of weathering identified during exploration and drilling;
- D. Nature and thickness, in inches, of all coal or rider seams above and immediately below the proposed coal seam(s) to be mined;
- E. Nature and thickness of the stratum immediately beneath the lowest coal seam to be mined;
- F. Vertical distribution of aquifers and the name(s) of the stratum (or strata) in which the water is found. For each aquifer system, show the seasonal fluctuations in head and general water quality information. Also, provide appropriate cross-references to the detailed water quality information under the baseline ground water information section.
- G. Denote any potentially acid-producing materials, topsoiling, and durable materials.

I-8. Provide a certified geohydrologic map identifying the following:

NOTE: Proposal map can be utilized only if this additional information does not make the map difficult to read.

- A. Locations (latitude and longitude) and elevations of all bore holes and sampling sites;
- B. All mineral croplines and the strike and dip of the coal to be mined;
- C. Existing or previous surface mining limits with their permit numbers;
- D. Location and extent of known workings of any underground mines and auger mined areas, including mine openings to the surface. Label these openings as to whether they are currently discharging water or are known to have discharged water in the past;
- E. Areal extent of aquifers with the name(s) of the stratum (or strata) in which the water is found and show the anticipated direction of water movement;
- F. Location and depth of all oil and gas wells, and their Office of Oil and Gas permit numbers, for all wells which are within the proposed mining limits (surface or underground) and/or within 1000 feet of the proposed permit boundary;
- G. Presence and attitude of any known structural features such as faults; axial traces of synclines, anticlines, and monoclines; and any recognized fracture patterns of lineament traces;
- H. Location of geologic cross-section(s).

I-9. Provide a detailed geologic description of the permit and adjacent areas which includes the following: Identify as attachment I-9.

- A. Stratigraphic and lithologic descriptions of the area to be affected by mining;
- B. Hydrogeologic setting including the areal and vertical distribution of all aquifers; seasonal differences in head; the name(s) of the stratum (or strata) in which the water is found; and the availability, movement, quality, and quantity of ground water flow in all aquifer units;
- C. Structural geology of the coal seam and the strata to be affected by mining both in the permit and adjacent areas, including faults, folds, fracture and lineament traces, and regional and site specific strike and dip;
- D. Geochemical character of all strata and coal to be disturbed by mining and the potential of this strata for generating acid, alkaline, or iron-laden drainage;
- E. Depth and degree of weathering of area strata and the effects this weathering has on the physical and geochemical properties of the overburden proposed for disturbance;
- F. Effects of fracturing and weathering on the extraction of coal and the hydrologic regime;

NOTE: I-9 is continued on Page 23

- G. Anticipated impacts of all proposed and existing operations on the geology and hydrology of the area, including impacts resulting from multiple seam mining and subsidence;
- H. For underground mining operations (including auger mining) indicate whether or not there is the potential for gravity discharge(s) and the anticipated quantity and quality of the discharge(s) from each potential discharge site. For non-gravity discharge situations, indicate the potential for seepage along the outcrop barrier and the potential hydraulic head which might result in the underground workings. Indicate if the potential discharge will require chemical treatment.

I-10. Complete Geologic Borehole Log for all test borings and coreholes in the proposed permit and adjacent area. Use attachment I-10.

I-11. Provide a statement of results of the test borings or core samples for the proposed permit and adjacent areas. Use attachment I-11.

I-12. Provide for room and pillar mining operations the thickness and analyzed engineering properties of clays or soft rock in the stratum immediately above and below each coal seam to be mined. Identify as attachment I-12.

I-13. Will topsoil substitute be utilized? Yes No

If Yes, include analysis of original topsoil, topsoil substitute, and appropriate certifications. Demonstrate that the proposed substitute material is of sufficient quantity and equally suitable for sustaining vegetation as the existing topsoil and the resulting soil medium is the best available in the permit area to support vegetation. Identify as attachment I-13.

SECTION J

Section J: Hydrologic Information

J-1. Identify on the proposal map all surface water and ground water bodies on the proposed permit area, adjacent areas and areas over the proposed mineral extraction.

J-2. Provide a Ground Water Inventory on the proposed permit area, adjacent areas and areas over the proposed mineral extraction. Use attachment J-2.

J-3. Provide Baseline Surface Water Quality and Quantity Information for the proposed permit area, adjacent areas and areas over the proposed mineral extraction. Use attachments J-3A and B.

J-4. Provide Baseline Ground Water Quality and Quantity Information for the proposed permit area, adjacent areas and areas over the proposed mineral extraction. Use attachment J-4A and B.

J-5. Are there significant aquifers on the proposed permit area, adjacent areas and/or areas over the proposed mineral extraction? Yes No

If Yes, provide a description to include discharge rates or usage and depth to water under seasonal conditions. Identify as attachment J-5.

J-6. Provide a statement describing the **Probable Hydrologic Consequences (PHC)** of the proposed mining operation, with respect to the hydrologic balance, on the permit area, adjacent areas, and over the proposed mineral extraction. Identify as attachment J-6. The statement must provide the following information:

WATER QUANTITY:

- Whether the proposed operation may result in water supply diminution or interruption for any ground or surface water source currently being used for domestic, agricultural, industrial, or any other legitimate purpose;
- Potential impact the proposed operation will have on flooding or streamflow alteration, including channel scouring and dewatering of streams;
- Whether the proposed operation will disturb aquifers that significantly insure water use;
- Potential effects of the proposed operation on ground and surface water availability.

WATER QUALITY:

- Whether the proposed operation may result in water supply contamination for any underground or surface water source currently being used for domestic, agricultural, industrial, or any other legitimate purpose;

NOTE: J-6 is continued on Page 25

- Whether acid or toxic forming materials are present which could result in the contamination of surface or ground water;
- Potential impact the proposed operation will have on sediment yield;
- Potential impacts resulting from increases in total hot acidity, total suspended solids, dissolved solids, and other important water quality parameters.

GRAVITY DISCHARGE/OUTCROP SEEPAGE:

- Potential for gravity discharge from the underground workings during and after mining, the potential impacts resulting from the complete failure of the outcrop barrier, and the formation of outcrop seepage faces. (Provide calculations)

PROTECTION OF THE HYDROLOGIC BALANCE:

- Preventive and remedial measures to minimize the potential of acid mine drainage.
- Measures to assure the protection of the quality and quantity of surface and ground water systems.
- Measures to be taken to prevent, to the extent possible, contributions of suspended solids.
- Measures to be taken to restore, enhance, protect, or replace the approximate premining recharge capacity.
- Measures to be taken to prevent, control, or mitigate the adverse impacts of gravity, seepage, or pump discharges from underground mines and/or augering, if applicable.
- Preventive and remedial measures to prevent any other potential adverse hydrologic impacts.

J-7. Does the PHC indicate that a currently used or significant ground water resource is likely to be contaminated, diminished, or interrupted? Yes No

If Yes, provide the following information: Identify as attachment J-7.

- A. Identify the alternative water source(s) and provide a detailed description of any aquifer, developed or undeveloped, proposed as an alternative water source;
- If the alternative source(s) is developed , show the location on the proposal map using designation AW-1, AW-2, etc.
 - If the alternative source(s) is undeveloped, provide proposed plans and specifications.
- B. Provide water quality and quantity data demonstrating its suitability for the identified use(s).

J-8. Does the PHC indicate that a currently used or significant surface water resource is likely to be contaminated, diminished, or interrupted? Yes No

If Yes, provide the flood flows, base flows, and other characteristics to fully evaluate such probable hydrologic consequences as water availability and suitability for both the premining and postmining land use in order to plan remedial and reclamation activities.

Identify as attachment J-8.

J-9. Is a waiver of ground water monitoring requested? Yes No

A. If Yes, identify each individual water-bearing stratum for which a waiver is requested and demonstrate by use of the PHC determination and other available baseline hydrologic and geologic information that the particular water-bearing stratum is not one which serves or may potentially serve as a significant aquifer or one which ensures the hydrologic balance within the cumulative impact area.

B. If No, provide letter(s) of permission to monitor domestic water supplies proposed as monitoring sites. Identify as attachment J-9.

NOTE: The ground water and surface water monitoring plans are to be included in Section U of this application.

J-10. Provide copies of original laboratory data sheets for the surface water and ground water baseline monitoring sites. Identify as attachment J-10.

SECTION K

Section K: NPDES Information

K-1. Include an accurate and complete National Pollutant Discharge Elimination System (Article 5A/WVNPDES) application or modification to an existing NPDES Permit.

SURFACE COAL MINING APPLICATION

STATE OF WEST VIRGINIA

MR-4

Revised 8/1/93

Part III: Mining and Reclamation Information

General Application Information

Applicant Name: _____	SMA No. _____
Mine Name: _____	
Latitude _____° _____' _____" Longitude _____° _____' _____"	
Nearest P O _____ Nearest Public Rd. (Rt. #) _____	
Quadrangle Name _____ No. _____	NPDES No. _____
Coal Seam(s) to be Mined: _____	MSHA No. _____

Applicant Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
If applicable, Mine Site Telephone Number () _____

Indicate below by County and District the total surface acres proposed to be permitted by this operation:

SURFACE ACRES	COUNTY	DISTRICT
TOTAL ACRES:		

DRAINAGE PATTERN:		
Major Watersheds are: Potomac; Kanawha; Tug; Ohio; Monongahela		
RECEIVING STREAM	TRIBUTARY OF	MAJOR WATERSHED

Section L: Variance/Waivers

L-1 In the following table, identify by checking all variances and waivers contained in this application for which the applicant is requesting approval. Only those variances and waivers identified will be considered. If NONE, check here:

TO BE COMPLETED BY APPLICANT			TO BE COMPLETED BY DEP		
X	VARIANCE/WAIVER REQUESTED	APPLICATION ITEM NO.	APPROVED		DEP REVIEWER
			YES	NO	
	Within 100 feet of public road right-of-way	C-7			
	Closing or relocating a public road	C-10			
	Post mining land use change	F-14			
	Results of Test Borings	I-6			
	Engineering Properties of Soft Rock	I-6			
	Topsoil Substitutes	I-13			
	Ground water monitoring during mining	J-9			
	Contemporaneous reclamation variance	O-4			
	AOC variance	O-5			
	Within 100 feet of a stream	P-1			
	In-stream drainage control	P-2			
	Alternative Storage Requirements	P-5			
	Permanent Impoundments	P-6			
	Permanent Roads	Q-1			
	Subsidence Control Plan	S-3			
	Co-mingling of waters	S-6			
	Discharges into underground mine workings	W-1			
	List Other Requests Below:				

SECTION M

Section M: General Mining Information

M-1. Provide the anticipated coal production for this proposed operation:

ANNUAL PRODUCTION		PERMIT LIFE PRODUCTION	
Auger	(Tons)	Auger	(Tons)
Strip	(Tons)	Strip	(Tons)
Deep	(Tons)	Deep	(Tons)
TOTAL ANNUAL	(Tons)	TOTAL LIFE	(Tons)

M-2. Indicate the types and methods of operation:

<input type="checkbox"/> SURFACE	<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> OTHER
<input type="checkbox"/> Area Mine	<input type="checkbox"/> Longwall	<input type="checkbox"/> Preparation Plant
<input type="checkbox"/> Mountaintop	<input type="checkbox"/> Room and Pillar	<input type="checkbox"/> Refuse Disposal
<input type="checkbox"/> Contour	<input type="checkbox"/> < 80%	<input type="checkbox"/> Haulroad
<input type="checkbox"/> Steep Slope	<input type="checkbox"/> > 80%	<input type="checkbox"/> Impoundments (Dams)
<input type="checkbox"/> Auger		<input type="checkbox"/> Loading Facility
<input type="checkbox"/> Highwall Miner		

M-3. Indicate the major types of equipment that will be used:

<input type="checkbox"/> Draglines:	<input type="checkbox"/> Hydraulic Excavators	<input type="checkbox"/> Shovels	<input type="checkbox"/> Backhoes
Cu. Yds	<input type="checkbox"/> Trucks (Off Road)	<input type="checkbox"/> Drills	<input type="checkbox"/> Loaders
<input type="checkbox"/> Dozers	<input type="checkbox"/> Other - Specify:		
<input type="checkbox"/> Pans			

M-4. Indicate the facilities that will be constructed and/or utilized and indicate location of facilities on the PROPOSAL MAP.

A. DRAINAGE STRUCTURES

<input type="checkbox"/> Impoundments	<input type="checkbox"/> Diversions
<input type="checkbox"/> Dugout	<input type="checkbox"/> Permanent
<input type="checkbox"/> Embankment	<input type="checkbox"/> Temporary
<input type="checkbox"/> Sediment Channels	<input type="checkbox"/> Stream

B. EXCESS SPOIL DISPOSAL

<input type="checkbox"/> Valley Fill	<input type="checkbox"/> Existing Bench Fill
<input type="checkbox"/> Durable Rock Fill	<input type="checkbox"/> Underground Mine Works
<input type="checkbox"/> Side Hill Fill	

C. TRANSPORTATION

<input type="checkbox"/> Haulageways	<input type="checkbox"/> Chutes for Coal Transport
<input type="checkbox"/> Primary Road	<input type="checkbox"/> Gravity Transport
<input type="checkbox"/> Infrequently Used Access Road	<input type="checkbox"/> Surface Conveyor

D. COAL AND NON-COAL DISPOSAL

<input type="checkbox"/> Coal Refuse Disposal	<input type="checkbox"/> Coal Waste Disposal
<input type="checkbox"/> Slurry Impoundment	<input type="checkbox"/> Non-Coal Waste Disposal
<input type="checkbox"/> Coal Stockpile Acres:	<input type="checkbox"/> Other

E. OTHER FACILITIES

<input type="checkbox"/> Coal Preparation Tons Per Hour:	<input type="checkbox"/> Loading
<input type="checkbox"/> Underground Mine Entries	<input type="checkbox"/> Bathhouse
<input type="checkbox"/> Ventilation Shaft/Slope	<input type="checkbox"/> Substations and Power Poles/Lines
<input type="checkbox"/> De-Gasification Wells	<input type="checkbox"/> Pumping and Water Treatment
<input type="checkbox"/> Supply Yards	<input type="checkbox"/> Silo Capacity in Tons:
<input type="checkbox"/> Maintenance Shop	

Section N: Mining and Reclamation Plan

N-1. A. Indicate below the estimated timetable by month and year for each phase of the operation.

PHASE	MINING			RECLAMATION			UNRECLAIMED
	START	END	ACRES	START	END	ACRES	ACRES
I							
II							
III							
IV							
V							

B. Provide a detailed narrative which describes the major mining and reclamation activities of each phase of the proposed operation. The narrative shall also address the following: Identify as attachment N-1.

- 1) Consideration which was given to maximize the utilization and conservation of the solid fuel resource being recovered so that re-affecting the land in the future will be minimized;
- 2) Appropriate steps which will be taken to comply with applicable air and water quality laws and regulations and applicable health and safety standards;
- 3) Fugitive dust control plan to be employed during site preparation, mining and reclamation. When required, provide an air quality monitoring program and locate monitoring station(s) on proposal map;
- 4) How topsoiling materials will be removed, stored, stabilized, protected, and redistributed;
- 5) Include Phase Map(s) drawn to scale which indicates the sequence for each phase.

N-2. Are other operations anticipated in connection with this proposed operation which will require additional surface coal mining permits? Yes No
 If Yes, identify the lands subject to surface mining and the size, sequence and timing of the operations. Identify as attachment N-2.

N-3. Is surface mining and/or augering to occur within 500 feet of an underground mine?
 Yes No If Yes:

A. Indicate the status of the underground mine:
 Abandoned Active Temporarily Inactive

B. Provide the following information as attachment N-3:

- 1) Office of Miner's Health, Safety and Training approval and subsequent MSHA approval;
- 2) Approval of the underground operator and/or owners;
- 3) A description of impact of this proposed operation upon underground mining.

N-4. Provide a description of the measures to be used for the temporary storage and final disposal of waste such as grease, lubricants, paints, flammable liquids, garbage, abandoned machinery, timber, brush, treatment chemicals (flocculents, pH adjusters, coal processing, etc.), and other combustibles generated during the mining activities. Identify as attachment N-4.

NOTE: Identify all temporary and permanent storage and/or disposal sites on the PROPOSAL MAP or SITE PLAN MAP

N-5. Has underground mining occurred within the boundaries of the proposed permit area?

Yes No

If Yes, provide a description of the potential effects subsidence may have on structures such as dams, coal waste disposal areas, fills and other such structures. Identify as attachment N-5.

SECTION O

Section O: Site Specific Backfilling, Regrading and Revegetation Plan

O-1. Provide cross-sections depicting the surface configuration prior to mining, during mining, and following reclamation. Cross sections shall identify the following: Identify as attachment O-1.

- A. All materials requiring special handling;
- B. Coal seams to be mined;
- C. Topsoiling material;
- D. Permit Boundary;

O-2. Provide calculations for spoil generation, storage, backfilling and excess disposal. Use attachment O-2.

O-3. Provide a description of how the operation will comply with backfilling and regrading requirements. Identify as attachment O-3.

O-4. Is a variance for delay of contemporaneous reclamation requested? Yes No
If Yes, provide the following information. Identify as attachment O-4.

- A. Explain rationale for request;
- B. Timetable for completion of reclamation;
- C. Describe any environmental impacts that may result from the delay in reclamation;
- D. Identify on the PHASE MAP the specific surface areas for which a variance is requested.

O-5. Is a variance from approximate original contour (AOC) being requested:

- A. Remined areas Yes No
If Yes, provide the following information:
 - 1) A demonstration that the volume of reasonably available spoil is insufficient to completely backfill the reaffected or enlarged highwall;
 - 2) A demonstration that any highwall remnant left after mining will be stable and not pose a hazard to the public safety or the environment.
- B. Steep slope areas Yes No
- C. Mountaintop Removal areas Yes No
If Yes to B. or C., provide the following information:
 - 1) Alternate post mining land use request (Complete F-4 of this application);
 - 2) Demonstrate that the watershed which includes the permit and adjacent areas will be improved by the proposed operation when compared with premining conditions or with its condition if AOC were restored.
- D. Identify on the PROPOSAL MAP the specific surface areas for which a variance is requested.

Identify as attachment O-5.

O-6. Provide a description of techniques to be utilized, including stability analyses to demonstrate that the backfilled benches will meet a minimum static safety factor of 1.3. Identify as attachment O-6.

O-7. Provide a description of the measures to be used to seal or manage mine openings, exploration holes, auger holes, boreholes, wells encountered and other openings within the proposed permit areas. Include design specifications for ensuring stability under anticipated hydraulic heads for each permanent entry seal and downslope barrier. Include drawings, etc. required to adequately support the description of the proposed measures. Identify as attachment O-7.

O-8. Provide a plan for burying, blending, segregating, and/or treating acid/toxic strata to avoid adversely affecting water quality and revegetation. Include drawings, etc. required to adequately support the plan. Identify as attachment O-8.

O-9. Provide a planting plan which includes the following: Identify as attachment O-9.

- A. A prediction of the minesoil character based on overburden analysis, soil analysis, and other available information;
- B. Proposed treatment to neutralize acidity;
- C. Method of mechanical seed bed preparation;
- D. Application rates and analysis of fertilization;
- E. Application rates and types of mulch;
- F. Application rates and species of perennial vegetation including herbaceous and woody plants;
- G. Areas to be planted or seeded to trees and shrubs;
- H. A maintenance schedule and procedures; and
- I. A plan for temporary vegetation cover to include the following:
 - 1) Species;
 - 2) Seeding rate;
 - 3) Timing.

O-10. Indicate the postmining land uses below as indicated in F-4 of this application.

- | | | |
|--|---|--|
| <input type="checkbox"/> Forestland | <input type="checkbox"/> Hayland or Pasture | <input type="checkbox"/> Cropland |
| <input type="checkbox"/> Water Impoundments | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial/Commercial |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Rangeland | <input type="checkbox"/> Commercial Woodland |
| <input type="checkbox"/> Fish & Wildlife Habitat
and Recreation lands | <input type="checkbox"/> **Combined Uses | |

**Designate primary (1) and secondary (2) land uses above .

Section P: Drainage and Sediment Control Plan

- P-1.** Is a variance requested to disturb land within 100 feet of an intermittent or perennial stream?
 Yes No
 If yes, provide a narrative to show that surface mining activities will not:
- A. adversely affect the normal flow or gradient of the stream;
 - B. adversely affect fish migration or related environmental values;
 - C. materially damage the water quantity or quality of the stream;
 - D. cause or contribute to violation of applicable State or Federal water quality standards.

Identify as attachment P-1

- P-2.** Is a variance requested to locate a sediment control structure in a perennial stream?
 Yes No
 If Yes, provide justification and demonstrate that there is no other suitable location for such structure. Identify as attachment P-2.

- P-3.** Is a variance requested to allow the alteration or relocation of a natural stream channel?
 Yes No
 If Yes, provide information required by the West Virginia Surface Mining and Reclamation Regulations for stream channel diversions. Identify as attachment P-3.

- P-4.** Are any existing drainage structures proposed to be used?
 Yes No
 If Yes, provide a description of each existing structure to include the following:
- A. Location;
 - B. As-built certifications, drawings, computation sheets and calculations;
 - C. Plans of the structure which describe its current conditions;
 - D. Approximate dates on which construction of the existing structure was begun and completed.
 - E. Relevant monitoring data or evidence as to whether or not the structure meets the current performance standards;
 - F. Compliance plan for each existing structure proposed to be modified or reconstructed to include the following:
 - 1) Design specifications of the structure to bring it into compliance with design requirements and performance standards;
 - 2) A construction schedule which shows approximate dates for beginning and completing interim steps and final construction;
 - 3) Provisions for monitoring the structure during and after modification or reconstruction to ensure compliance;
 - 4) The risk of harm to the environment or to public health or safety is not significant during the period of modification or reconstruction.

Identify as attachment P-4.

- P-5. Will all sediment control structures including temporary sediment control have the capacity to store 0.125 acre-ft. of sediment for each acre of disturbed area?
 Yes No
 If No, provide a justification for alternate storage requirements which demonstrates that effluent limits will be met. Identify as attachment P-5.

- P-6. Will any drainage structure be constructed in a manner which will create a permanent impoundment? Yes No
 If Yes, identify permanent structures and provide documentation for the following:
- A. Size and configuration will be adequate for its intended purpose;
 - B. Structure will not result in the diminution of the quality and quantity of water utilized by adjacent or surrounding landowners or agricultural, industrial, recreational, or domestic use; and
 - C. Structure will be suitable for the approved post mining land use.

Identify as attachment P-6.

- P-7. Provide the following information for each drainage or sediment control structure:
- A. Description, location map, plan view, profile, and cross sections of the structure;
 - B. Geotechnical investigation (if applicable);
 - C. Complete and accurate design and construction specifications;
 - D. Sequence or timetable for construction in relation to the disturbed area to be controlled;
 - E. Operation and maintenance procedures, including methods and location for disposal of the sediment and/or sludge;
 - F. Timetable and plans to remove each structure, including permanent structures;
 - G. Drainage control for all regraded areas;
 - H. Engineering techniques used in design of structures;
 - I. Certification and periodic inspection procedures;

NOTE: Design plans, cross-sections, and profiles of engineered structures must be based on mapping or surveying data of adequate detail and accuracy. The registered professional engineer or licensed land surveyor certifying design of such facilities is responsible for insuring such adequacy.

Identify as attachment P-7.

- P-8. Provide the following information for each temporary drainage control structure:
- A. Description, location map, plan view, profile, and cross sections of the structure;
 - B. Complete and accurate design and construction specifications;
 - C. Sequence or timetable for construction in relation to the disturbed area to be controlled;
 - D. Certification and periodic inspection procedures.

Identify as attachment P-8.

P-9 Complete the following table:

COMPONENT DRAINAGE TABLE					
DRAINAGE STUCTURE	DRAINAGE AREA(S)	TOTAL ACRES	DISTURBED ACRES	REQUIRED VOLUME ACRE-FEET	DESIGNED VOLUME ACRE-FEET

P-10. Will water treatment facilities, other than sediment control, be required? Yes No

If Yes, include the following:

- A. Designs, plans and schedule for treatment during and after mining;
- B. A description of the treatment unit and settling facilities;
- C. Reagent;
- D. Operation and maintenance procedures, including methods and location for disposal of sludge;
- E. Certification and periodic inspection procedures.

Identify as attachment P-10.

P-11. Will any water retention structure be constructed in such a size or manner that it will be subject to the provisions of the West Virginia Dam Control Act and/or the MSHA regulations?
 Yes No

If Yes, provide the design for each structure and include documentation required by the WV Dam Control Act and/or MSHA regulations. Identify as attachment P-11.

Section Q: Transportation Plan

- Q-1.** Provide plans and specifications for each primary road to include the following:
- A. Design drawings, plan view, map, construction specifications and cross sections;
 - B. Road width, gradient, and surfacing materials;
 - C. Fill embankment and road cut;
 - D. Culverts, bridges, and low-water crossing;
 - E. Drainage ditches and structures;
 - F. Operation and maintenance procedures;
 - G. Certification and periodic inspection procedures; and
 - H. Abandonment and/or removal plan.

Identify as attachment Q-1.

- Q-2.** Provide the following for each infrequently used access road:

- A. Operation and maintenance requirements;
- B. Drainage control measures; and
- C. Abandonment and/or removal plan.

Identify as attachment Q-2.

- Q-3.** Provide plans and profile of each conveyor, overland conveyor, or rail system. Identify as attachment Q-3.

- Q-4.** Are any existing haulageways or access roads proposed to be used?

Yes No

If Yes, provide a demonstration that:

- A. Reconstruction to meet design requirements would result in greater environmental harm;
- B. Drainage and sediment control requirements will be met;
- C. Location;
- D. As-built certifications, drawings, computation sheets and calculations;
- E. Plans of the structure which describe its current conditions;

Identify as attachment Q-4.

Section R: Excess Spoil Disposal Design

R-1. Will excess spoil disposal structures be used? Yes No
 If Yes, complete items R-2 thru R-5.

R-2 Provide the following summary information for each structure and delineate each structure on the PROPOSAL and DRAINAGE MAPS:

STRUCTURE I.D.	TYPE OF FILL	STORAGE VOLUME	TYPE OF UNDERDRAIN	NATURAL GROUND SLOPE AT TOE	LATITUDE AT TOE	LONGITUDE AT TOE

R-3. Provide the following information for each excess spoil disposal structure:

- A. Plan view, profiles and cross sections drawn to scale;
- B. A detailed description of:
 - 1) Clearing, grubbing and topsoil handling;
 - 2) Construction of underdrains and source of underdrain rock;
 - 3) Type and source of materials to be placed in the fill;
 - 4) Construction sequence;
 - 5) Construction methods including transportation and compaction of materials;
 - 6) Surface protection and maintenance;
 - 7) Abandonment plan; and
 - 8) Certification and periodic inspection procedures;
- C. Geotechnical investigation to include:
 - 1) Depth to bedrock and character of bedrock;
 - 2) If applicable, the number, location, and depth of foundation borings or test pits, and the log of each. Indicate the location on the PROPOSAL MAP;
 - 3) A survey identifying all springs, seepage and ground water flow observed or anticipated during wet periods;
 - 4) A technical description of the rock materials to be utilized in durable rock fills, rock underdrains, rock chimney cores or rock drainage blanket, including durability tests;

- D. Hydrologic and hydraulic designs to include:
- 1) Calculations, specifications, and drawings for diversion ditches; and
 - 2) Calculations and engineering assumptions considered in the design of the underdrain;
- E. Stability Analyses addressing both static and dynamic loading conditions to include:
- 1) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and density of foundation materials;
 - 2) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and pore pressure ratio (phreatic surface) of fill material; and
 - 3) Results of stability analyses.

Identify as attachment R-3.

R-4. Are rock-toe buttresses or key-way cuts included in any fill designs? Yes No

If Yes, provide the following and identify as attachment R-4:

- A. The number, location and depth of borings or test pits;
- B. Engineering specifications used to design the rock-toe buttress or key-way cut;
- C. Type of material and engineering properties of the material used for the key-way or rock-toe; and
- D. Plan view, cross section and profiles.

R-5. Are there any proposed durable rock fills? Yes No

If Yes, provide calculations for each durable rock fill certified by a Registered Professional Engineer that at least 80% of the fill volume will be durable rock. Identify as attachment R-5.

SECTION S

Section S: Underground/Subsidence Information

NOTE: A Certificate of Approval for Mine Opening must be obtained from the Office of Miner's Health, Safety, and Training for underground mines

S-1. Are underground or augering operations proposed? Yes No

If Yes, provide the following and complete items S-2 thru S-5.

- A. Topographic Map of a scale 1" = 1,000' (Subsidence Survey Map);
- B. Mine Development Map; and
- C. Supplemental Mine Maps.

S-2. Does the subsidence survey identify any of the following within 15 degree critical angle of deformation or above the proposed underground workings?

- A. Perennial and/or intermittent streams? Yes No
- B. Structures? Yes No
- C. Renewable resource lands? Yes No
- D. PSD or Municipal Water Works? Yes No

If Yes to A., B., C., and/or D. above, identify on the topographic map.

S-3. Is a waiver of the requirement to submit a subsidence control plan requested?

Yes No

A. If Yes, provide supporting documentation that subsidence will not cause material damage or a diminution in the reasonably foreseeable use of any streams, structures, or renewable resource lands. Identify as attachment S-3A.

B. If No, provide a subsidence control plan in accordance with West Virginia Surface Mining and Reclamation Regulations. Identify as attachment S-3B.

S-4. Provide an underground mine abandonment plan to include the following:

Identify as attachment S-4.

- A. Width of outcrop barriers;
- B. Type and number of permanent seals proposed, their design details and proposed materials to be used for construction; and
- C. Maximum head of water expected on the outcrop barriers and mine seals.

S-5. Provide written acknowledgement that if subsidence causes material damage or reduces the value of reasonably foreseeable use of the surface lands, the land will be restored to a condition capable of supporting uses it was capable of supporting before subsidence regardless of the right to subside. Identify as attachment S-5.

S-6. Is a variance to co-mingle water from underground works requested?

Yes No

SECTION T

T-5. Provide samples of the following:

- A. Letter of notification to all owners and/or residents providing instructions on how to request a pre-blast survey. Identify as attachment T-5A.
- B. Public notice to be used to notify local governments, public utilities and each resident within one-half mile of blasting site. Identify as attachment T-5B.

T-6. Provide a blasting plan to include the following: Identify as attachment T-6.

- A. Maximum allowable airblast and ground vibration limits;
- B. Methods to control fly rock;
- C. Monitoring Plan identifying equipment and procedures;
- D. Sample blasting log; and
- E. Description of blasting procedures and safety precautions.

SECTION U

Section U: Water Monitoring Plan

U-1. Provide a surface water monitoring plan to include the following: Identify as attachment U-1.

- A. monitoring site locations;
- B. quality and quantity parameters;
- C. sampling and reporting frequency.

(NOTE: Attached Surface Water Analysis Form is to be completed and submitted to DEP as required).

U-2. Provide a ground water monitoring plan to include the following (if applicable):

Identify as attachment U-2.

- A. monitoring site locations;
- B. quality and quantity parameters;
- C. sampling frequency.

(NOTE: Attached Ground Water Analysis Form is to be completed and submitted to DEP as required).

Section V: Coal Processing Refuse Disposal Plan

V-1. Is coal processing refuse disposal proposed? Yes No
 If Yes, complete items V-2 thru V-4

V-2 Provide the following summary information for each structure and delineate each structure on the PROPOSAL and DRAINAGE MAPS:

STRUCTURE I.D.	TYPE	STORAGE VOLUME	NATURAL GROUND SLOPE AT TOE	LATITUDE AT TOE	LONGITUDE AT TOE	ANTICIPATED CONSTRUCTION DATE

V-3. Provide the following information for each coal refuse disposal structure:

- A. Plan view, profiles and cross sections drawn to scale;
- B. A detailed narrative of:
 - 1) Identification, duties, responsibilities, and lines of communication of the person(s) responsible for the design and construction;
 - 2) Clearing, grubbing and disposal of excess materials resulting from clearing;
 - 3) Construction of underdrains and source of underdrain rock;
 - 4) Type and source of materials to be placed in the disposal structure;
 - 5) Construction sequence;
 - 6) Construction methods including transportation, placement and compaction of materials;
 - 7) Surface protection and maintenance;
 - 8) Potential for liquefaction and safeguards to prevent liquefaction;
 - 9) Monitoring plan to include installation and type of equipment;
 - 10) Abandonment plan; and
 - 11) Certification and periodic inspection procedures;
- C. Geotechnical investigation to include:
 - 1) Depth to bedrock and character of bedrock;
 - 2) Number, location, and depth of foundation borings or test pits, and the log of each. Indicate the location on the PROPOSAL MAP;
 - 3) Survey identifying all springs, seepage and ground water flow observed or anticipated during wet periods;
 - 4) Technical description of the rock materials to be utilized in rock underdrains, including durability tests;

- D. Hydrologic and hydraulic designs to include:
- 1) Calculations, specifications, and drawings for diversion ditches; and
 - 2) Calculations and engineering assumptions considered in the design of the underdrain;
- E. Stability Analyses addressing both static and dynamic loading conditions to include:
- 1) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and density of foundation materials;
 - 2) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and pore pressure ratio (phreatic surface) of coal refuse; and
 - 3) Results of stability analyses.

Identify as attachment V-3.

- V-4. Does the coal refuse disposal site have the capability to impound water? Yes No
If Yes, AND the structure will be constructed in such a size or manner that it will be subject to the WV Dam Control Act and/or MSHA regulations, provide the required plans, designs, calculations, and specifications.

Section W: Underground Disposal Plan

W-1. Is underground disposal of sludge, coal refuse, or slurry proposed? Yes No

If Yes, provide a description of the following: Identify as attachment W-1.

- A. Method of disposal to include the source of transport medium;
- B. Percent of mine void to be filled (include mine maps);
- C. Location of active workings to include plans, specifications, and methods of constructing underground retaining walls;
- D. Potential areas of breakout;
- E. Effects of subsidence;
- F. Location of permanent monitoring wells or monitoring stations;
- G. Gradient of mine from the backfill area;
- H. Stratum underlying the mined coal;
- I. Source and quality of material being disposed;
- J. Treatment of discharged water;
- K. Contingency plan to address blowouts; and
- L. If applicable, MSHA approval.

SECTION X

Section X Maps

Insert all required maps and designs in this section.

SECTION Y

Section Y: Certifications

The maps, cross sections and plans as required in this application shall be prepared by or under the direction of and certified by a qualified person approved by the Director of the Division of Environmental Protection. Indicate the applicable "Approved Person" below and complete this section. A separate certification page shall be completed for each individual.

Registered Professional Engineer

Licensed Land Surveyor

I, (typed name) _____ do hereby certify to the best of my knowledge, information and belief, that the information contained in the certification list below, and the accompanying plans, specifications and reports have been prepared in accordance with accepted practice of engineering, are true, complete and accurate, and are in accordance with the West Virginia Surface Mining Control and Reclamation Act and the West Virginia Surface Mining Reclamation Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

ITEM NO.	NAME OF DOCUMENT	ITEM NO.	NAME OF DOCUMENT

<p>Signature: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____</p>	<p>Professional Seal</p>
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SURFACE MINING APPLICATION ADVERTISEMENT

MR-34

Revised 8/1/93

INSTRUCTIONS	
This advertisement is for joint applications for a Chapter 22A, Article 3 and Chapter 20, Article 5A (WV/NPDES) permits.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication	Final Date of Publication

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Street Address)

has submitted a joint application to the Division of Environmental Protection (DEP)

(DEP Regional Office Address)

for an Article 3 permit for the surface disturbance of approximately _____ acres in order to

(Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal and for an Article 5A (State Water Pollution Control
(Geological Title)

Permit) WV/NPDES No. _____. The proposed operation is discharging
 into _____ of _____, and is located _____
(Receiving Stream) (Major Subbasin) (Distance)

(miles), _____ of _____, in _____ District of
(Direction) (Nearest Post Office)

_____ County, Longitude _____° _____' _____" and
 Latitude _____° _____' _____" (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

Comments on the Article 5A (WV/NPDES) applications or requests for a public hearing regarding the WV/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Director Division of Environmental Protection at the address above. Comments received by _____ or thirty (30) days from date of **initial publication** will be considered. The NPDES application draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

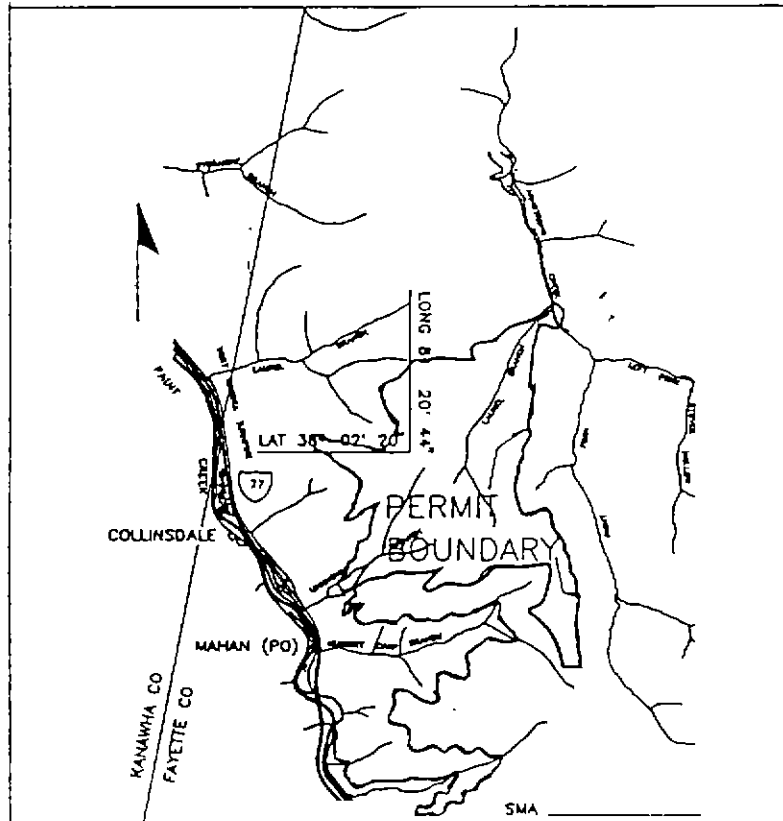
Written comments and/or requests for an informal conference of the surface mining application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ SMA No. _____

*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

"COMPANY NAME"
LOCATION MAP
SCALE 1" = 1 MILE



SURFACE MINING APPLICATION ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a single application for a Chapter 22A, Article 3 permit.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication _____	Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Street Address)

has submitted a application to the Division of Environmental Protection (DEP)

_____ (DEP Regional Office Address)

for an Article 3 permit for the surface disturbance of approximately _____ acres in order to

_____ (Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal.
(Geological Title)

The operation will discharge into _____ of _____
(Receiving Stream) (Major Subbasin)

and is located _____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

District of _____ County, Longitude _____ ° _____ ' _____ " and
 Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

Written comments and/or requests for an informal conference of the surface mining application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ Permit No. _____

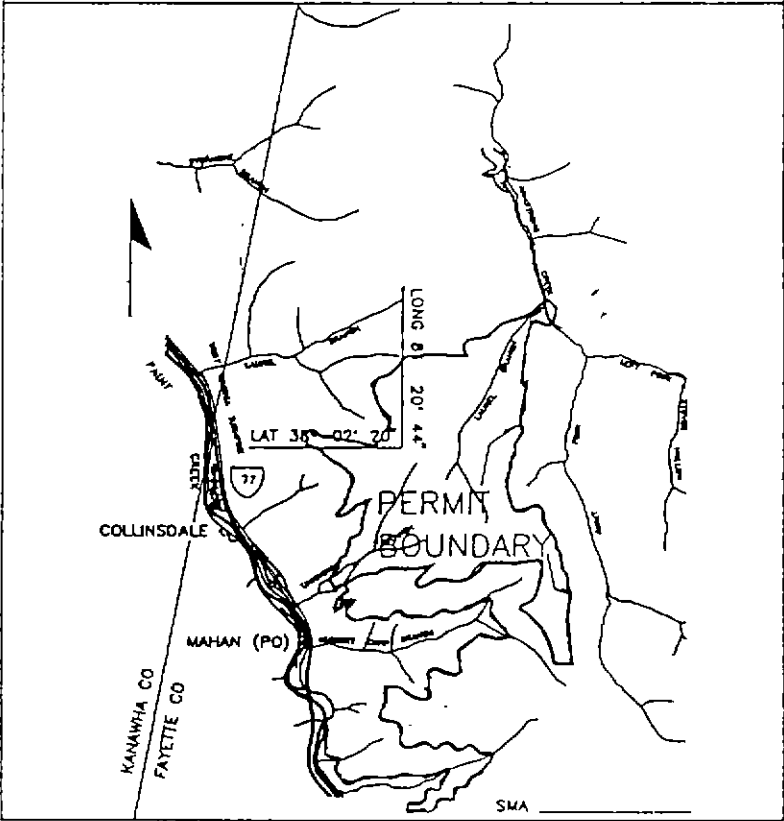
*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

"COMPANY NAME"

LOCATION MAP

SCALE 1" = 1 MILE



NPDES APPLICATION ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a single application for a Article 5A/NPDES permit.	Ad will be published one time in a qualified newspaper of general circulation in the location of the permit area. Applicant shall enter the date of publication prior to advertisement.
Date of Publication _____	

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Street Address)

has submitted an Article 5A/WVNPDES Application No. _____ for the issuance of a Permit to the Division of Environmental Protection, _____
(Regional Office Address)

in order to _____
(Surface Mine) or (Construct a Tipple, Preparation Plant, Haulroad, Shop Area) or (Face-Up Deep Mine)

in the _____ seam of coal. The operation will discharge into
(Geological Title)

_____ of _____ and is located _____
(Receiving Stream) (Major Sub basin) (Distance)

(miles), _____ of _____, in _____ District of
(Direction) (Nearest Post Office)

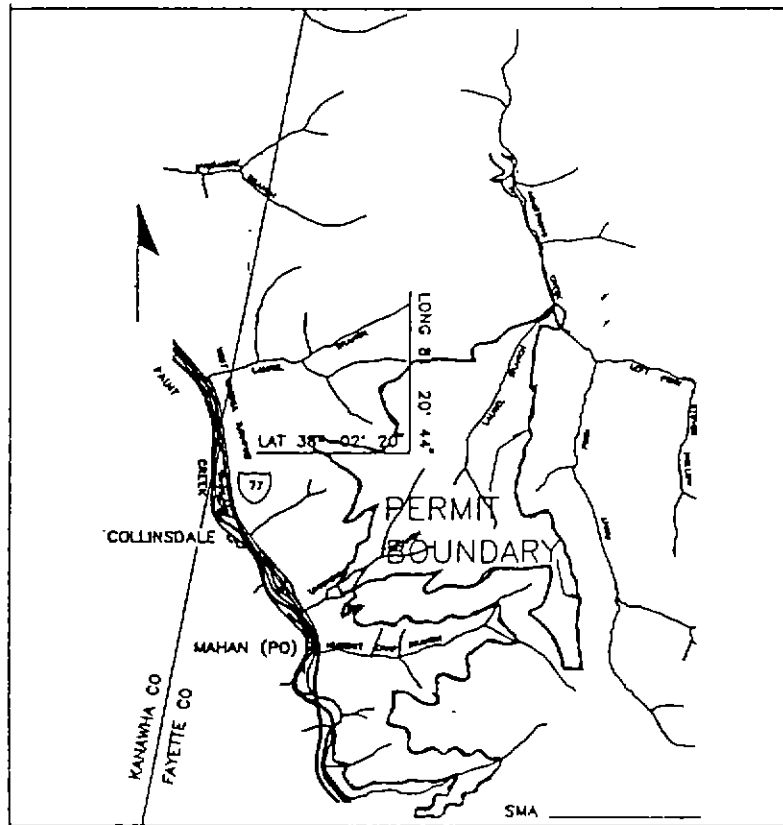
of _____ County, Longitude _____ ° _____ ' _____ " and Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Comments on the Article 5A/WVNPDES application or requests for a public hearing regarding the Article 5A/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered. The Article 5A/WVNPDES application, draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above during normal business hours.

DEP Telephone No. _____ Article 5A/NPDES Permit No. _____

"COMPANY NAME"
LOCATION MAP
SCALE 1" = 1 MILE



STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

**APPLICATION FOR
TRANSFER, ASSIGNMENT, OR SALE OF PERMIT**

MR-19A

Revised 8/1/93

Single Transfer

Multiple Transfers*

*If application is for multiple transfers, complete Table 1

Applicant Name _____	Permit No. _____
Current Permittee _____	NPDES No. _____
County _____	MSHA No. _____
District _____	Current Permitted Acres _____
Nearest Post Office _____	

Section A: Applicant Ownership and Control Information

NOTES: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other entity.

To facilitate the review of ownership and control data submitted, it is recommended that an organization chart of the applicant's ownership structure be submitted. "Organizational Chart" shall consist of a boxes and lines diagram of the relationships between the applicant, its owners, "sister" companies, subsidiaries, and owners' owners. Chart provides a brief explanation of the relationships specified in this application.

A-1 Applicant Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

A-2. Identify resident agent for service of process in West Virginia for the applicant:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

A-3. Identify entity who will pay Federal abandoned mine land reclamation fees (if different from applicant):

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

A-4. Has the applicant previously submitted to DEP sufficient documentation to establish the legal structure of the applicant and have an approved Centralized Ownership and Control File?

Yes No

If Yes, include a copy of the most recent certification submitted to the Centralized Ownership and Control File (COCF) and identify as attachment A-4.

A-5. A. Indicate legal structure of applicant:

Sole Proprietorship (Complete A-6)

Partnership (Complete A-7)

*Corporation: State of Incorporation _____ Date of Incorporation _____
(If State of Incorporation is not WV, date of Certificate of Authority to conduct business in WV _____)

*Limited Liability Company: State of Organization _____ Date _____

*Association

*Other: Specify _____

*Complete A-8

B. Complete the following appropriate items and attach sufficient notarized documents and identify as attachment A-5. Check below the type of documents included:

Certified copy of "Certificate of Incorporation", "Certificate of Authority", "Articles of Organization" or other appropriate document from the Office of Secretary of State and a certified copy of the most recently filed Corporation License Tax Return.

Notarized Copy of Partnership Agreement

Certified Copy of "Certificate of Limited Partnership"

Certified Copy of "Certificate of Registration of True Name" with county of registration (for use of assumed name or "d/b/a")

A-6. If applicant is a SOLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN _____ Social Security No. _____

A-7. If applicant is a PARTNERSHIP, list all partners, including limited partners. If any partner listed below is a business entity and not an individual, also complete item A-11 for that entity:
 If N/A, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Official title within partnership _____
 Beginning date of ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-7. No. of additional entries _____

A-8. If applicant's legal structure is other than a sole proprietorship or partnership, provide all information requested below for: Owners or Stockholders owning ten percent (10%) or more of any class of voting stock; All officers such as President, Vice President, Secretary, Treasurer, Directors; any other person performing a function similar to a Director; and for limited liability companies, all Members and Managers. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.
 If N/A, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Date Title/Position was Assumed _____ Official Title/Position _____
 Beginning date of Ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-8. No. of additional entries _____

A-9. Identify below all persons who have the authority or ability to commit the financial, real property assets or working resources of the applicant or who may have the authority to determine the manner in which the proposed surface mining operation is conducted who are not otherwise identified as owners, officers, or directors of the applicant. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.
 If NONE, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Date Title/Position was Assumed _____ Official Title/Position _____
 Beginning date of Ownership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-9. No. of additional entries _____

A-10. Does the applicant own all of the coal to be mined? Yes No

If No, identify below all legal sources by which the applicant has the authority to mine all of the coal and complete a. and b. below: **Note: DEP may require copies of these documents.**

LEASE SUBLEASE AGREEMENT OTHER CONTRACT

a. Identify every person, other than the applicant, owning or controlling the coal to be mined **AND having the right to receive it after mining.** If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Relationship _____

b. Identify every person, other than the applicant, owning or controlling the coal to be mined **AND having the authority to determine the manner in which the proposed surface mining operation is conducted.** If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Relationship _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-10a. or b. No. of additional entries _____

A-11. Complete this item whenever a business entity (rather than an individual) is listed in items A-7, A-8, A-9, A-10 or A-11. Identify below the corresponding item in which the entity is listed:

- A-7 A-8 A-9 A-10 A-11

Name of Entity _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Ownership/Control relationship to applicant _____

Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Official Title/Position _____ Date Title/Position was Assumed _____
 Location in Organizational Structure _____
 Percent of Ownership _____ Beginning date of Ownership _____

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Official Title/Position _____ Date Title/Position was Assumed _____
 Location in Organizational Structure _____
 Percent of Ownership _____ Beginning date of Ownership _____

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Official Title/Position _____ Date Title/Position was Assumed _____
 Location in Organizational Structure _____
 Percent of Ownership _____ Beginning date of Ownership _____

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN _____ Social Security No. _____
 Official Title/Position _____ Date Title/Position was Assumed _____
 Location in Organizational Structure _____
 Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-11. No. of additional entries _____

A-12. Identify below all permit **applications pending** and all **permits held** within the five (5) years preceding the date of this application for surface coal mining operations in the United States owned or controlled by the applicant and/or any person listed in items A-6, A-7, A-8, A-9, A-10 or A-11. Include all operations that the applicant and/or any person is deemed or presumed to own or control through contract, subcontract, lease, sublease, license, or other contractual relationship, regardless of the entity holding the permit.

Name of applicant or person _____
Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN _____ Social Security No. _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

Permit Number _____ State/Regulatory Authority _____
Applicant/Permittee Name _____
Operator Name (If different from Permittee) _____
MSHA No. _____ Date MSHA No. Issued _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-12.

Section B: Applicant Violation Information

- B-1. Has the applicant or any person listed in items A-6, A-7, A-8, A-9, A-10, or A-11 or any subsidiary, affiliate, or person controlled by or under common control with the applicant:
- A. Had a Federal or State coal mining permit suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No
 - B. Forfeited a reclamation performance bond or a security deposited in lieu of bond? Yes No

If Yes to A. or B. above, complete the following:

Name of Applicant or Person _____
 Permittee _____
 Permit No. _____ Date of Issuance _____
 Regulatory Authority suspending/revoking the permit _____
 Stated reason for action _____
 Bond Amount Forfeited _____
 Current status _____

If the applicant or person has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment B-1.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____
 Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment B-1. No. of additional entries _____

B-2. Provide a list for any violation of a provision of the Act or these regulations and any other Federal or State laws, rules and regulations pertaining to air, water, and/or environmental protection incurred in connection with any surface mining operation received by the applicant during the three (3) year period preceding the application date. The list shall consist of the following information: If NONE, check here:

Use attachment B-2 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Violation Number
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation
- Abatement actions taken
- Current Status of proceedings and violation notice: NOTE: If administrative or judicial proceedings, provide: Date; Location; Type of proceedings

NOTE: Attach pages as needed using attachment B-2.

B-3. Provide a list of all **unabated** cessation orders, and **unabated** air and water quality violation notices received prior to the date of the application by any surface mining reclamation operation owned or controlled by **either** the applicant or by any person who owns or controls the applicant listed in items A-6, A-7, A-8, A-9, A-10, or A-11:

If NONE, check here:

Use attachment B-3 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Violation Number
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation notice
- Abatement actions taken
- Current Status of proceedings and violation notice: NOTE: If administrative or judicial proceedings, provide: Date; Location; Type of proceedings

NOTE: Attach pages as needed using attachment B-3.

B-4. Does the applicant wish to retain existing operator(s) approved by DEP?

Yes No

If Yes, it is necessary to complete and submit the DEP notification signed by both the Permittee and Applicant to the appropriate DEP Office. Use attachment B-4.

B-5. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of transfer. Identify as attachment B-5.

NOTES: Certification of publication must be submitted within four weeks after last date of publication.
Transfer of the Article 3 AND Article 5A permits shall be submitted simultaneously.

Section C: Property Information

NOTE: Complete the appropriate items of this section only if changes have occurred since previous permit approval.

C-1. Provide a list of the **names and addresses** of each legal or equitable owner of record of the **surface and mineral property to be mined, each holder of record of any leasehold interest in the property to be mined, and any purchaser of record under a real estate contract for the property to be mined.** Identify each owner by the following classes:

NOTE: If name listed is a business entity and not an individual, provide names and addresses of officers, directors, and owners of 10% or more and identify as attachment C-1.

- (SO) Surface Owner Only
- (MO) Mineral Owner Only
- (SMO) Surface and Mineral Owner
- (LI) Leasehold Interest
- (RE) Real Estate Purchaser

NOTE: Attach additional entries as needed using the format below and identify as attachment C-1. No. of additional entries _____

NAME	ADDRESS	OWNER CLASS SO / MO / SMO / LI / RE

C-2. For each owner listed in C-1, provide below a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface coal mining operations.

Note: DEP may require copies of these documents.

OWNER OF RECORD	DOCUMENT TYPE	GRANTOR OF RIGHT	DATE OF EXECUTION	LOCATION WHERE FILED

C-3. Are any rights identified in C-2 the subject of pending court litigation?

- Yes
- No

If Yes, provide the names of the parties, the court and the case number involved below:

NAME	COURT	CASE NUMBER

C-4. Has the private mineral estate been severed from the private surface estate?

Yes No

If Yes, submit one of the following documents and identify as attachment C-4.

- A letter from the surface owner(s) consenting to the use of surface mining methods to extract coal within the proposed permit area; or
- A copy of a legal conveyance or judicial order which expressly grants or reserves the right to extract coal by surface mining methods.

Section D: Certification of Application

D-1. Applicant's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment D-1.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: After the applicant has been notified that the application is approved, but before the permit is issued, the applicant shall provide an update of the information in Part I, OR indicate in writing that no change in this information has occurred.

D-2. Permittee's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a current certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. Identify as attachment D-2.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the permittee and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

**ADVERTISEMENT
APPLICATION FOR TRANSFER, ASSIGNMENT, OR SALE OF PERMIT**

INSTRUCTIONS	
This advertisement is for application for the transfer, assignment, or sale of permit rights. Date of Publication _____	Ad will be published one time in qualified newspaper(s) of general circulation in the location of all permit areas. Applicant shall enter the date of publication prior to advertisement.

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an application to the Division of Environmental Protection (DEP) _____ to transfer, assign, and sell Permit No(s). _____, WVNPDES Permit No. _____ to _____
(Applicant Name and Business Street Address)

Comments on the application shall be in writing and should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered.

A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____

REQUEST FOR ADVANCE APPROVAL OF PERMIT TRANSFER

DATE

TRANSFERRED FROM (Permittee)	TRANSFERRED TO (Applicant)

RE: Permit No.(s) _____

Division of Environmental Protection:

In accordance with 3.25(a)(4) of these regulations, this is a request for advance approval of the permit transfer for the above referenced permit(s).

We understand that this advance approval is based upon the following stipulations:

1. That where information is made available to the Director as a result of public comment that would preclude approval, such approval shall be immediately withdrawn.
2. The current permittee referenced above remains responsible for all enforcement activities related to this permit until final approval of the permit transfer.
3. The advance approval is limited to a period of 60 days from the date of the advance approval.
4. The bond of the current permittee remains in effect until final approval of the permit transfer.

Permittee: Signature of Principal Officer	Applicant: Signature of Principal Officer
Date:	Date:

REQUEST TO RETAIN EXISTING OPERATOR

MR-19A - Attachment B-4

DATE

PERMITTEE	OPERATOR (Applicant)

RE: Permit No.(s) _____

Division of Environmental Protection:

This is to notify you that as the new Permittee for the above referenced permit(s), we wish to retain the existing approved operator to continue conducting operations on this permit.

You will be notified if and when this operator ceases to conduct operations on this permit.

Permittee: Signature of Principal Officer	Applicant: Signature of Principal Officer
Date:	Date:

WEST VIRGINIA DIVISION OF ENVIRONMENTAL PROTECTION

RESPONSE TO PUBLIC COMMENTS

PROCEDURAL RULE

DIVISION OF ENVIRONMENTAL PROTECTION ARTICLE 3 FORMS

TITLE 38, SERIES 2E

The above captioned rule was filed with the Office of the Secretary of State on June 9, 1993. The public comment period for the proposed rule ended on July 16, 1993. No written comments were received, and no substantive revisions to the rule are proposed in this filing.



**WEST VIRGINIA
SECRETARY OF STATE**

KEN HECHLER

ADMINISTRATIVE LAW DIVISION

Form #2

Do Not Mark In this Box

JUN 9 10 52 AM '93

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE

AGENCY: WV Division of Environmental Protection TITLE NUMBER: 38

RULE TYPE: Procedural; CITE AUTHORITY WV Code 22-1-13 & 22A-3-4

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 2E

TITLE OF RULE BEING AMENDED: Division of Energy Article 3 Forms

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: N/A

TITLE OF RULE BEING PROPOSED: N/A

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON July 16, 1993 AT 5:00 PM. ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS.

Division of Environmental Protection
10 McJunkin Road
Nitro, WV 25143-2506
ATTN: Sandy Humphreys

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.

Roger T. Hall
Roger T. Hall
Environmental Resources Administrator

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

2.00 Rule Only
1.5 (with Forms)



DEPARTMENT OF COMMERCE, LABOR & ENVIRONMENTAL RESOURCES
OFFICE OF THE SECRETARY

State Capitol, Room M-146
Charleston, West Virginia 25305-0310
Telephone: (304) 558-0400
Fax No.: (304) 558-4983

GASTON CAPERTON
Governor

JOHN M. RANSON
Cabinet Secretary

June 9, 1993

David C. Callaghan, Director
WV Division of Environmental Protection
10 McJunkin Road
Nitro, West Virginia 25143-2506


Re: Title 38, Series 2E - Amendment to Division of Energy
Article 3 Forms.

Dear Director Callaghan:

Pursuant to West Virginia Code Section 5F-2-2(a)(12), I hereby
consent to the proposal of the rule specified above.

You may attach a copy of this letter to your filing with the
Secretary of State as evidence of my consent.

Sincerely yours,


John M. Ranson
Cabinet Secretary

JMR:ro

t:\covdep.rul

OFFICE OF THE
SECRETARY OF STATE

Jun 9 10 52 AM '93

FILED



DEPARTMENT OF COMMERCE, LABOR & ENVIRONMENTAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION

10 McJunkin Road
Nitro, WV 25143-2506

June 4, 1993

Gaston Caperton
Governor

John M. Ranson
Cabinet Secretary

David C. Callaghan
Director

Ann A. Spaner
Deputy Director

Mr. John Ranson
Secretary
Department of Commerce, Labor
and Environmental Resources
State Capitol
Charleston, West Virginia 25305

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

JUN 9 10 52 AM '93

FILED

Dear Secretary Ranson:

In accordance with Chapter 5F of the Code of West Virginia, your approval is sought by the Division of Environmental Protection to promulgate a procedural rule relating to permitting forms used by the Office of Mining and Reclamation.

The purpose of this rule is to update existing forms to comply with recent amendments to the statutes and regulations governing surface mining and reclamation in the State.

Please advise at your earliest convenience of your decision in this matter.

Sincerely,

Roger T. Hall
Environmental Resources Administrator

RTH/sh
Enclosure

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Division of Environmental Protection Article 3 Forms

Type of Rule: Legislative Interpretive Procedural

Agency Division of Environmental Protection

Address 10 McJunkin Road
Nitro, WV 25143-2506
ATTN: Sandy Humphreys

1. Effect of Proposed Rule

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
ESTIMATED TOTAL COST	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-
CURRENT EXPENSE	-0-	-0-	-0-	-0-	-0-
REPAIRS & ALTERNATIONS	-0-	-0-	-0-	-0-	-0-
EQUIPMENT	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-

2. Explanation of above estimates:

The proposed rule will not result in an increase or decrease in revenues or expenditures to the state.

3. Objectives of these rules:

The objective of the proposed rule is to update agency permitting forms to conform with amendments to statutes and regulations. Also, the rule title is to be changed from the existing title to "Division of Environmental Protection Article 3 Forms".

Rule Title: Division of Environmental Protection Article 3 Rules

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

None

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of Citizens.

None

C. Economic Impact on Citizens/Public at Large.

None

Date: June 4, 1993

Signature of Agency Head or Authorized Representative

Roger T. Hall

Roger T. Hall
Environmental Resources Administrator

WEST VIRGINIA DIVISION OF ENVIRONMENTAL PROTECTION

PROCEDURAL RULE

DIVISION OF ENVIRONMENTAL PROTECTION

ARTICLE 3 FORMS

SUMMARY

The purpose of this rule is to update agency permitting forms to conform with recent amendments to statute and regulation. The title of the rule is being amended from the existing title)Division of Energy Article 3 Forms) to a new title "Division of Environmental Protecting Article 3 Forms" to conform to new agency title.

**TITLE 38
PROCEDURAL RULES
~~DEPARTMENT OF ENERGY~~
DIVISION OF ENVIRONMENTAL PROTECTION
SERIES 2E
~~DEPARTMENT OF ENERGY~~ DIVISION OF ENVIRONMENTAL
PROTECTION ARTICLE 3 FORMS**

§38-2E-1. General

1.1 **Scope.** -- This ~~regulation~~ rule is for the purpose of filing all revised forms required by Chapter 22A, Article 3 of the West Virginia Code. and to change the rule title, all to conform to recent changes in State law and regulation.

1.2 **Authority.** -- W. Va. Code §~~22-1-15~~.13 and 22A-3-4.

1.3 **Filing Date.** -- _____

1.4 **Effective Date.** -- _____

§38-2E-2. Forms.

2.1 **All current forms and copies of any forms currently used under or required by Chapter 22A, Article 3 of the West Virginia Code are included with this series.**

OFFICE OF THE
SECRETARY

JUN 9 10 52 AM '93

Department of Commerce, Labor and Environmental Resources
Division of Environmental Protection



OFFICE OF
SECRETARY OF COMMERCE
SIA

JUN 9 10 54 AM '53

SURFACE
MINING
APPLICATION

*This application has been
prepared and is submitted
to DEP by:*

Individual Name:	_____
Company Name:	_____
Address:	_____ _____
Telephone No.	_____

Office of Mining and Reclamation

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INTRODUCTORY NOTES

SURFACE COAL MINING APPLICATION DEP FORM "MR-4"

GENERAL

- Parts 1, 2, and 3 shall be submitted to the regional OMR Permitting Staff in separate binders no larger than 10-½" x 12". One original and two copies of the application shall initially be submitted: the original shall remain in the DEP regional office for review; one copy to be placed on file in the County Courthouse; and one copy to be submitted if NPDES application is included. After the technical review is completed, four additional copies shall be submitted.
- Applicant shall be responsible for revised pages to the application after an SMA No. is issued to indicate the revision date and name of person(s) inserting the revision in the upper right hand corner of each page(s) being revised. Voided pages shall be removed from the ORIGINAL application and marked "VOID", and placed in sequence in a binder which shall remain with the original application. The date voided and person(s) removing page shall be indicated in the upper right hand corner. The voided pages shall be removed from all "copies" of the application and disposed of by the applicant.
- Applications received in the regional office will be processed as rapidly as possible, consistent with the public participation and notification requirements of the regulations. Permit applicants are encouraged to meet with the regional office staff to discuss the proposed operations (including discharges) and must submit complete documentation with their application so that requests for additional information are eliminated or minimized and processing can proceed without interruption.

Section A - Item 5.

- "Organizational Chart" shall consist of a boxes and lines diagram of the relationships between the applicant, its owners, "sister" companies, subsidiaries, and owners' owners. Chart provides a brief explanation of the relationships specified in items A-6 through A-11.

Section A - Item 12.

- Provide a complete listing of all operations connected to the applicant in any way through ownership or control relationships. It is to be construed broadly. Permits need not be held by or in the name of the applicant to be required to be listed.

- Complete this item for each entity listed in items A-6 through A-11, i.e., a separate listing of permits for each entity.
- "Person's Relationship to Permittee or Operator" is the relationship between the applicant or an owner/controller of the applicant AND the entity holding or operating on the permit listed. The person's relationship to the applicant will already be identified in items A-6 through A-11. However, the person's relationship to the entity involved with the operation listed may not be clear. For example, if the entity identified is also an officer of an unrelated company holding permits, entering "Vice President of Permittee" and a list of that company's permits is appropriate.

Section B - Item 2.

- "Name in which violation was issued" shall indicate the name of the entity, not the inspector or individual served. However, if the entity's name is clear, it is acceptable to also include the name of the individual served. "MSHA No." and "Date MSHA No. Issued" must be provided, even if this information was previously provided.

Section B - Item 3.

- "Name in which violation was issued" shall indicate the name of the entity, not the inspector or individual served. However, if the entity's name is clear, it is acceptable to also include the name of the individual served. "MSHA No." and "Date MSHA No. Issued" must be provided, even if this information was previously provided.
- "Name of Applicant or Person" is the name of the person or entity whose relationship is causing the violation to be listed. This entity will normally have an owner/controlling relationship (past or present) with both the applicant and the entity receiving the violation.

Section C - Item 1.

- "Principals" are defined as directors and owners of 10% or greater of the business entity.

Section C - Item 8.

- List the names and mailing addresses of all public water supply entities having interest in, or which may be impacted by the proposed operation. At a minimum, this should include all public water supplies within one-half mile of the mine or disturbed surface areas.

- List the names and mailing addresses of all sewage authorities which serve areas that overlay the proposed underground mine and/or augering limits. This requirement is necessary for mine subsidence evaluation.
- List the names and mailing addresses of all local governments in whose jurisdiction the mine portals and all surface disturbed areas are located; and areas which overlay, or which will overlay the underground mine.

Section C - Item 10.

- Courthouse Copy of Application - No later than the first day of the appearance of the newspaper advertisement, the **applicant** shall make a copy of the application available for public review in the county clerk's office where the mining activity is to take place. (A list of county clerk's offices for fulfilling this requirement is available upon request.) The applicant shall be responsible to revise the application as long as it is on public review. In addition, the applicant shall retrieve the application from the county clerk's office after end of comment period.

Section D - Item 2.

- If the application includes multiple mining categories and incremental bonding, open acre limit bonding, or combined operation bonding, it may be necessary to complete more than one bonding table.

Section F - Items 2. and 4.

- Refer to the Land Use Categories defined in the Surface Mining Reclamation Regulations.

Section G - Item 3.

- The applicant shall contact the State Historic Preservation Officer (SHPO) at the address below:

State Historic Preservation Officer
Division of Culture & History
1900 Kanawha Boulevard, E.
Charleston, West Virginia 25305-0300

Section H - Item 1.

- The applicant shall contact the Wildlife Resources District Biologist and provide a map and a brief description of the operation.

Section I - Item 3.

- Requirements for the analysis shall be provided by the DEP Regional Geologist.

Section I - Item 5.

- Slake Durability Analysis shall preferably be based on ASTM Method D 4644 - 87 (Franklin and Chandra Method). The system uses Slake Durability Index (SDI) to assess durability and is defined as the percentage retention measures by dry weight after two (2) cycles of testing. An SDI of at least 90 is considered as durable rock which can withstand surface mining conditions without significant degradation. This procedure will be the preferred standard and recognized Slake Durability Test. Other equivalent methods may be acceptable.

Section J - Item 2.

- Ground Water Inventory shall include all areas within one-half mile of the proposed operation, including underground mine and/or augering limits. If a Public Service District (PSD) well or ground water source is within this area, the applicant shall notify the PSD to determine if a well head protection zone has been declared. Inventory sites shall be identified on the geohydrologic map.

Section J - Item 3.

- In completing attachment J-3A, the description shall include the name of the stream according to the USGS map. Local names shall not be used.
 - Sampling sites shall be identified on the geohydrologic map.
- In completing attachment J-3B, the chart shall include minimum, maximum, and average for all parameters tested.

Section J - Item 4.

- In completing attachment J-4A, the description shall include:
 - the user of the well(s) or spring(s)
 - the mine name and coal seam for discharges from underground mines.
 - Sampling sites shall be identified on the geohydrologic map.
- In completing attachment J-4B, the chart shall include minimum, maximum, and average for all parameters tested.

Section N - Item 1.A.

- Dates in the timetable are estimates and will only be used by permit reviewers in reviewing the Mining and Reclamation Plan. The term "unreclaimed acres", as used in this timetable, means any part of the permit that does not meet Phase I requirements.

Section O - Item 1.

- The number of regrade cross sections for a proposed permit depends on the size, terrain, and complexity of the operation. For example, a ten acre underground mine may need one to two regrade cross sections. Whereas, a 300 acre surface mine may need six to eight. The cross sections shall extend at least 1000 feet beyond permit boundaries.

Section O - Attachment O-2

- In completing column 5, indicate the volume and area being reclaimed in each phase of mining.
- In completing column 6, indicate the volume of excess spoil and the site(s) in each phase of mining.

Section P - Item 10.

- If water treatment facilities other than sediment control is required, they shall be designed based on anticipated flow and quality of the water.

Section Q

- Applicant shall notify the Office of Miner's Health, Safety, and Training that an application has been submitted. The notification shall provide specific location, plan view, and cross sections of the primary haulageway. A copy of this notification and response, if applicable, shall be included in the application.

Section R - Item 5

- A Registered Professional Engineer (RPE) experienced in excess disposal shall provide certified calculations and documentation that each durable fill contains at least 80%, by volume, of durable material.

Section T - Item 4.

- The pre-blast survey map shall identify **ALL** structures, including outbuildings. The vacant structures and outbuildings shall be clearly identified on the map. Prior to any blasting activities, it may be necessary to verify that structures listed as vacant are still vacant.

Section U

- Provide latitude, longitude, and elevations for all water monitoring sites.

Section X Maps and Designs

- It is preferred by DEP that Drainage and Proposal Maps be separate. However, a combined Drainage/Proposal map can be utilized only if the map is not difficult to read.
- Maps and Designs shall be placed in the order in which the application request the information. The proposal and drainage maps shall be placed last in this section.
- Drainage Map shall consist of all information as required in 3.4(a), (b), (c), and (e) of the Surface Mining Reclamation Regulations.
- Proposal/Preplan Map shall consist of all information as required in 3.4(a), (b), (c) and (d) of the Surface Mining Reclamation Regulations.
- Supplemental maps for underground mining shall consist of all information as required in 3.4(a), (b), (c) and (f) of the Surface Mining Reclamation Regulations.
- No map, cross section, or plan shall be smaller than 8½" x 11" or larger than 30" x 42".
- Plans or cross sections shall have the following information placed on the right side or lower right corner:
 - Title
 - Date prepared and date of all revisions
 - Name of person or consultant who prepared plan/cross section
 - Scale
 - Mine/Facility Name
 - Contour intervals, if applicable
 - Legend, including symbols and colors used
 - If applicable, notarized certification by approved person
- Maps shall have the following information placed on the right side or lower right corner:
 - Title
 - Date prepared and date of all revisions
 - Name of person or consultant who prepared map
 - Mine/Facility Name
 - Scale
 - Legend, including symbols and colors used
 - If applicable, notarized certification by approved person
 - Location to include County, District and Quadrangle name
 - North arrow, dip and strike in upper right corner
 - Location map shall be on the proposal map in upper right corner at a minimum size of 4" x 4"

SURFACE COAL MINING APPLICATION

STATE OF WEST VIRGINIA

MR-4

Revised 6/93

Part I: Administrative Information

Applicant Name	SMA No.
MSHA No.	NPDES No.
Filing Fee: <input type="checkbox"/> Article 5A <input type="checkbox"/> Article 3 Amount \$	DEP Region

Section A: Applicant Ownership and Control Information

NOTE: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A-1. Applicant Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

NOTE: A "person" means any individual, partnership, firm, society, association, trust, corporation, or other business entity.

A-2. Identify resident agent for service of process in West Virginia:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____

A-3. Identify entity who will pay Federal abandoned mine land reclamation fees:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____

A-4. Indicate legal structure of applicant:

- Single Proprietorship (Complete A-6)
- Partnership (Complete A-7)
- *Corporation: State of Incorporation _____ Date of Incorporation _____
- *Association
- *Other: Specify _____

*Complete A-8

A-5. Has the applicant previously submitted to DEP sufficient documentation to establish the legal structure of the applicant and have an approved Centralized Ownership and Control File?

Yes No

If Yes, include all updated ownership and control changes to date and identify as attachment A-5 and proceed to A-12.

If No, complete the following appropriate items and attach sufficient notarized documents and identify as attachment A-5. Check below the type of documents included:

- Certified copy of "Certificate of Incorporation" or other appropriate document from the Office of Secretary of State and a certified copy of the most recently filed annual report.
- Notarized Copy of Partnership Agreement
- Certified Copy of "Certificate of Limited Partnership)
- Certified Copy of "Certificate of Registration of True Name" with county of registration (for use of assumed name or "d/b/a")

A-6. If applicant is a SINGLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Beginning date of ownership _____

A-7. If applicant is a PARTNERSHIP, list all partners, including limited partners. If any partner listed below is a business entity and not an individual, also complete item A-11 for that entity:

If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Official title within partnership _____ Percent of Ownership _____

Beginning date of ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-7. No. of additional entries _____

A-8. If applicant's legal structure is other than a single proprietorship or partnership, provide all information requested below for: Stockholders (SH) owning ten percent (10%) or more of any class of voting stock; Officers such as President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS), Directors (DIR), and any other person performing a function similar to a Director. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity. If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Official title within Corporation _____

Location in Organizational Structure _____

Date Position was Assumed _____ Beginning date of Affiliation _____

Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-8. No. of additional entries _____

A-9. Identify below all persons who have the authority or ability to commit the financial, real property assets or working resources of the applicant who are not otherwise identified as owners, officers, or directors of the applicant. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.

If NONE, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Beginning date of Affiliation _____

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Beginning date of Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-9. No. of additional entries _____

A-10. Does the applicant own all of the coal to be mined? Yes No

If No, identify below the legal source by which the applicant has the authority to mine all of the coal and complete A. and B. below:

LEASE SUBLEASE AGREEMENT OTHER CONTRACT

A. Identify every person owning or controlling the coal to be mined **AND having the right to receive it after mining.** If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

B. Identify every person owning or controlling the coal to be mined **AND having the authority to determine the manner in which the proposed surface mining operation is conducted.**
If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-10a or b. No. of additional entries _____

A-11. Complete this item whenever a business entity (rather than an individual) is listed in items A-6, A-7, A-8, A-9, or A-10. Identify below the corresponding item number in which the entity is listed:

A-6 A-7 A-8 A-9 A-10

Name of Entity _____
Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Official title/position _____ Date Title/Position was Assumed _____
Percent of Ownership _____ Beginning date of Ownership _____
Beginning date of Original Affiliation _____

A-6 A-7 A-8 A-9 A-10

Name of Entity _____
Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Official title/position _____ Date Title/Position was Assumed _____
Percent of Ownership _____ Beginning date of Ownership _____
Beginning date of Original Affiliation _____

A-6 A-7 A-8 A-9 A-10

Name of Entity _____
Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Official title/position _____ Date Title/Position was Assumed _____
Percent of Ownership _____ Beginning date of Ownership _____
Beginning date of Original Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-11. No. of additional entries _____

A-12. List all permit applications pending and all permits held within the five (5) years preceding the date of this application for surface coal mining operations in the United States owned or controlled by the applicant and/or any person listed in items A-6, A-7, A-8, A-9, A-10 or A-11. Include information on contract, subcontract, lease, sublease and license surface coal mining operations.

Name of applicant or person in items A-6 through A-11 _____
 Permittee _____ FEIN No. _____
 Operator (if different than permittee) _____
 Address _____
 Telephone No. () _____ Relationship to Applicant _____

PERMIT NUMBER	STATE/REGULATORY AUTHORITY	MSHA NO.	DATE NO. ISSUED	IF DIFFERENT, NAME IN WHICH MSHA ISSUED

NOTE: Attach additional entries as needed using the above format and identify as attachment A-12. Page _____ of _____

Section B: Applicant Violation Information

B-1. Has the applicant or any person listed in items A-6, A-7, A-8, A-9, A-10, or A-11 or any subsidiary, affiliate, or person controlled by or under common control with the applicant:

A. Had a Federal or State coal mining permit permanently suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No

B. Forfeited a reclamation performance bond or a security deposited in lieu of bond?
 Yes No

If Yes to A. or B. above, complete the following:

Name of Applicant or Person _____
Permittee _____
Permit No. _____ Date of Issuance _____
Regulatory Authority suspending/revoking the permit _____
Stated reason for action _____
Bond Amount Forfeited _____
Current status _____

If the applicant or person has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment B-1.

If administrative or judicial proceedings occurred, complete the following:
Date _____ Location _____ Type _____
Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment B-1. No. of additional entries _____

B-2. Provide a list for any violation of a provision of the Act or these regulations and any other Federal or State laws, rules and regulations pertaining to air, water, and/or environmental protection incurred in connection with any surface mining operation received by the applicant during the three (3) year period preceding the application date. The list shall consist of the following information: If NONE, check here:

Use attachment B-2 to complete the following information:
Name in which violation was issued
Permit or other identifying No.
MSHA No. and date MSHA No. issued
Date violation issued
Issuing Regulatory Authority
Description of alleged violation notice
If administrative or judicial proceedings, provide: Date; Location; Type of proceedings
Current Status of proceedings and violation notice
Abatement actions taken

NOTE: Attach pages as needed using attachment B-2.

B-3. Provide a list of all unabated cessation orders, and unabated air and water quality violation notices received prior to the date of the application by any surface mining reclamation operation owned or controlled by either the applicant or by any person who owns or controls the applicant listed in items A-6, A-7, A-8, A-9, A-10, or A-11:

If NONE, check here:

Use attachment B-3 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation notice
- If administrative or judicial proceedings, provide: Date; Location; Type of proceedings
- Current Status of proceedings and violation notice
- Abatement actions taken

NOTE: Attach pages as needed using attachment B-3.

B-4. Will mine operator(s) be different from applicant?

Yes No

If Yes, it is necessary to complete and submit as a separate application the "Application for Operator Assignment " to the appropriate DEP Office.

Section C: Property Information

C-1. Provide a list of the names and addresses of each legal or equitable owner of record of the surface and mineral property to be mined, each holder of record of any leasehold interest in the property to be mined, and any purchaser of record under a real estate contract for the property to be mined. Identify each owner by the following classes:

Note: If name listed is a business entity and not an individual, provide names and addresses or principals, officers, and resident agent

- (SO) Surface Owner Only
- (MO) Mineral Owner Only
- (SMO) Surface and Mineral Owner
- (LI) Leasehold Interest
- (RE) Real Estate Purchaser

NOTE: Attach additional entries as needed using the format below and identify as attachment C-1. No. of additional entries _____

NAME	ADDRESS	OWNER CLASS SO / MO / SMO / LI / RE

C-2. For each owner listed in C-1, provide below a description of the legal documents upon which the applicant bases his legal right to enter and conduct surface coal mining operations.

Note: DEP may request copies of these documents.

OWNER OF RECORD	DOCUMENT TYPE	GRANTOR OF RIGHT	DATE OF EXECUTION	LOCATION WHERE FILED

C-3. Are any rights identified in C-2 the subject of pending court litigation?

- Yes
- No

If Yes, provide the names of the parties involved below:

C-6. Complete the following to indicate whether or not any portion of the proposed permit area is:

Yes No

- within any lands under study for designation as unsuitable for surface coal operations;
- within the boundaries of the National Park System;
- within the boundaries of the National Wildlife Refuge System;
- within the boundaries of the National System of Trails;
- within the boundaries of the National Wilderness Preservation System;
- within the boundaries of the wild and scenic rivers system, including "study" rivers;
- within the boundaries of any National Recreation Areas;
- within the boundaries of any National Forest;
- will adversely impact any publicly-owned park or places included in, or may be eligible to be included in, the National Register of Historic Sites, or National Register of Natural Landmarks;
- within 300 feet of any public building;
- within 300 feet of any school;
- within 300 feet of any church;
- within 300 feet of any community or institutional building;
- within 300 feet of any public park; or
- within 100 feet of a cemetery;

If any of the above is Yes, provide proof of Valid Existing Rights (VER). Identify as attachment C-6.

C-7. Complete the following to indicate whether or not any portion of the proposed permit area is:

- A. within 100 feet of the right-of-way of any public road, except where mine haulage or access road joins such right-of-way; Yes No

If Yes, provide the basis for this response and identify by checking the item(s) which apply

- Proof of Valid Existing Rights; or
- Public Notice by Advertisement.

- B. within 300 feet of any occupied dwelling; Yes No

If Yes, provide the basis for this response and identify by checking the item(s) which apply

- Proof of Valid Existing Rights; or
- Notarized written waivers which identify the dwelling(s) by number (corresponding to the proposal map).

C-8. Is the proposed permit area within the boundaries of the following:

Yes No

 any governmental planning agencies that have jurisdiction to act regarding land use, air, or water quality planning?

 any water companies or municipal authorities that provide sewage or water service or that have facilities, including sources of water supply?

If Yes, provide names and mailing addresses below:

NAME	ADDRESS

C-9. Include a list of all lands, interests in lands, or options on such interests held by the applicant or pending bids on interests in lands by the applicant, which lands are contiguous to the area to be covered by this application. Identify as attachment C-9. If None, check here:

C-10. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of intent to mine. Identify as attachment C-10.
Check below the special items which have been included in the public notice of intent to mine:

 Joint Article 3/Article 5 Advertisement

 Mining within 100 feet of the outside right-of-way of a public road

 *Relocation or closure of a public road

 Land use change

NOTE: Certification of publication must be submitted within four weeks after last date of publication.
*Requires permission from the authority with jurisdiction over the public road

Section D: Insurance/Bonding Information

Applicant: _____

SMA/Permit Number: _____

D-1. Include a current Certificate of Insurance and Acknowledgement of Insurance: Policy Number _____ Expiration Date _____
--

D-2. Site Specific Performance Bond - Check below and complete the bonding method:
--

Full Permit Bonding:

To Be Completed By Applicant	To Be Completed By DEP	
Total Permit Area (Acres)	Bond Amount Per Acre	Total Bond Amount
	\$ _____	\$ _____

Multiple Mining Categories Bonding:

If two or more of the four major mining categories is proposed

To Be Completed By Applicant		To Be Completed By DEP	
Major Mining Category	Total Category Area (Acres)	Bond Amount Per Acre	Total Bond Amount

Incremental Bonding: Total Increments as indicated on Proposal Map _____
 (\$10,000.00 minimum for each increment)

NOTE: If Incremental Bonding is proposed, applicant must submit this page with each subsequent increment along with an incremental bonding map drawn to scale to clearly identify the number and boundary of each increment.

To Be Completed By Applicant		To Be Completed By DEP	
Increment No.	Total Increment Area (Acres)	Bond Amount Per Acre	Total Bond Amount

Combined Operation Bonding:

NOTE: If permit proposes a combination of surface and/or multiple underground operations, complete this section and submit separate bonds (minimum \$10,000.00) for each operation.

To Be Completed By Applicant		To Be Completed By DEP	
SMA No.	Total Permit Area (Acres)	Bond Amount Per Acre	Total Bond Amount

Open Acre Limit Bonding:

To Be Completed By Applicant			To Be Completed By DEP	
ACRES	GENERAL BOND	ANCILLARY FACILITIES BOND	OPEN-ACRE LIMIT BOND	TOTAL BOND AMOUNT
	X \$750.00			= \$
		X \$ 1,000.00		= \$
			X \$	= \$
				= \$

Section E: Applicant's Certification of Application

E-1. Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment E-1.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: After the applicant has been notified that the application is approved, but before the permit is issued, the applicant shall provide an update of the information in Part I, OR indicate in writing that no change in this information has occurred.

SURFACE COAL MINING APPLICATION

STATE OF WEST VIRGINIA

MR-4

Revised 3/93

Part II: Environmental Resource Information

Applicant Name _____	SMA No. _____
Mine Name _____	
Latitude ____° ____' ____" Longitude ____° ____' ____"	
Total Surface Acres _____	NPDES No. _____ MSHA No. _____

Section F: Land Use Information

F-1. Did the applicant's reconnaissance inspection or soil survey indicate that all or any part of the proposed permit area is prime farmland? Yes No

If Yes, submit a soil survey to confirm the exact location of such lands. Identify survey as Attachment B-1 and delineate the area of prime farmland on the PROPOSAL MAP.

If No, provide the basis for this response by checking the item(s) which apply:

- No land within the proposed permit area has been historically used for cropland.
- The slope of all land within the proposed permit area is ten percent (10%) or greater.
- Other factors (i.e. rocky surface, frequent flooding) disqualify the land as prime farmland.
- A qualified person other than the applicant has conducted a soil survey and determined in writing that no prime farmland is present. Identify this determination and provide results of the soil survey. Identify as Attachment F-1.

F-2. Indicate the existing land uses within the proposed permit area:

- | | | |
|--|---|--|
| <input type="checkbox"/> Forestland | <input type="checkbox"/> Hayland or Pasture | <input type="checkbox"/> Cropland |
| <input type="checkbox"/> Water Impoundments | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial/Commercial |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Rangeland | <input type="checkbox"/> Commercial Woodland |
| <input type="checkbox"/> Fish & Wildlife Habitat
and Recreation lands | <input type="checkbox"/> *Previously Mined
and Not Reclaimed | <input type="checkbox"/> **Combined Uses |

*Delineate on PROPOSAL MAP those areas that were previously mined and not reclaimed.

**Designate primary (1) and secondary (2) land uses above.

F-3. Has there been a land use change during the five (5) years preceding the date of this application?
 Yes No

If Yes, describe the historic land use: _____

F-4. A. Indicate the postmining land uses below. Describe the methodology for the determination, and the maintenance program for said postmining land use and identify as attachment E-4.

<input type="checkbox"/> Forestland	<input type="checkbox"/> Hayland or Pasture	<input type="checkbox"/> Cropland
<input type="checkbox"/> Water Impoundments	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial/Commercial
<input type="checkbox"/> Public Service	<input type="checkbox"/> Rangeland	<input type="checkbox"/> Commercial Woodland
<input type="checkbox"/> Fish & Wildlife Habitat and Recreation lands	<input type="checkbox"/> **Combined Uses	

**Designate primary (1) and secondary (2) land uses above .

B. If a postmining land use change is indicated, the premining land use and postmining land use must be included in the advertisement. The request for postmining land use change must meet the criteria described in the Surface Mining Reclamation Regulations.

F-5. Provide, using the best information available, a description of the productivity of land prior to mining and the average yield of food, fiber, forage or wood products from such lands obtained under high levels of management. Identify as attachment F-5.

F-6. Provide, using the best information available, a description of the land's capability to support a variety of uses prior to mining AND after reclamation. Identify as attachment F-6.

Section G: Parks and Historic Lands Information

G-1. Will any publicly-owned parks be affected by the proposed operation? Yes No
If Yes, name and locate them on the PROPOSAL MAP and describe the measures to be taken to minimize or prevent adverse impacts from mining on these areas. Identify as attachment G-1.

G-2. Describe any cultural or historic resources listed, or eligible for listing on the National Register of Historic Places and any known archeological sites within the proposed permit area and adjacent areas. Include a description of the measures to be taken to protect these resources.
Identify as attachment G-2.
If None, check here:

G-3. The applicant shall provide the State Historic Preservation Officer (SHPO) with a copy of the map and a brief description of the operation. Include SHPO's response along with the applicant's plan to address any recommendations by the SHPO.
Identify as attachment G-3.

Section I: Geologic Information

NOTE: The geologic information being required shall address both the areal and structural geology and related information of both the proposed permit and adjacent areas down to and including the deeper of either the stratum immediately below the lowest coal seam to be mined, or any aquifer which may be adversely impacted below the lowest coal seam to be mined.

I-1. Provide the following information for all coal seam(s), rider(s), and/or refuse to be mined, processed, stockpiled, or affected by the proposed operation.

COAL, RIDER SEAM(S) AND/OR COAL REFUSE (USGS NAME)	THICKNESS (INCHES)	SULFUR FORMS (%)			
		ORGANIC	PYRITIC	SULFATE	TOTAL

NOTE: Acid-producing coal seams include but are not limited to the Waynesburg, Washington, Freeport, Sewickley, Redstone, Pittsburgh, Kittanning, Elk Lick, Peerless, No. 2 Gas, Upper Eagle, No. 5 Block, and Stockton Lewiston.

I-2. Is gravity discharge anticipated from a proposed underground mine or augering area?
 Yes No N/A
 If Yes, and coal seams are defined as acid-producing, provide site-specific data demonstrating that the seams to be mined are not acid-producing or iron-producing in the location of the proposed mine. Identify as attachment I-2.

I-3. Is coal fly ash usage proposed?
 Yes No
 If Yes, provide analysis to show its chemical properties. Identify as attachment I-3.

I-4. Is coal processing refuse disposal proposed?
 Yes No
 If Yes, provide overburden analysis to show its chemical properties. Use attachment I-11.

I-5. Are durable rock fills proposed?
 Yes No
 If Yes, provide slake durability analysis. Use attachment I-11.

I-6. Does the applicant request a waiver of the requirement to provide certain geologic information?

Yes No

If Yes, address A and B below:

A. Check the type of waiver requested:

Results of test borings as requested in I-6.

Engineering properties of soft rock for underground mines as requested in I-6.

B. Provide the specific source of existing equivalent information available upon which the request of waiver is based: Identify as attachment I-6.

I-7. Provide certified geologic cross-sections which include the following:

Identify as attachment I-7.

- A. Nature and depth of the various strata or overburden including geologic formation names and/or geologic members as described by the U.S. Geological Survey or other published geologic reports;
- B. Presence of any known structural features such as faults, fractures, anticlines, synclines, and monoclines;
- C. Depth of weathering identified during exploration and drilling;
- D. Nature and thickness, in inches, of all coal or rider seams above and immediately below the proposed coal seam(s) to be mined;
- E. Nature and thickness of the stratum immediately beneath the lowest coal seam to be mined;
- F. Vertical distribution of aquifers and the name(s) of the stratum (or strata) in which the water is found. For each aquifer system, show the seasonal fluctuations in head and general water quality information. Also, provide appropriate cross-references to the detailed water quality information under the baseline ground water information section.
- G. Denote any potentially acid-producing materials, topsoiling, and durable materials.

I-8. Provide a certified geohydrologic map identifying the following:

NOTE: Proposal map can be utilized only if this additional information does not make the map difficult to read.

- A. Locations (latitude and longitude) and elevations of all bore holes and sampling sites;
- B. All mineral croplines and the strike and dip of the coal to be mined;
- C. Existing or previous surface mining limits with their permit numbers;
- D. Location and extent of known workings of any underground mines and auger mined areas, including mine openings to the surface. Label these openings as to whether they are currently discharging water or are known to have discharged water in the past;
- E. Areal extent of aquifers with the name(s) of the stratum (or strata) in which the water is found and show the anticipated direction of water movement;
- F. Location and depth of all oil and gas wells, and their Office of Oil and Gas permit numbers, for all wells which are within the proposed mining limits (surface or underground) and/or within 1000 feet of the proposed permit boundary;
- G. Presence and attitude of any known structural features such as faults; axial traces of synclines, anticlines, and monoclines; and any recognized fracture patterns of lineament traces;
- H. Location of geologic cross-section(s).

I-9. Provide a detailed geologic description of the permit and adjacent areas which includes the following: Identify as attachment I-9.

- A. Stratigraphic and lithologic descriptions of the area to be affected by mining;
- B. Hydrogeologic setting including the areal and vertical distribution of all aquifers; seasonal differences in head; the name(s) of the stratum (or strata) in which the water is found; and the availability, movement, quality, and quantity of ground water flow in all aquifer units;
- C. Structural geology of the coal seam and the strata to be affected by mining both in the permit and adjacent areas, including faults, folds, fracture and lineament traces, and regional and site specific strike and dip;
- D. Geochemical character of all strata and coal to be disturbed by mining and the potential of this strata for generating acid, alkaline, or iron-laden drainage;
- E. Depth and degree of weathering of area strata and the effects this weathering has on the physical and geochemical properties of the overburden proposed for disturbance;
- F. Effects of fracturing and weathering on the extraction of coal and the hydrologic regime;

NOTE: I-9 is continued on Page 22

- G. Anticipated impacts of all proposed and existing operations on the geology and hydrology of the area, including impacts resulting from multiple seam mining and subsidence;
- H. For underground mining operations (including auger mining) indicate whether or not there is the potential for gravity discharge(s) and the anticipated quantity and quality of the discharge(s) from each potential discharge site. For non-gravity discharge situations, indicate the potential for seepage along the outcrop barrier and the potential hydraulic head which might result in the underground workings. Indicate if the potential discharge will require chemical treatment.

I-10. Complete Geologic Borehole Log for all test borings and coreholes in the proposed permit and adjacent area. Use attachment I-10.

I-11. Provide a statement of results of the test borings or core samples for the proposed permit and adjacent areas. Use attachment I-11.

I-12. Provide for room and pillar mining operations the thickness and analyzed engineering properties of clays or soft rock in the stratum immediately above and below each coal seam to be mined. Identify as attachment I-12.

I-13. Will topsoil substitute be utilized? Yes No

If Yes, include analysis of original topsoil, topsoil substitute, and appropriate certifications. Demonstrate that the proposed substitute material is of sufficient quantity and equally suitable for sustaining vegetation as the existing topsoil and the resulting soil medium is the best available in the permit area to support vegetation. Identify as attachment I-13.

Section J: Hydrologic Information

J-1. Identify on the proposal map all surface water and ground water bodies on the proposed permit area, adjacent areas and areas over the proposed mineral extraction.

J-2. Provide a Ground Water Inventory on the proposed permit area, adjacent areas and areas over the proposed mineral extraction. Use attachment J-2.

J-3. Provide Baseline Surface Water Quality and Quantity Information for the proposed permit area, adjacent areas and areas over the proposed mineral extraction. Use attachments J-3A and B.

J-4. Provide Baseline Ground Water Quality and Quantity Information for the proposed permit area, adjacent areas and areas over the proposed mineral extraction. Use attachment J-4A and B.

J-5. Are there significant aquifers on the proposed permit area, adjacent areas and/or areas over the proposed mineral extraction? Yes No

If Yes, provide a description to include discharge rates or usage and depth to water under seasonal conditions. Identify as attachment J-5.

J-6. Provide a statement describing the **Probable Hydrologic Consequences (PHC)** of the proposed mining operation, with respect to the hydrologic balance, on the permit area, adjacent areas, and over the proposed mineral extraction. Identify as attachment J-6. The statement must provide the following information:

WATER QUANTITY:

- Whether the proposed operation may result in water supply diminution or interruption for any ground or surface water source currently being used for domestic, agricultural, industrial, or any other legitimate purpose;
- Potential impact the proposed operation will have on flooding or streamflow alteration, including channel scouring and dewatering of streams;
- Whether the proposed operation will disturb aquifers that significantly insure water use;
- Potential effects of the proposed operation on ground and surface water availability.

WATER QUALITY:

- Whether the proposed operation may result in water supply contamination for any underground or surface water source currently being used for domestic, agricultural, industrial, or any other legitimate purpose;

NOTE:

J-6 is continued on Page 24

- Whether acid or toxic forming materials are present which could result in the contamination of surface or ground water;
- Potential impact the proposed operation will have on sediment yield;
- Potential impacts resulting from increases in total hot acidity, total suspended solids, dissolved solids, and other important water quality parameters.

GRAVITY DISCHARGE/OUTCROP SEEPAGE:

- Potential for gravity discharge from the underground workings during and after mining, the potential impacts resulting from the complete failure of the outcrop barrier, and the formation of outcrop seepage faces. (Provide calculations)

PROTECTION OF THE HYDROLOGIC BALANCE:

- Preventive and remedial measures to minimize the potential of acid mine drainage.
- Measures to assure the protection of the quality and quantity of surface and ground water systems.
- Measures to be taken to prevent, to the extent possible, contributions of suspended solids.
- Measures to be taken to restore, enhance, protect, or replace the approximate premining recharge capacity.
- Measures to be taken to prevent, control, or mitigate the adverse impacts of gravity, seepage, or pump discharges from underground mines and/or augering, if applicable.
- Preventive and remedial measures to prevent any other potential adverse hydrologic impacts.

J-7. Does the PHC indicate that a currently used or significant ground water resource is likely to be contaminated, diminished, or interrupted? Yes No

If Yes, provide the following information: Identify as attachment J-7.

- A. Identify the alternative water source(s) and provide a detailed description of any aquifer, developed or undeveloped, proposed as an alternative water source;
- If the alternative source(s) is developed, show the location on the proposal map using designation AW-1, AW-2, etc.
 - If the alternative source(s) is undeveloped, provide proposed plans and specifications.
- B. Provide water quality and quantity data demonstrating its suitability for the identified use(s).

J-8. Does the PHC indicate that a currently used or significant surface water resources is likely to be contaminated, diminished, or interrupted? Yes No

If Yes, provide the flood flows, base flows, and other characteristics to fully evaluate such probable hydrologic consequences as water availability and suitability for both the premining and postmining land use in order to plan remedial and reclamation activities.

Identify as attachment J-8.

J-9. Is a waiver of ground water monitoring requested? Yes No

A. If Yes, identify each individual water-bearing stratum for which a waiver is requested and demonstrate by use of the PHC determination and other available baseline hydrologic and geologic information that the particular water-bearing stratum is not one which serves or may potentially serve as a significant aquifer or one which ensures the hydrologic balance within the cumulative impact area.

B. If No, provide letter(s) of permission to monitor domestic water supplies proposed as monitoring sites. Identify as attachment J-9.

NOTE: The ground water and surface water monitoring plans are to be included in Section III of this application.

J-10. Provide copies of original laboratory data sheets for the surface water and ground water baseline monitoring sites. Identify as attachment J-10.

Section K: NPDES Information

K-1. Include an accurate and complete National Pollutant Discharge Elimination System (Article 5A/WVNPDES) application or modification to an existing NPDES Permit.

SURFACE COAL MINING APPLICATION

STATE OF WEST VIRGINIA

MR-4

Revised 3/93

Part III: Mining and Reclamation Information

General Application Information

Applicant Name: _____ Mine Name: _____ Latitude _____° _____' _____" Longitude _____° _____' _____" Nearest P O _____ Nearest Public Rd. (Rt. #) _____ Quadrangle Name _____ No. _____ Coal Seam(s) to be Mined: _____	SMA No. _____ NPDES No. _____ MSHA No. _____
---	--

Applicant Mailing Address _____ Street Address (if mailing address is a Post Office Box) _____ City _____ State _____ Zip _____ Telephone No. () _____ If applicable, Mine Site Telephone Number () _____
--

Indicate below by County and District the total surface acres proposed to be permitted by this operation:

SURFACE ACRES	COUNTY	DISTRICT
TOTAL ACRES:		

DRAINAGE PATTERN:		
Major Watersheds are: Potomac; Kanawha; Tug; Ohio; Monongahela		
RECEIVING STREAM	TRIBUTARY OF	MAJOR WATERSHED

Section L: Variance/Waivers

L-1 In the following table, identify by checking all variances and waivers contained in this application for which the applicant is requesting approval. Only those variances and waivers identified will be considered. If NONE, check here:

TO BE COMPLETED BY APPLICANT			TO BE COMPLETED BY DEP		
X	VARIANCE/WAIVER REQUESTED	APPLICATION ITEM NO.	APPROVED		DEP REVIEWER
			YES	NO	
	Within 100 feet of public road right-of-way	C-7			
	Closing or relocating a public road	C-10			
	Post mining land use change	F-14			
	Results of Test Borings	I-6			
	Engineering Properties of Soft Rock	I-6			
	Topsoil Substitutes	I-13			
	Ground water monitoring during mining	J-9			
	Contemporaneous reclamation variance	O-4			
	AOC variance	O-5			
	Within 100 feet of a stream	P-1			
	In-stream drainage control	P-2			
	Alternative Storage Requirements	P-5			
	Permanent Impoundments	P-6			
	Permanent Roads	Q-1			
	Subsidence Control Plan	S-3			
	Co-mingling of waters	S-6			
	Discharges into underground mine workings	W-1			
	List Other Requests Below:				

Section M: General Mining Information

M-1. Provide the anticipated coal production for this proposed operation:

ANNUAL PRODUCTION		PERMIT LIFE PRODUCTION	
Auger	(Tons)	Auger	(Tons)
Strip	(Tons)	Strip	(Tons)
Deep	(Tons)	Deep	(Tons)
TOTAL ANNUAL	(Tons)	TOTAL LIFE	(Tons)

M-2. Indicate the types and methods of operation:

<input type="checkbox"/> SURFACE	<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> OTHER
<input type="checkbox"/> Area Mine	<input type="checkbox"/> Longwall	<input type="checkbox"/> Preparation Plant
<input type="checkbox"/> Mountaintop	<input type="checkbox"/> Room and Pillar	<input type="checkbox"/> Refuse Disposal
<input type="checkbox"/> Contour	<input type="checkbox"/> < 80%	<input type="checkbox"/> Haulroad
<input type="checkbox"/> Steep Slope	<input type="checkbox"/> > 80%	<input type="checkbox"/> Impoundments (Dams)
<input type="checkbox"/> Auger		<input type="checkbox"/> Loading Facility
<input type="checkbox"/> Highwall Miner		

M-3. Indicate the major types of equipment that will be used:

<input type="checkbox"/> Draglines:	<input type="checkbox"/> Hydraulic Excavators	<input type="checkbox"/> Shovels	<input type="checkbox"/> Backhoes
Cu. Yds	<input type="checkbox"/> Trucks (Off Road)	<input type="checkbox"/> Drills	<input type="checkbox"/> Loaders
<input type="checkbox"/> Dozers	<input type="checkbox"/> Other - Specify:		
<input type="checkbox"/> Pans			

M-4. Indicate the facilities that will be constructed and/or utilized and indicate location of facilities on the PROPOSAL MAP.

A. DRAINAGE STRUCTURES	
<input type="checkbox"/> Impoundments	<input type="checkbox"/> Diversions
<input type="checkbox"/> Dugout	<input type="checkbox"/> Permanent
<input type="checkbox"/> Embankment	<input type="checkbox"/> Temporary
<input type="checkbox"/> Sediment Channels	<input type="checkbox"/> Stream

B. EXCESS SPOIL DISPOSAL	
<input type="checkbox"/> Valley Fill	<input type="checkbox"/> Existing Bench Fill
<input type="checkbox"/> Durable Rock Fill	<input type="checkbox"/> Underground Mine Works
<input type="checkbox"/> Side Hill Fill	

C. TRANSPORTATION	
<input type="checkbox"/> Haulageways	<input type="checkbox"/> Chutes for Coal Transport
<input type="checkbox"/> Primary Road	<input type="checkbox"/> Gravity Transport
<input type="checkbox"/> Infrequently Used Access Road	<input type="checkbox"/> Surface Conveyor

D. COAL AND NON-COAL DISPOSAL	
<input type="checkbox"/> Coal Refuse Disposal	<input type="checkbox"/> Coal Waste Disposal
<input type="checkbox"/> Slurry Impoundment	<input type="checkbox"/> Non-Coal Waste Disposal
<input type="checkbox"/> Coal Stockpile Acres:	<input type="checkbox"/> Other

E. OTHER FACILITIES	
<input type="checkbox"/> Coal Preparation Tons Per Hour:	<input type="checkbox"/> Loading
<input type="checkbox"/> Underground Mine Entries	<input type="checkbox"/> Bathhouse
<input type="checkbox"/> Ventilation Shaft/Slope	<input type="checkbox"/> Substations and Power Poles/Lines
<input type="checkbox"/> De-Gasification Wells	<input type="checkbox"/> Pumping and Water Treatment
<input type="checkbox"/> Supply Yards	<input type="checkbox"/> Silo Capacity in Tons:
<input type="checkbox"/> Maintenance Shop	

Section N: Mining and Reclamation Plan

N-1. A. Indicate below the estimated timetable by month and year for each phase of the operation.

PHASE	MINING			RECLAMATION			UNRECLAIMED
	START	END	ACRES	START	END	ACRES	ACRES
I							
II							
III							
IV							
V							

B. Provide a detailed narrative which describes the major mining and reclamation activities of each phase of the proposed operation. The narrative shall also address the following: Identify as attachment N-1.

- 1) Consideration which was given to maximize the utilization and conservation of the solid fuel resource being recovered so that re-affecting the land in the future will be minimized;
- 2) Appropriate steps which will be taken to comply with applicable air and water quality laws and regulations and applicable health and safety standards;
- 3) Fugitive dust control plan to be employed during site preparation, mining and reclamation. When required, provide an air quality monitoring program and locate monitoring station(s) on proposal map;
- 4) How topsoiling materials will be removed, stored, stabilized, protected, and redistributed;
- 5) Include Phase Map(s) drawn to scale which indicates the sequence for each phase.

N-2. Are other operations anticipated in connection with this proposed operation which will require additional surface coal mining permits? Yes No

If Yes, identify the lands subject to surface mining and the size, sequence and timing of the operations. Identify as attachment N-2.

N-3. Is surface mining and/or augering to occur within 500 feet of an underground mine?

Yes No If Yes:

A. Indicate the status of the underground mine:

Abandoned Active Temporarily Inactive

B. Provide the following information as attachment N-3:

- 1) Office of Miner's Health, Safety and Training approval and subsequent MSHA approval;
- 2) Approval of the underground operator and/or owners;
- 3) A description of impact of this proposed operation upon underground mining.

N-4. Provide a description of the measures to be used for the temporary storage and final disposal of waste such as grease, lubricants, paints, flammable liquids, garbage, abandoned machinery, timber, brush, treatment chemicals (flocculents, pH adjusters, coal processing, etc.), and other combustibles generated during the mining activities. Identify as attachment N-4.

NOTE: Identify all temporary and permanent storage and/or disposal sites on the PROPOSAL MAP or SITE PLAN MAP

N-5. Has underground mining occurred within the boundaries of the proposed permit area?

Yes No

If Yes, provide a description of the potential effects subsidence may have on structures such as dams, coal waste disposal areas, fills and other such structures. Identify as attachment N-5.

Section O: Site Specific Backfilling, Regrading and Revegetation Plan

O-1. Provide cross-sections depicting the surface configuration prior to mining, during mining, and following reclamation. Cross sections shall identify the following: Identify as attachment O-1.

- A. All materials requiring special handling;
- B. Coal seams to be mined;
- C. Topsoiling material;
- D. Permit Boundary;

O-2. Provide calculations for spoil generation, storage, backfilling and excess disposal. Use attachment O-2.

O-3. Provide a description of how the operation will comply with backfilling and regrading requirements. Identify as attachment O-3.

O-4. Is a variance for delay of contemporaneous reclamation requested? Yes No
If Yes, provide the following information. Identify as attachment O-4.

- A. Explain rationale for request;
- B. Timetable for completion of reclamation;
- C. Describe any environmental impacts that may result from the delay in reclamation;
- D. Identify on the PHASE MAP the specific surface areas for which a variance is requested.

O-5. Is a variance from approximate original contour (AOC) being requested:

- A. Remined areas Yes No
If Yes, provide the following information:
 - 1) A demonstration that the volume of reasonably available spoil is insufficient to completely backfill the reaffected or enlarged highwall;
 - 2) A demonstration that any highwall remnant left after mining will be stable and not pose a hazard to the public safety or the environment.
- B. Steep slope areas Yes No
- C. Mountaintop Removal areas Yes No
If Yes to B. or C., provide the following information:
 - 1) Alternate post mining land use request (Complete F-4 of this application);
 - 2) Demonstrate that the watershed which includes the permit and adjacent areas will be improved by the proposed operation when compared with premining conditions or with its condition if AOC were restored.
- D. Identify on the PROPOSAL MAP the specific surface areas for which a variance is requested.

Identify as attachment O-5.

O-6. Provide a description of techniques to be utilized, including stability analyses to demonstrate that the backfilled benches will meet a minimum static safety factor of 1.3.
Identify as attachment O-6.

O-7. Provide a description of the measures to be used to seal or manage mine openings, exploration holes, auger holes, boreholes, wells encountered and other openings within the proposed permit areas. Include design specifications for ensuring stability under anticipated hydraulic heads for each permanent entry seal and downslope barrier. Include drawings, etc. required to adequately support the description of the proposed measures. Identify as attachment O-7.

O-8. Provide a plan for burying, blending, segregating, and/or treating acid/toxic strata to avoid adversely affecting water quality and revegetation. Include drawings, etc. required to adequately support the plan. Identify as attachment O-8.

O-9. Provide a planting plan which includes the following: Identify as attachment O-9.

- A. A prediction of the minesoil character based on overburden analysis, soil analysis, and other available information;
- B. Proposed treatment to neutralize acidity;
- C. Method of mechanical seed bed preparation;
- D. Application rates and analysis of fertilization;
- E. Application rates and types of mulch;
- F. Application rates and species of perennial vegetation including herbaceous and woody plants;
- G. Areas to be planted or seeded to trees and shrubs;
- H. A maintenance schedule and procedures; and
- I. A plan for temporary vegetation cover to include the following:
 - 1) Species;
 - 2) Seeding rate;
 - 3) Timing.

O-10. Indicate the postmining land uses below as indicated in F-4 of this application.

- | | | |
|--|---|--|
| <input type="checkbox"/> Forestland | <input type="checkbox"/> Hayland or Pasture | <input type="checkbox"/> Cropland |
| <input type="checkbox"/> Water Impoundments | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial/Commercial |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Rangeland | <input type="checkbox"/> Commercial Woodland |
| <input type="checkbox"/> Fish & Wildlife Habitat
and Recreation lands | <input type="checkbox"/> **Combined Uses | |

**Designate primary (1) and secondary (2) land uses above .

Section P: Drainage and Sediment Control Plan

P-1. Is a variance requested to disturb land within 100 feet of an intermittent or perennial stream?
 Yes No

If yes, provide a narrative to show that surface mining activities will not:

- A. adversely affect the normal flow or gradient of the stream;
- B. adversely affect fish migration or related environmental values;
- C. materially damage the water quantity or quality of the stream;
- D. cause or contribute to violation of applicable State or Federal water quality standards.

Identify as attachment P-1

P-2. Is a variance requested to locate a sediment control structure in a perennial stream?
 Yes No

If Yes, provide justification and demonstrate that there is no other suitable location for such structure. Identify as attachment P-2.

P-3. Is a variance requested to allow the alteration or relocation of a natural stream channel?
 Yes No

If Yes, provide information required by the West Virginia Surface Mining and Reclamation Regulations for stream channel diversions. Identify as attachment P-3.

P-4. Are any existing drainage structures proposed to be used?
 Yes No

If Yes, provide a description of each existing structure to include the following:

- A. Location;
- B. As-built certifications, drawings, computation sheets and calculations;
- C. Plans of the structure which describe its current conditions;
- D. Approximate dates on which construction of the existing structure was begun and completed.
- E. Relevant monitoring data or evidence as to whether or not the structure meets the current performance standards;
- F. Compliance plan for each existing structure proposed to be modified or reconstructed to include the following:
 - 1) Design specifications of the structure to bring it into compliance with design requirements and performance standards;
 - 2) A construction schedule which shows approximate dates for beginning and completing interim steps and final construction;
 - 3) Provisions for monitoring the structure during and after modification or reconstruction to ensure compliance;
 - 4) The risk of harm to the environment or to public health or safety is not significant during the period of modification or reconstruction.

Identify as attachment P-4.

P-5. Will all sediment control structures including temporary sediment control have the capacity to store 0.125 acre/ft. of sediment for each acre of disturbed area?
 Yes No
 If No, provide a justification for alternate storage requirements which demonstrates that effluent limits will be met. Identify as attachment P-5.

P-6. Will any drainage structure be constructed in a manner which will create a permanent impoundment? Yes No
 If Yes, identify permanent structures and provide documentation for the following:
 A. Size and configuration will be adequate for its intended purpose;
 B. Structure will not result in the diminution of the quality and quantity of water utilized by adjacent or surrounding landowners or agricultural, industrial, recreational, or domestic use; and
 C. Structure will be suitable for the approved post mining land use.
 Identify as attachment P-6.

P-7. Provide the following information for each drainage or sediment control structure:
 A. Description, location map, plan view, profile, and cross sections of the structure;
 B. Geotechnical investigation (if applicable);
 C. Complete and accurate design and construction specifications;
 D. Sequence or timetable for construction in relation to the disturbed area to be controlled;
 E. Operation and maintenance procedures, including methods and location for disposal of the sediment and/or sludge;
 F. Timetable and plans to remove each structure, including permanent structures;
 G. Drainage control for all regraded areas;
 H. Engineering techniques used in design of structures;
 I. Certification and periodic inspection procedures;
NOTE: Design plans, cross-sections, and profiles of engineered structures must be based on mapping or surveying data of adequate detail and accuracy. The registered professional engineer or licensed land surveyor certifying design of such facilities is responsible for insuring such adequacy.
 Identify as attachment P-7.

P-8. Provide the following information for each temporary drainage control structure:
 A. Description, location map, plan view, profile, and cross sections of the structure;
 B. Complete and accurate design and construction specifications;
 C. Sequence or timetable for construction in relation to the disturbed area to be controlled;
 D. Certification and periodic inspection procedures.
 Identify as attachment P-8.

Section Q: Transportation Plan

- Q-1. Provide plans and specifications for each primary road to include the following:**
- A. Design drawings, plan view, map, construction specifications and cross sections;
 - B. Road width, gradient, and surfacing materials;
 - C. Fill embankment and road cut;
 - D. Culverts, bridges, and low-water crossing;
 - E. Drainage ditches and structures;
 - F. Operation and maintenance procedures;
 - G. Certification and periodic inspection procedures; and
 - H. Abandonment and/or removal plan.

Identify as attachment Q-1.

- Q-2. Provide the following for each infrequently used access road:**
- A. Operation and maintenance requirements;
 - B. Drainage control measures; and
 - C. Abandonment and/or removal plan.

Identify as attachment Q-2.

- Q-3. Provide plans and profile of each conveyor, overland conveyor, or rail system. Identify as attachment Q-3.**

- Q-4. Are any existing haulageways or access roads proposed to be used?**

Yes No

If Yes, provide a demonstration that:

- A. Reconstruction to meet design requirements would result in greater environmental harm;
- B. Drainage and sediment control requirements will be met;
- C. Location;
- D. As-built certifications, drawings, computation sheets and calculations;
- E. Plans of the structure which describe its current conditions;

Identify as attachment Q-4.

Section R: Excess Spoil Disposal Design

R-1. Will excess spoil disposal structures be used? Yes No
 If Yes, complete items R-2 thru R-5.

R-2 Provide the following summary information for each structure and delineate each structure on the PROPOSAL and DRAINAGE MAPS:

STRUCTURE LD.	TYPE OF FILL	STORAGE VOLUME	TYPE OF UNDERDRAIN	NATURAL GROUND SLOPE AT TOE	LATITUDE AT TOE	LONGITUDE AT TOE

R-3. Provide the following information for each excess spoil disposal structure:

- A. Plan view, profiles and cross sections drawn to scale;
- B. A detailed description of:
 - 1) Clearing, grubbing and topsoil handling;
 - 2) Construction of underdrains and source of underdrain rock;
 - 3) Type and source of materials to be placed in the fill;
 - 4) Construction sequence;
 - 5) Construction methods including transportation and compaction of materials;
 - 6) Surface protection and maintenance;
 - 7) Abandonment plan; and
 - 8) Certification and periodic inspection procedures;
- C. Geotechnical investigation to include:
 - 1) Depth to bedrock and character of bedrock;
 - 2) If applicable, the number, location, and depth of foundation borings or test pits, and the log of each. Indicate the location on the PROPOSAL MAP;
 - 3) A survey identifying all springs, seepage and ground water flow observed or anticipated during wet periods;
 - 4) A technical description of the rock materials to be utilized in durable rock fills, rock underdrains, rock chimney cores or rock drainage blanket, including durability tests;

- D. Hydrologic and hydraulic designs to include:
- 1) Calculations, specifications, and drawings for diversion ditches; and
 - 2) Calculations and engineering assumptions considered in the design of the underdrain;
- E. Stability Analyses addressing both static and dynamic loading conditions to include:
- 1) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and density of foundation materials;
 - 2) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and pore pressure ratio (phreatic surface) of fill material; and
 - 3) Results of stability analyses.

Identify as attachment R-3.

R-4. Are rock-toe buttresses or key-way cuts included in any fill designs? Yes No

If Yes, provide the following and identify as attachment R-4:

- A. The number, location and depth of borings or test pits;
- B. Engineering specifications used to design the rock-toe buttress or key-way cut;
- C. Type of material and engineering properties of the material used for the key-way or rock-toe; and
- D. Plan view, cross section and profiles.

R-5. Are there any proposed durable rock fills? Yes No

If Yes, provide calculations for each durable rock fill certified by a Registered Professional Engineer that at least 80% of the fill volume will be durable rock. Identify as attachment R-5.

Section S: Underground/Subsidence Information

NOTE: A Certificate of Approval for Mine Opening must be obtained from the Office of Miner's Health, Safety, and Training for underground mines

S-1. Are underground or augering operations proposed? Yes No

If Yes, provide the following and complete items S-2 thru S-5.

- A. Topographic Map of a scale 1" = 1,000' (Subsidence Survey Map);
- B. Mine Development Map; and
- C. Supplemental Mine Maps.

S-2. Does the subsidence survey identify any of the following within 15 degree critical angle of deformation or above the proposed underground workings?

- A. Perennial and/or intermittent streams? Yes No
- B. Structures? Yes No
- C. Renewable resource lands? Yes No
- D. PSD or Municipal Water Works? Yes No

If Yes to A., B., C, and/or D. above, identify on the topographic map.

S-3. Is a waiver of the requirement to submit a subsidence control plan requested?

Yes No

- A. If Yes, provide supporting documentation that subsidence will not cause material damage or a diminution in the reasonably foreseeable use of any streams, structures, or renewable resource lands. Identify as attachment S-3A.
- B. If No, provide a subsidence control plan in accordance with West Virginia Surface Mining and Reclamation Regulations. Identify as attachment S-3B.

S-4. Provide an underground mine abandonment plan to include the following:
Identify as attachment S-4.

- A. Width of outcrop barriers;
- B. Type and number of permanent seals proposed, their design details and proposed materials to be used for construction; and
- C. Maximum head of water expected on the outcrop barriers and mine seals.

S-5. Provide written acknowledgement that if subsidence causes material damage or reduces the value of reasonably foreseeable use of the surface lands, the land will be restored to a condition capable of supporting uses it was capable of supporting before subsidence regardless of the right to subsidence. Identify as attachment S-5.

S-6. Is a variance to co-mingle water from underground works requested?

Yes No

T-5. Provide samples of the following:

- A. Letter of notification to all owners and/or residents providing instructions on how to request a pre-blast survey. Identify as attachment T-5A.
- B. Public notice to be used to notify local governments, public utilities and each resident within one-half mile of blasting site. Identify as attachment T-5B.

T-6. Provide a blasting plan to include the following: Identify as attachment T-6.

- A. Maximum allowable airblast and ground vibration limits;
- B. Methods to control fly rock;
- C. Monitoring Plan identifying equipment and procedures;
- D. Sample blasting log; and
- E. Description of blasting procedures and safety precautions.

Section U: Water Monitoring Plan

- U-1. Provide a surface water monitoring plan to include the following: Identify as attachment U-1.
- A. monitoring site locations;
 - B. quality and quantity parameters;
 - C. sampling frequency.

- U-2. Provide a ground water monitoring plan to include the following (if applicable):
Identify as attachment U-2.
- A. monitoring site locations;
 - B. quality and quantity parameters;
 - C. sampling frequency.

Section V: Coal Processing Refuse Disposal Plan

V-1. Is coal processing refuse disposal proposed? Yes No
 If Yes, complete items V-2 thru V-4

V-2 Provide the following summary information for each structure and delineate each structure on the PROPOSAL and DRAINAGE MAPS:

STRUCTURE I.D.	TYPE	STORAGE VOLUME	NATURAL GROUND SLOPE AT TOE	LATITUDE AT TOE	LONGITUDE AT TOE	ANTICIPATED CONSTRUCTION DATE

V-3. Provide the following information for each coal refuse disposal structure:

A. Plan view, profiles and cross sections drawn to scale;

B. A detailed narrative of:

- 1) Identification, duties, responsibilities, and lines of communication of the person(s) responsible for the design and construction;
- 2) Clearing, grubbing and disposal of excess materials resulting from clearing;
- 3) Construction of underdrains and source of underdrain rock;
- 4) Type and source of materials to be placed in the disposal structure;
- 5) Construction sequence;
- 6) Construction methods including transportation, placement and compaction of materials;
- 7) Surface protection and maintenance;
- 8) Potential for liquefaction and safeguards to prevent liquefaction;
- 9) Monitoring plan to include installation and type of equipment;
- 10) Abandonment plan; and
- 11) Certification and periodic inspection procedures;

C. Geotechnical investigation to include:

- 1) Depth to bedrock and character of bedrock;
- 2) Number, location, and depth of foundation borings or test pits, and the log of each. Indicate the location on the PROPOSAL MAP;
- 3) Survey identifying all springs, seepage and ground water flow observed or anticipated during wet periods;
- 4) Technical description of the rock materials to be utilized in rock underdrains, including durability tests;

V-3 continued on Page 46

- D. Hydrologic and hydraulic designs to include:
- 1) Calculations, specifications, and drawings for diversion ditches; and
 - 2) Calculations and engineering assumptions considered in the design of the underdrain;
- E. Stability Analyses addressing both static and dynamic loading conditions to include:
- 1) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and density of foundation materials;
 - 2) Documentation and rationale used to determine cohesion (c), friction angle (ϕ) and pore pressure ratio (phreatic surface) of coal refuse; and
 - 3) Results of stability analyses.

Identify as attachment V-3.

- V-4. Does the coal refuse disposal site have the capability to impound water? Yes No
If Yes, AND the structure will be constructed in such a size or manner that it will be subject to the WV Dam Control Act and/or MSHA regulations, provide the required plans, designs, calculations, and specifications.

Section W: Underground Disposal Plan

W-1.	Is underground disposal of sludge, coal refuse, or slurry proposed?	<input type="radio"/> Yes	<input type="radio"/> No
	If Yes, provide a description of the following: Identify as attachment W-1.		
A.	Method of disposal to include the source of transport medium;		
B.	Percent of mine void to be filled (include mine maps);		
C.	Location of active workings to include plans, specifications, and methods of constructing underground retaining walls;		
D.	Potential areas of breakout;		
E.	Effects of subsidence;		
F.	Location of permanent monitoring wells or monitoring stations;		
G.	Gradient of mine from the backfill area;		
H.	Stratum underlying the mined coal;		
I.	Source and quality of material being disposed;		
J.	Treatment of discharged water;		
K.	Contingency plan to address blowouts; and		
L.	If applicable, MSHA approval.		

Section X ***Maps***

Insert all required maps and designs in this section.

Section Y: Certifications

The maps, cross sections and plans as required in this application shall be prepared by or under the direction of and certified by a qualified person approved by the Director of the Division of Environmental Protection. Indicate the applicable "Approved Person" below and complete this section. A separate certification page shall be completed for each individual.

Registered Professional Engineer

Licensed Land Surveyor

I, (typed name) _____ do hereby certify to the best of my knowledge, information and belief, that the information contained in the certification list below, and the accompanying plans, specifications and reports have been prepared in accordance with accepted practice of engineering, are true, complete and accurate, and are in accordance with the West Virginia Surface Mining Control and Reclamation Act and the West Virginia Surface Mining Reclamation Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

ITEM NO.	NAME OF DOCUMENT	ITEM NO.	NAME OF DOCUMENT

<p>Signature: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____</p>	<p>Professional Seal</p>
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SURFACE MINING APPLICATION ADVERTISEMENT

MR-34

Revised 6/93

INSTRUCTIONS	
This advertisement is for joint applications for a Chapter 22A, Article 3 and Chapter 20, Article 5A (WV/NPDES) permits.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication	Final Date of Publication

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Street Address)

has submitted a joint application to the Division of Environmental Protection (DEP)

(DEP Regional Office Address)

for an Article 3 permit for the surface disturbance of approximately _____ acres in order to

(Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal and for an Article 5A (State Water Pollution Control
(Geological Title)

Permit) WV/NPDES No. _____. The proposed operation is discharging
 into _____ of _____, and is located _____
(Receiving Stream) (Major Subbasin) (Distance)

(miles), _____ of _____, in _____ District of
(Direction) (Nearest Post Office)

_____ County, Longitude _____ ° _____ ' _____ " and
 Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

Comments on the Article 5A (WV/NPDES) applications or requests for a public hearing regarding the WV/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Director Division of Environmental Protection at the address above. Comments received by _____ or thirty (30) days from date of **initial publication** will be considered. The NPDES application draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

Written comments and/or requests for an informal conference of the surface mining application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ SMA No. _____

*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

SURFACE MINING APPLICATION ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a single application for a Chapter 22A, Article 3 permit.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication _____	Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Street Address)

has submitted a application to the Division of Environmental Protection (DEP)

(DEP Regional Office Address)

for an Article 3 permit for the surface disturbance of approximately _____ acres in order to

(Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal.
(Geological Title)

The operation will discharge into _____ of _____
(Receiving Stream) (Major Subbasin)

and is located _____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

District of _____ County, Longitude _____ ° _____ ' _____ " and
 Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

Written comments and/or requests for an informal conference of the surface mining application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ Permit No. _____

*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

NPDES APPLICATION ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a single application for a Article 5A/NPDES permit.	Ad will be published one time in a qualified newspaper of general circulation in the location of the permit area. Applicant shall enter the date of publication prior to advertisement.
Date of Publication _____	

ADVERTISEMENT

Notice is hereby given that _____
(Applicant Name and Business Street Address)

has submitted an Article 5A/WVNPDES Application No. _____ for the issuance of a Permit to the Division of Environmental Protection, _____
(Regional Office Address)

in order to _____
(Surface Mine) or (Construct a Tipple, Preparation Plant, Haulroad, Shop Area) or (Face-Up Deep Mine)

in the _____ seam of coal. The operation will discharge into _____
(Geological Title)

_____ of _____ and is located _____
(Receiving Stream) (Major Sub basin) (Distance)

(miles), _____ of _____, in _____ District of _____
(Direction) (Nearest Post Office)

of _____ County, Longitude _____ ° _____ ' _____ " and Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Comments on the Article 5A/WVNPDES application or requests for a public hearing regarding the Article 5A/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered. The Article 5A/WVNPDES application, draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above during normal business hours.

DEP Telephone No. _____ Article 5A/NPDES Permit No. _____

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

MR-12

Revised 5/93

REQUEST FOR SPECIAL USE

For more desirable land use, water retention structures, sanitary landfills, recreation sites, building, industrial sites, roads, etc.

Request is made for permission to carry out a special use project on disturbed land as detailed in the Mining and Reclamation Plan submitted with the application for the permit listed below or as detailed in the supplemental plan attached hereto.

PERMIT NO.	COUNTY:
------------	---------

Provide description of special use project:

PERMITTEE NAME AND ADDRESS	LANDOWNER NAME AND ADDRESS

Identify with an "X" any attachments to this request.

Contract	<i>*If leaving water retention structures, include all of the following:</i>
Compliance Insured	
Plans	
Maps	
Other:	
Other:	
	Spillway Calculations
	Plan View, Cross Sections, Details, and Calculations
	Signed statement regarding condition of structure
	Signed landowner liability, inspection, and maintenance statement

**NOTE: Current plan view, cross sections, details, and calculations shall be certified by approved person which demonstrates that structures meet current rules and regulations.*

The undersigned hereby grants permission to develop a special use project as described on the above listed permit or lands adjacent thereto. Provide the appropriate signatures and date below:

Surface Owner Date	DEP Inspector Date
Surface Owner Date	DEP Permit Supervisor Date
Permittee Principal Officer Date	DEP I & E Supervisor Date

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

APPLICATION FOR TRANSFER, ASSIGNMENT, OR SALE OF PERMIT

MR-19A

Revised 6/93

Single Transfer

Multiple Transfers*

*If application is for multiple transfers, complete Table 1

Applicant Name _____ Current Permittee _____ County _____ District _____ Nearest Post Office _____	Permit No. _____ NPDES No. _____ MSHA No. _____ Current Permitted Acres _____
--	---

Section A: Applicant Ownership and Control Information

NOTE: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other business entity.

A-1.	Applicant Mailing Address _____ Street Address (if mailing address is a Post Office Box) _____ City _____ State _____ Zip _____ Telephone No. () _____ FEIN No. _____ Social Security No. _____ <small>(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)</small>
------	---

A-2.	Identify resident agent for service of process in West Virginia for the applicant: Name _____ Mailing Address _____ Street Address (if mailing address is a Post Office Box) _____ City _____ State _____ Zip _____ Telephone No. () _____ FEIN No. _____ Social Security No. _____
------	---

A-3. Identify entity who will pay Federal abandoned mine land reclamation fees:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

A-4. Indicate legal structure of applicant:

Single Proprietorship (Complete A-6)

Partnership (Complete A-7)

*Corporation: State of Incorporation _____ Date of Incorporation _____

*Association

*Other: Specify _____

*Complete A-8

A-5. Has the applicant previously submitted to DEP sufficient documentation to establish the legal structure of the applicant and have an approved Centralized Ownership and Control File?

Yes No

If Yes, include all updated ownership and control changes to date and identify as attachment A-5 and proceed to A-12.

If No, complete the following appropriate items and attach sufficient notarized documents and identify as attachment A-5. Check below the type of documents included:

Certified copy of "Certificate of Incorporation" or other appropriate document from the Office of Secretary of State and a certified copy of the most recently filed annual report.

Notarized Copy of Partnership Agreement

Certified Copy of "Certificate of Limited Partnership)

Certified Copy of "Certificate of Registration of True Name" with county of registration (for use of assumed name or "d/b/a")

A-6. If applicant is a SINGLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Beginning date of ownership _____

A-7. If applicant is a PARTNERSHIP, list all partners, including limited partners. If any partner listed below is a business entity and not an individual, also complete item A-11 for that entity:

If N/A, check here:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Official title within partnership _____ Percent of Ownership _____
Beginning date of ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-7. No. of additional entries _____

A-8. If applicant's legal structure is other than a single proprietorship or partnership, provide all information requested below for: Stockholders (SH) owning ten percent (10%) or more of any class of voting stock; Officers such as President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS), Directors (DIR), and any other person performing a function similar to a Director. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity. If N/A, check here:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Official title within Corporation _____
Location in Organizational Structure _____
Date Position was Assumed _____ Beginning date of Affiliation _____
Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-8. No. of additional entries _____

A-9. Identify below all persons who have the authority or ability to commit the financial, real property assets or working resources of the applicant who are not otherwise identified as owners, officers, or directors of the applicant. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity. If NONE, check here:

Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-9. No. of additional entries _____

A-10. Does the applicant own all of the coal to be mined? Yes No

If No, identify below the legal source by which the applicant has the authority to mine all of the coal and complete A. and B. below:

LEASE SUBLEASE AGREEMENT OTHER CONTRACT

A. Identify every person owning or controlling the coal to be mined **AND having the right to receive it after mining.** If NONE, check here

If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

B. Identify every person owning or controlling the coal to be mined **AND having the authority to determine the manner in which the proposed surface mining operation is conducted.**

If NONE, check here

If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-10a or b. No. of additional entries _____

A-11. Complete this item whenever a business entity (rather than an individual) is listed in items A-6, A-7, A-8, A-9, or A-10. Identify below the corresponding item number in which the entity is listed:

A-6 A-7 A-8 A-9 A-10

Name of Entity _____
Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Official title/position _____ Date Title/Position was Assumed _____
Percent of Ownership _____ Beginning date of Ownership _____
Beginning date of Original Affiliation _____

A-6 A-7 A-8 A-9 A-10

Name of Entity _____
Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Official title/position _____ Date Title/Position was Assumed _____
Percent of Ownership _____ Beginning date of Ownership _____
Beginning date of Original Affiliation _____

A-6 A-7 A-8 A-9 A-10

Name of Entity _____
Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Location in Organizational Structure _____
Official title/position _____ Date Title/Position was Assumed _____
Percent of Ownership _____ Beginning date of Ownership _____
Beginning date of Original Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-11. No. of additional entries _____

Section B: Applicant Violation Information

- B-1. Has the applicant or any person listed in items A-6, A-7, A-8, A-9, A-10, or A-11 or any subsidiary, affiliate, or person controlled by or under common control with the applicant:
- A. Had a Federal or State coal mining permit permanently suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No
 - B. Forfeited a reclamation performance bond or a security deposited in lieu of bond? Yes No

If Yes to A. or B. above, complete the following:

Name of Applicant or Person _____
Permittee _____
Permit No. _____ Date of Issuance _____
Regulatory Authority suspending/revoking the permit _____
Stated reason for action _____
Bond Amount Forfeited _____
Current status _____

If the applicant or person has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment B-1.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____
Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment B-1. No. of additional entries _____

- B-2. Provide a list for any violation of a provision of the Act or the regulations and any other Federal or State laws, rules and regulations pertaining to air, water, and/or environmental protection incurred in connection with any surface mining operation received by the applicant during the three (3) year period preceding the application date. The list shall consist of the following information: If NONE, check here:

Use attachment B-2 to complete the following information:

Name in which violation was issued
Permit or other identifying No.
MSHA No. and date MSHA No. issued
Date violation issued
Issuing Regulatory Authority
Description of alleged violation notice
If administrative or judicial proceedings, provide: Date; Location; Type of proceedings
Current Status of proceedings and violation notice
Abatement actions taken

NOTE: Attach pages as needed using attachment B-2.

B-3. Provide a list of all unabated cessation orders, and unabated air and water quality violation notices received prior to the date of the application by any surface mining reclamation operation owned or controlled by either the applicant or by any person who owns or controls the applicant listed in items A-6, A-7, A-8, A-9, A-10, or A-11:

If NONE, check here:

Use attachment B-3 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation notice
- If administrative or judicial proceedings, provide: Date; Location; Type of proceedings
- Current Status of proceedings and violation notice
- Abatement actions taken

NOTE: Attach pages as needed using attachment B-3.

B-4. Does the applicant wish to retain existing operators approved by DEP?

Yes No

If Yes, it is necessary to complete and submit the DEP notification signed by both the Permittee and Applicant to the appropriate DEP Office. Use attachment B-4.

B-5. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of transfer. Identify as attachment B-5.

NOTE: Transfer of the Article 3 AND Article 5A shall be submitted simultaneously.

REQUEST TO RETAIN EXISTING OPERATOR

MR-19A - Attachment B-4

DATE

PERMITTEE	OPERATOR (Applicant)

RE: Permit No.(s) _____

Division of Environmental Protection:

This is to notify you that as the new Permittee for the above referenced permit(s), we wish to retain the existing approved operator to continue conducting operations on this permit.

You will be notified if and when this operator ceases to conduct operations on this permit.

Permittee: Signature of Principal Officer	Applicant: Signature of Principal Officer
Date:	Date:

Section C: Certification of Application

C-1. Applicant's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment C-1.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: After the applicant has been notified that the application is approved, but before the permit is issued, the applicant shall provide an update of the information in Part I, OR indicate in writing that no change in this information has occurred.

C-2. Permittee's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. Identify as attachment C-2.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the permittee and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

REQUEST FOR ADVANCE APPROVAL OF PERMIT TRANSFER

DATE

TRANSFERRED FROM (Permittee)	TRANSFERRED TO (Applicant)

RE: Permit No.(s) _____

Division of Environmental Protection:

In accordance with 3.25(a)(4) of these regulations, this is a request for advance approval of the permit transfer for the above referenced permit(s).

We understand that this advance approval is based upon the following stipulations:

1. That where information is made available to the Director as a result of public comment that would preclude approval, such approval shall be immediately withdrawn.
2. The current permittee referenced above remains responsible for all enforcement activities related to this permit until final approval of the permit transfer.
3. The advance approval is limited to a period of 60 days from the date of the advance approval.
4. The bond of the current permittee remains in effect until final approval of the permit transfer.

Permittee: Signature of Principal Officer	Applicant: Signature of Principal Officer
Date:	Date:

NOTICE OF ADVANCE APPROVAL OF PERMIT TRANSFER

DATE

TRANSFERRED FROM (Permittee)	TRANSFERRED TO (Applicant)

RE: Permit No.(s) _____

Dear Applicant:

Your application for transfer of the above referenced permit(s) has been reviewed in our regional office and determined to be in compliance with the requirements of the Surface Mining Reclamation Regulations. In accordance with 3.25(a)(4) of these regulations, the Director may grant approval in advance of the close of the public comment period.

Therefore, this is hereby giving you notice that we are honoring your request for advance approval. This advance approval is based upon the following stipulations:

1. That where information is made available to the Director as a result of public comment that would preclude approval, such approval shall be immediately withdrawn.
2. The current permittee referenced above remains responsible for all enforcement activities related to this permit until final approval of the permit transfer.
3. This advance approval is limited to a period of 60 days from the date of the advance approval.
4. The bond of the current permittee remains in effect until final approval of the permit transfer.

Sincerely,

Mine Permit Supervisor

cc: OMR Headquarters
Environmental Inspector
Permittee

**ADVERTISEMENT
APPLICATION FOR TRANSFER, ASSIGNMENT, OR SALE OF PERMIT**

INSTRUCTIONS	
This advertisement is for application for the transfer, assignment, or sale of permit rights.	Ad will be published one time in a qualified newspaper of general circulation in the location of the permit area. Applicant shall enter the date of publication prior to advertisement.
Date of Publication _____	_____

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an application to the Division of Environmental Protection (DEP) _____ to transfer, assign, and sell Permit No(s). _____, WVNPDES Permit No. _____ to _____.
(Applicant Name and Business Street Address)

The permit proposed to be transferred is located on _____ of _____
(Receiving Stream)
 _____ and is located _____ (miles), _____
(Major Subbasin) (Distance) (Direction)
 of _____, in _____ District of _____
(Nearest Post Office)
 _____ County, Longitude _____ ° _____ ' _____ " and
 Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Comments on the application shall be in writing and should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered. The A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.
 DEP Telephone No. _____ Permit No. _____

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

MR-12

Revised 5/93

REQUEST FOR SPECIAL USE

For more desirable land use, water retention structures, sanitary landfills, recreation sites, building, industrial sites, roads, etc.

Request is made for permission to carry out a special use project on disturbed land as detailed in the Mining and Reclamation Plan submitted with the application for the permit listed below or as detailed in the supplemental plan attached hereto.

PERMIT NO.	COUNTY:
------------	---------

Provide description of special use project:

PERMITTEE NAME AND ADDRESS	LANDOWNER NAME AND ADDRESS

Identify with an "X" any attachments to this request.

Contract		<i>*If leaving water retention structures, include all of the following:</i>
Compliance Insured		
Plans		
Maps		
Other:		
Other:		
		Spillway Calculations
		Plan View, Cross Sections, Details, and Calculations
		Signed statement regarding condition of structure
		Signed landowner liability, inspection, and maintenance statement

**NOTE: Current plan view, cross sections, details, and calculations shall be certified by approved person which demonstrates that structures meet current rules and regulations.*

The undersigned hereby grants permission to develop a special use project as described on the above listed permit or lands adjacent thereto. Provide the appropriate signatures and date below:

Surface Owner	Date	DEP Inspector	Date
Surface Owner	Date	DEP Permit Supervisor	Date
Permittee Principal Officer	Date	DEP I & E Supervisor	Date

SURFACE OWNER LIABILITY STATEMENT

SURFACE OWNER NAME AND ADDRESS

DEP REGIONAL OFFICE ADDRESS

RE: Company Name: _____
Permit No.: _____
County: _____

TO WHOM IT MAY CONCERN:

I, _____, surface owner of the property on which _____, water retention structure, is located, will assume all liability after final release of the above referenced permit, will inspect the structure periodically, and will maintain the structure in a safe condition.

Surface Owner
Date

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

APPLICATION FOR TRANSFER, ASSIGNMENT, OR SALE OF QUARRY PERMIT

MR-19Q

Revised 6/93

Applicant Name _____ Current Permittee _____ County _____ District _____ Nearest Post Office _____ Mine or Facility Name _____	Permit No. _____ NPDES No. _____ MSHA No. _____ Current Permitted Acres _____
---	--

NOTE: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other business entity.

1. Applicant Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN No. _____ Social Security No. _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

2. Indicate legal structure of applicant:

Single Proprietorship (Complete 7)
 Partnership (Complete 8)
 *Corporation: State of Incorporation _____ Date of Incorporation _____
 *Association
 *Other: Specify _____

*Complete 9

3. Indicate the type of change being requested:

Change in Permittee Name
 Change of Ownership and Control
 Change of Permittee Name AND Ownership and Control
 Transfer, Assignment and Sale of Permit Rights

4. Indicate the mineral being mined:

<input type="checkbox"/> Limestone	<input type="checkbox"/> Clay*	<input type="checkbox"/> Manganese*
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Iron Ore*	<input type="checkbox"/> Gravel*
<input type="checkbox"/> Sand	<input type="checkbox"/> Shale*	

*Complete 5 below

5. Performance Bond - Check below and complete the current bonding method and method to be used:

	BOND AMOUNT	TYPE OF BOND	BOND NO.
CURRENT PERMITTEE			
APPLICANT			

6. Include in the original application a "true copy" of an original insurance policy with required limits of liability. A copy shall be placed in the remaining copies of application.

Policy Number _____ Expiration Date _____

7. If applicant is a SINGLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

8. If applicant is a PARTNERSHIP, list all partners, including limited partners.
If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Official title within partnership _____ Percent of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment 8. No. of additional entries _____

9. If applicant's legal structure is other than a single proprietorship or partnership, provide all information requested below for: Stockholders (SH) owning ten percent (10%) or more of any class of voting stock; Officers such as President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS), Directors (DIR), and any other person performing a function similar to a Director.

If N/A, check here:

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Name _____ Official Title _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

10. Do you or any person, partnership or corporation associated with you now hold or have ever held a prospecting or surface mining permit issued by the State of West Virginia?
 Yes No
 If Yes, identify below:

INDIVIDUAL'S NAME	PERMITTEE NAME	PERMIT NO.

11. Are the owners of record of property permitted same as shown in current permit application?
 Yes No
 If No, list all property owners below:

 (SO) Surface Owner Only
 (MO) Mineral Owner Only
 (SMO) Surface and Mineral Owner

NAME	ADDRESS	OWNER CLASS SO / MO / SMO

12. Does the applicant own all of the coal to be mined? Yes No
 If No, identify below the legal source by which the applicant has the authority to mine all of the coal:

 LEASE SUBLEASE AGREEMENT OTHER CONTRACT

13. Has the applicant or any person listed in items 7, 8, or 9 or any subsidiary, affiliate, or person controlled by or under common control with the applicant ever had a surface mining permit issued under the laws of this state revoked or has ever had a surface mining bond, or security deposited in lieu of bond, forfeited? Yes No If Yes, complete the following:
 Name of Applicant or Person _____
 Permittee _____
 Permit No. _____ Date of Issuance _____
 Regulatory Authority suspending/revoking the permit _____
 If the applicant or person has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment 13.

14. Include sample advertisement with submittal of application and the certificate of publication within 30 days of the close of comment period.

15. Applicant's Certification of Application:

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
(SEAL)	Typed Name
Notary Public	Official Title
My Commission Expires:	

16. Permittee's Certification of Application:

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the permittee and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
(SEAL)	Typed Name
Notary Public	Official Title
My Commission Expires:	

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. Identify as attachment C-2.

**ADVERTISEMENT
APPLICATION FOR TRANSFER, ASSIGNMENT,
OR SALE OF QUARRY PERMIT**

INSTRUCTIONS	
This advertisement is for application for the transfer, assignment, or sale of non-coal quarry permit. Date of Publication _____	Ad will be published one time in a qualified newspaper of general circulation in the location of the permit area. Applicant shall enter the date of publication prior to advertisement.

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an application to the Division of Environmental Protection (DEP) _____ to transfer, assign, and sell Permit No(s). _____, WVNPDES Permit No. _____ to _____
(Applicant Name and Business Street Address)

The permit proposed to be transferred is located on _____ of _____
(Receiving Stream)

_____ and is located _____ (miles), _____
(Major Subbasin) (Distance) (Direction)

of _____, in _____ District of _____
(Nearest Post Office)

_____ County, Longitude _____° _____' _____" and Latitude _____° _____' _____" (Coordinates from USGS Topographic Map).

Comments on the application shall be in writing and should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered. The A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ Permit No. _____

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

APPLICATION FOR OPERATOR ASSIGNMENT

MR-19

Revised 6/93

Single Permit Assignment

Multiple Permit Assignment*

*If application is for multiple assignments, complete Table 1

Applicant Name _____	Permit No. _____
Permittee _____	
County _____	MSHA No. _____
District _____	
Nearest Post Office _____	

Section A: Applicant Ownership and Control Information

NOTE: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.

A "person" means any individual, partnership, firm, society, association, trust, corporation, or other business entity.

A-1 Applicant Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
<small>(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)</small>

A-2. Identify resident agent for service of process in West Virginia for the applicant:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____

A-3. Identify entity who will pay Federal abandoned mine land reclamation fees:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN No. _____ Social Security No. _____

A-4. Indicate legal structure of applicant:

- Single Proprietorship (Complete A-6)
 Partnership (Complete A-7)
 *Corporation: State of Incorporation _____ Date of Incorporation _____
 *Association
 *Other: Specify _____

*Complete A-8

A-5. Has the applicant previously submitted to DEP sufficient documentation to establish the legal structure of the applicant and have an approved Centralized Ownership and Control File?

Yes No

If Yes, include all updated ownership and control changes to date and identify as attachment A-5 and proceed to A-12.

If No, complete the following appropriate items and attach sufficient notarized documents and identify as attachment A-5. Check below the type of documents included:

- Certified copy of "Certificate of Incorporation" or other appropriate document from the Office of Secretary of State and a certified copy of the most recently filed annual report.
 Notarized Copy of Partnership Agreement
 Certified Copy of "Certificate of Limited Partnership"
 Certified Copy of "Certificate of Registration of True Name" with county of registration (for use of assumed name or "d/b/a")

A-6. If applicant is a SINGLE PROPRIETORSHIP, list owner: If N/A, check here:

Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN No. _____ Social Security No. _____
 Beginning date of ownership _____

A-7. If applicant is a PARTNERSHIP, list all partners, including limited partners. If any partner listed below is a business entity and not an individual, also complete item A-11 for that entity:

If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Official title within partnership _____ Percent of Ownership _____

Beginning date of ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-7. No. of additional entries _____

A-8. If applicant's legal structure is other than a single proprietorship or partnership, provide all information requested below for: Stockholders (SH) owning ten percent (10%) or more of any class of voting stock; Officers such as President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS), Directors (DIR), and any other person performing a function similar to a Director. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity. If N/A, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Official title within Corporation _____

Location in Organizational Structure _____

Date Position was Assumed _____ Beginning date of Affiliation _____

Percent of Ownership _____ Beginning date of Ownership _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-8. No. of additional entries _____

A-9. Identify below all persons who have the authority or ability to commit the financial, real property assets or working resources of the applicant who are not otherwise identified as owners, officers, or directors of the applicant. If any person listed below is a business entity and not an individual, also complete item A-11 for that entity.

If NONE, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Beginning date of Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-9. No. of additional entries _____

A-10. Does the applicant own all of the coal to be mined? Yes No

If No, identify below the legal source by which the applicant has the authority to mine all of the coal and complete A. and B. below:

LEASE SUBLEASE AGREEMENT OTHER CONTRACT

A. Identify every person owning or controlling the coal to be mined **AND having the right to receive it after mining.** If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

B. Identify every person owning or controlling the coal to be mined **AND having the authority to determine the manner in which the proposed surface mining operation is conducted.**
If NONE, check here
If any person listed below is a business entity and not an individual, also complete item A-11 for that entity:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Telephone No. () _____
FEIN No. _____ Social Security No. _____
Ownership/Control relationship to applicant _____
Beginning date of Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-10a or b. No. of additional entries _____

A-11. Complete this item whenever a business entity (rather than an individual) is listed in items A-6, A-7, A-8, A-9, or A-10. Identify below the corresponding item number in which the entity is listed:

A-6 A-7 A-8 A-9 A-10

Name of Entity _____

Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Location in Organizational Structure _____

Official title/position _____ Date Title/Position was Assumed _____

Percent of Ownership _____ Beginning date of Ownership _____

Beginning date of Original Affiliation _____

A-6 A-7 A-8 A-9 A-10

Name of Entity _____

Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Location in Organizational Structure _____

Official title/position _____ Date Title/Position was Assumed _____

Percent of Ownership _____ Beginning date of Ownership _____

Beginning date of Original Affiliation _____

A-6 A-7 A-8 A-9 A-10

Name of Entity _____

Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Location in Organizational Structure _____

Official title/position _____ Date Title/Position was Assumed _____

Percent of Ownership _____ Beginning date of Ownership _____

Beginning date of Original Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment A-11. No. of additional entries _____

Section B: Applicant Violation Information

B-1. Has the applicant or any person listed in items A-6, A-7, A-8, A-9, A-10, or A-11 or any subsidiary, affiliate, or person controlled by or under common control with the applicant:

A. Had a Federal or State coal mining permit permanently suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No

B. Forfeited a reclamation performance bond or a security deposited in lieu of bond?
 Yes No

If Yes to A. or B. above, complete the following:

Name of Applicant or Person _____

Permittee _____

Permit No. _____ Date of Issuance _____

Regulatory Authority suspending/revoking the permit _____

Stated reason for action _____

Bond Amount Forfeited _____

Current status _____

If the applicant or person has been reinstated by the regulatory authority to good standing, check here Attach a copy of document(s) showing reinstatement and identify as attachment B-1.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____

Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment B-1. No. of additional entries _____

B-2. Provide a list for any violation of a provision of the Act or these regulations and any other Federal or State laws, rules and regulations pertaining to air, water, and/or environmental protection incurred in connection with any surface mining operation received by the applicant during the three (3) year period preceding the application date. The list shall consist of the following information: If NONE, check here:

Use attachment B-2 to complete the following information:

Name in which violation was issued

Permit or other identifying No.

MSHA No. and date MSHA No. issued

Date violation issued

Issuing Regulatory Authority

Description of alleged violation notice

If administrative or judicial proceedings, provide: Date; Location; Type of proceedings

Current Status of proceedings and violation notice

Abatement actions taken

NOTE: Attach pages as needed using attachment B-2.

B-3. Provide a list of all unabated cessation orders, and unabated air and water quality violation notices received prior to the date of the application by any surface mining reclamation operation owned or controlled by either the applicant or by any person who owns or controls the applicant listed in items A-6, A-7, A-8, A-9, A-10, or A-11:

If NONE, check here:

Use attachment B-3 to complete the following information:

- Name in which violation was issued
- Permit or other identifying No.
- MSHA No. and date MSHA No. issued
- Date violation issued
- Issuing Regulatory Authority
- Description of alleged violation notice
- If administrative or judicial proceedings, provide: Date; Location; Type of proceedings
- Current Status of proceedings and violation notice
- Abatement actions taken

NOTE: Attach pages as needed using attachment B-3.

B-4. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of operator assignment. Identify as attachment B-4.

Section C: Certification of Application

C-1. Applicant's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment C-1.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: After the applicant has been notified that the application is approved, but before the permit is issued, the applicant shall provide an update of the information in Part I, OR indicate in writing that no change in this information has occurred.

C-2. Permittee's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. Identify as attachment C-2.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the permittee and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTICE TO CEASE OPERATOR ASSIGNMENT

DATE

OPERATOR NAME AND ADDRESS

REGIONAL OFFICE ADDRESS
Division of Environmental Protection Office of Mining and Reclamation

RE: Permit No. _____

TO WHOM IT MAY CONCERN:

This is to advise that effective _____ (Date operator ceased operations),
_____ (Operator Name) is no longer conducting operations
on the above referenced permit.

Please see that the appropriate ending date is entered in the ownership and control computer systems and placed in the permit files.

I understand that a new Application for Operator Assignment must be submitted and Approval must first be obtained from the Division of Environmental Protection prior to resuming operations on this permit.

Sincerely,

Principal Officer of Operator

cc: Headquarters DEP Ownership and Control Unit
Permittee

REQUEST FOR ADVANCE APPROVAL OF OPERATOR ASSIGNMENT

DATE

PERMITTEE	OPERATOR (Applicant)

RE: Permit No.(s) _____

Division of Environmental Protection:

In accordance with 3.25(a)(4) of these regulations, this is a request for advance approval of the operator assignment for the above referenced permit(s).

We understand that this advance approval is based upon the following stipulations:

1. That where information is made available to the Director as a result of public comment that would preclude approval, such approval shall be immediately withdrawn.
2. The advance approval is limited to a period of 60 days from the date of the advance approval.

Permittee: Signature of Principal Officer	Applicant: Signature of Principal Officer
Date:	Date:

NOTICE OF ADVANCE APPROVAL OF OPERATOR ASSIGNMENT

DATE

PERMITTEE	OPERATOR (Applicant)

RE: Permit No.(s) _____

Dear Applicant:

Your application for operator assignment of the above referenced permit(s) has been reviewed in our regional office and determined to be in compliance with the requirements of the Surface Mining Reclamation Regulations. In accordance with 3.25(a)(4) of these regulations, the Director may grant approval in advance of the close of the public comment period.

Therefore, this is hereby giving you notice that we are honoring your request for advance approval. This advance approval is based upon the following stipulations:

1. That where information is made available to the Director as a result of public comment that would preclude approval, such approval shall be immediately withdrawn.
2. This advance approval is limited to a period of 60 days from the date of the advance approval.

Sincerely,

Mine Permit Supervisor

cc: OMR Headquarters
Environmental Inspector
Permittee

**ADVERTISEMENT
APPLICATION FOR OPERATOR ASSIGNMENT**

INSTRUCTIONS

This advertisement is for application for the operator assignment

Ad will be published one time in a qualified newspaper of general circulation in the location of the permit area. Applicant shall enter the date of publication prior to advertisement.

Date of Publication

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an application to the Division of Environmental Protection (DEP) _____ for operator assignment on Permit No(s). _____ to

(Applicant Name and Business Street Address)

The permit is located on _____ of _____
(Receiving Stream) (Major Subbasin)

and is located _____ (miles), _____ of _____
(Distance) (Direction) (Nearest Post Office)

in _____ District of _____

County, Longitude _____ ° _____ ' _____ " and Latitude _____ ° _____ ' _____ "
(Coordinates from USGS Topographic Map).

Comments on the application shall be in writing and should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered.

The A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ Permit No. _____

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

MR-4-PR

6/93

APPLICATION FOR PERMIT REVISIONS

- INCIDENTAL BOUNDARY REVISION NO.** _____ **PERMIT REVISION NO.** _____
 Add/Delete Acres Drainage Fills
 Add Acres Haulroad Refuse
 Delete Acres Other

NOTE: Applicable revised sections of the current WV Surface Mining Application (SMA) shall be completed and submitted as attachments.

* **SIGNIFICANT** **INSIGNIFICANT**

*Sample advertisement must be submitted for all significant revisions

PERMIT NUMBER _____ MSHA # _____ NPDES # _____

GENERAL INFORMATION:

1. Applicant Name _____	DEP Region _____
Applicant Mailing Address _____ Street Address (if mailing address is a Post Office Box) _____ Mine Name _____ City _____ State _____ Zip _____ Telephone No. () _____	

2. Location of Operation:
County _____ District _____ Nearest PO _____
Receiving Stream _____
Tributary of _____
Major Watershed _____ USGS Quadrangle _____
Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "

3. Will additional Probable Hydrologic Consequence (PHC) information be necessary? Yes No
If Yes, include appropriate revised section of SMA and identify as attachment 3.

4. Will the subsidence control plan need to be revised? Yes No N/A
If Yes, include appropriate revised section of SMA and identify as attachment 4.

5. Is a new discharge point being added, deleted, or relocated? Yes No
If Yes, complete and submit applicable NPDES modules.

Applicant:	Permit No.:	IBR/Rev. No.:
------------	-------------	---------------

6. Include the following:
- A. Narrative explaining the details of the revision: Identify any changes to the current approved permit and provide all additional information required by current law and regulations.
 - B. Applicable updated maps, plans, design data and cross sections which shall be titled, dated, signed and sealed by an approved person when required.
 - C. Site specific lands inquiry response (IBR only)
 - D. Site specific SHPO response (IBR only)

INCIDENTAL BOUNDARY REVISION

Questions 7 - 18 must be addressed for Applications for Incidental Boundary Revisions ONLY.

7. If additional acreage is being requested, complete the following: (NOTE: For surface mining permits the maximum total acreage to be permitted under one or more IBR(s) shall not exceed twenty percent (20%) of the original permitted acreage or a maximum of fifty (50) acres, whichever is less. Acreage limitation for IBR(s) on underground mining permits shall be limited to one hundred fifty percent (150%) of the original permitted acreage or a maximum of fifty (50) acres, whichever is less, throughout the life of the permit.)

Original Permitted Acres _____ +
 Net Increase of Previous
 IBR Acres _____ = Current Total Acres _____

*Proposed Acres Added + _____
 Proposed Acres Deleted - _____ = Proposed Total Acres _____

*Proposed Acres Added _____ X Bond Rate Per Acre \$ _____ .00 = \$ _____ .00

Bond Type:
 Reclamation Surety Bond # _____ Amount \$ _____ 00
 Certificate of Deposit # _____ Amount \$ _____
 Other _____ Amount \$ _____

8. If this IBR proposed an additional underground opening, can a gravity discharge be anticipated from this opening? () Yes () No () N/A
 If Yes, and the seam is defined as acid-producing, provide justification which includes the consideration of relevant safety and environmental factors. Identify this justification as attachment 8.

9. Is owner(s) of the surface land to be disturbed as a result of this IBR the same as listed in current permit?
 () Yes () No
 If No, list names and addresses of additional owners and identify with an "X" those within 100' of IBR area:

_____ 100'
 _____ 100'

Applicant:	Permit No.:	IBR/Rev. No.:
------------	-------------	---------------

10. Has the private mineral estate been severed from the private surface estate as a result of this IBR?
 Yes No
 If Yes, address the requirements of Chapter 22A, Article 3, Section 18(b)(5) and identify as attachment 10.

11. Is owner(s) of the minerals to be mined as a result of this IBR the same as listed in current permit?
 Yes No
 If No, list names and addresses of additional mineral owners:

12. Are there any surface and subsurface areas contiguous to any part of the proposed IBR area and/or residents thereon? Yes No
 If Yes, list names and addresses of additional areas./residents:

13. Is applicant's legal right to enter and conduct surface mining operations on this IBR the same as original permit? Yes No
 If No, include explanation in narrative

14. Will the IBR area extend within 300 feet of any public building, school, church, community or institutional building, public park, or within 100 feet of a cemetery? Yes No
 If Yes, include proof of valid existing rights and identify as attachment 14.

15. Is the IBR disturbance proposed within 100 feet of an intermittent or perennial stream?
 Yes No If Yes, include in narrative how performance standards will be met?

16. Is the land use for this IBR the same as original permit? Yes No
 If No, include explanation in narrative and include sample of public notice

17. Are there any changes to the original drainage control measures, placement of overburden, method of regrading, topsoiling and/or revegetation as a result of this IBR? Yes No
 If Yes, include explanation in narrative and submit plans, and design data.

18. Will the IBR area affect a refuse area? Yes No
 If Yes, include complete plans in accordance with current Coal Refuse Regulations and identify as attachment 18.

Applicant:	Permit No.:	IBR/Rev. No.:
------------	-------------	---------------

CERTIFICATIONS/SIGNATURES

NOTE: If applicant signs as anyone other than President or Vice-President, attach a notarized copy of Power of Attorney or Resolution of Board of Directors, which grants the legal authority to represent the applicant for this purpose. (Does not apply to a single proprietorship or partnership.)

CERTIFICATION OF PLANS:

I, the undersigned, hereby certify that the plans and designs contained herein are correct and show to the best of my knowledge and belief all the information required by the surface mining laws of this state.

Registered Professional Engineer

Licensed Land Surveyor

Typed Name: _____ Signature: _____ Address: _____ Date: _____	Professional Seal
--	------------------------------

CERTIFICATION OF APPLICATION:

I, _____, having been duly sworn, depost and attest that all the representations contained in this application are true and correct to the best of my knowledge, that I am a principal executive officer (President/Vice President) of the permittee and that this application for permit revision is being executed with my consent and has been executed by the person required by law.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	Typed Name
Notary Public	Official Title
My Commission Expires:	

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

MR-3

Revised 4/93

NOTICE OF INTENT TO PROSPECT

NOTE: All names must be printed or typed in full exactly as listed with the Social Security Administration (no abbreviations or initials). Provision of social security numbers is optional. Use additional pages as needed following prescribed format.
 A "person" means any individual, partnership, firm, society, association, trust, corporation, or other business entity.

1. Applicant Name	DEP Region
Mailing Address	
Street Address (if mailing address is a Post Office Box)	
City	State
Zip	Telephone No. ()
FEIN No.	Social Security No.
<i>(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release.)</i>	

2. Location of the Operation:		
COUNTY	MAGISTERIAL DISTRICT	NEAREST POST OFFICE

Latitude ° ' "	Longitude ° ' "
-------------------------------	--------------------------------

3.	Indicate legal structure of applicant:		
<input type="checkbox"/>	Single Proprietorship	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation: State of Incorporation:		
	Date of Incorporation:		
<input type="checkbox"/>	Association		
<input type="checkbox"/>	Other: Specify:		

4. Provide the names, titles, addresses, and social security/FEIN number for every partner, resident agent, and officer such as President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS), Directors (DIR), and any other person performing a function similar to a Director, together with the names and addresses of every Stockholder (SH) of record owning ten percent (10%) or more of any class of voting stock of the applicant:

NAME	SS/FEIN #	TITLE	ADDRESS

5. Identify the individual who will have the responsibility for conducting prospecting:

Name			
Mailing Address			
City	State	Zip	Telephone No. ()
FEIN No.	Social Security No.		

6. Identify the applicant's representative who will have on-site responsibility for conducting the operation:

Name			
Mailing Address			
City	State	Zip	Telephone No. ()
FEIN No.	Social Security No.		

7. Provide a list of the **names and addresses** of each legal or equitable owner of record of the **surface lands and mineral rights** of the property to be mined. Identify each owner by the following classes:

Note: If name listed is a business entity and not an individual, provide names and addresses of principals, officers, and resident agent

- (SO) Surface Owner Only
- (MO) Mineral Owner Only
- (SMO) Surface and Mineral Owner

NAME	ADDRESS	OWNER CLASS SO / MO / SMO

8. Provide a list of all notices of intent to prospect the applicant or any person, partnership, or corporation associated with the applicant has on file, or has ever had on file, in the State of West Virginia, and provide their current reclamation status below.
 If N/A, check here:

PROSPECT NAME	PROSPECT NO.	CURRENT STATUS

9. For each owner listed in 8, provide below a description of the legal documents upon which the applicant bases his legal right to enter and conduct operations.
 Note: DEP may request copies of these documents.

OWNER OF RECORD	DOCUMENT TYPE	GRANTOR OF RIGHT	DATE OF EXECUTION	LOCATION WHERE FILED

10. Are any listed or proposed endangered or threatened species of plants or animals or their critical habitats present within the proposed prospect and/or adjacent area?
 Yes No
 A. If Yes, identify the species or habitat and describe all protection and/or enhancement measures to be utilized and include a map identifying location relative to proposed permit area. Identify as attachment 10.
 B. If No, attach the State or Federal Wildlife Biologist's written documentation to verify this determination. Identify as attachment 10.

11. Provide a description of how, to the extent possible using the best technology currently available, the applicant will conduct prospecting operations so as to protect habitats of unique or unusually high value for fish, wildlife, and other related environmental values and critical habitats of threatened or endangered species. Identify as attachment 11.

12. Describe any cultural or historic resources listed, or eligible for listing on the National Register of Historic Places and any known archeological sites within the proposed prospecting area.
 If None, check here: Identify as attachment 12.

13. The applicant shall provide the State Historic Preservation Officer (SHPO) with a copy of the map and a brief description of the operation. Include SHPO's response along with the applicant's plan to address any recommendations by the SHPO.
 Identify as attachment 13.

14. Indicate below the estimated timetable by month and year for each phase of the operation:

PHASE	PROSPECTING			RECLAMATION		
	START	END	ACRES	START	END	ACRES
I						
II						
III						
IV						
V						

15. Provide a reclamation plan which includes the following: Identify as attachment 15.

- A. The method of prospecting;
- B. The method for controlling runoff and sedimentation;
- C. The method of regrading;
- D. A plan for revegetation;
- E. The method for sealing, casing or otherwise managing prospecting holes, bore holes, wells or other exposed underground openings created during the prospecting; and
- F. The method of constructing and/or utilizing roads.

16. Provide a U.S.G.S. topographic map (scale 1" = 2000') showing the following:

- A. Topographic features;
- B. Streams;
- C. Bodies of water;
- D. Manmade structures, utility lines, etc;
- E. Surface and minerals owners of the tract(s) and property lines within the area to be prospected, including occupied dwellings;
- F. Quadrangle title with north arrow;
- G. Receiving stream(s);

Item 16 continued on page 5

- H. Approximate location and number of excavations, trenches, drill holes, proposed and existing roads, and indicate the number of proposed disturbed acres;
- I. Location of critical habitats of any threatened or endangered species; and
- J. Approximate location of cropline(s) and name of the seam(s).

17. Will this notice of intent to prospect remove more than than two hundred fifty (250) tons of coal?
 Yes No
 If Yes, provide the following and complete item 18 of this application:

- A. A narrative discussion of a feasibility study for the site, including the specific reasons for extraction of the amount of tonnage for which permission is requested. The narrative shall be of sufficient detail and shall be in accordance with the requirements of the Surface Mining Reclamation Regulations. Identify as attachment 17A.
- B. The name of the company that will receive the tonnage for test burning or other testing purposes and further identify the precise tests that will be conducted on the coal and the location of the test site. Provide a statement that the testing proposed in the application has already been agreed to by the applicant and the company that will receive the coal. Identify as attachment 17B.
- C. The intended end user and/or agent or broker shall provide a statment which will set forth the specific reasons for the test. Identify as attachment 17C.
- D. A completed copy of DEP's sample newspaper advertisement that will be used to give public notice of intent to prospect. Identify as attachment 17D.

NOTE: Certification of publication must be submitted within two weeks after publication.

18. Complete the following filing fee requirements for this application:

Filing Fee:	\$2,000.00	Check No.:
-------------	------------	------------

19. Complete the following financial requirements for this application:

Performance Bond.	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Check No.	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Other
Total Prospect Area (Acres)	Bond Amount Per Acre		Total Bond Amount	
	X	\$500.00	=	\$

20. Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment 20.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief; that all prospecting operations shall be conducted in accordance with the performance standards in the Code of West Virginia; and that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

NOTE: Application shall be submitted to the Division of Environmental Protection Regional Office as five (5) separate entities (one original and four copies) in 9" x 12" clasp type binders. If application is for "Greater Than 250 Tons", an additional copy is required.

APPLICATION FOR PERMIT RENEWAL

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION

MR-17

Revised 2/93

Expiration Date Article 3 _____

Expiration Date Article 5A/NPDES _____

Applicant Name <small>(Applicant must be current Permittee)</small>	Article 3 Permit No.
MSHA No.	Article 5A NPDES No.
Filing Fee: <input type="checkbox"/> Article 5A/NPDES <input type="checkbox"/> Article 3 Amount \$	DEP Region

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ **State** _____ **Zip** _____ **Telephone No. ()** _____

(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

COUNTY: _____

DISTRICT: _____

NEAREST POST OFFICE: _____

CURRENT PERMITTED ACRES: _____

DISTURBED ACRES: _____

In accordance with 22A-3-19 of the West Virginia Code, any valid permit issued pursuant to this article shall carry with it the right of successive renewal upon expiration with respect to areas within the boundaries of the existing permit.

In accordance with current rules and regulations, the following provisions have been complied with in making this request for renewal of the above-referenced surface mining permit:

- A. The terms and conditions of the preplan are being satisfactorily met.
- B. The operation is in compliance with the applicable environmental protection standards of the Act and the Rules and Regulations.
- C. Will not substantially jeopardize your continuing responsibility on existing permit areas.
- D. The performance bond and insurance policy for the operation will continue in effect.
- E. All required additional, revised, or updated information has been provided.

I certify that the information contained in this application is true and correct to the best of my knowledge and belief.

DATE

PRINCIPAL OFFICER SIGNATURE

State of _____

County of _____

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this _____ day of _____, 19_____.

My Commission Expires _____

NOTARY PUBLIC

Attachment 2

CONSOLIDATION GUIDELINES

FOR ARTICLE 3 RENEWAL/NPDES REISSUANCE

There are many NPDES and Article 3 Permits in effect and soon to expire that must be phased into the consolidation program. The consolidation program is one which will effectuate consolidation over the next several years. Having both permits expire and reapplying at the same time will greatly aid the administration of both the NPDES and SMCRA Programs. Therefore, in order to implement and facilitate the consolidation program, the following guidelines shall be used:

1. If you do not possess a valid NPDES Permit or have not already applied for one, then you must apply for one at the time you are reapplying for a renewal of the Article 3 Permit. You will need to complete all the appropriate Modules for your type of facility per the attachments listed on the MR-17.
2. If your NPDES Permit expires within 18 months (1-1/2 years) after the expiration date of the Article 3 Permit, you are required to reapply for reissuance of the NPDES permit at the time you are reapplying for renewal of the Article 3 permit. You will also need to complete the appropriate reissuance Modules per the attachments listed on the MR-17. In cases where one NPDES Permit covers multiple Article 3 Permits, reissuance of the NPDES Permit will be administered on a case-by-case basis. Please consult the NPDES Permit Writer for your region.
3. If your NPDES Permit expires between 1-1/2 years and 3-1/2 years after the expiration date of the Article 3 Permit, then the Department is requesting that you reapply for reissuance of the NPDES Permit at the time you are reapplying for renewal of the Article 3 Permit. The Division is also requesting you to reapply since the Division cannot require you to reapply unless you agree. In cases where one NPDES Permit covers multiple Article 3 Permits, reissuance of the NPDES Permit will be administered on a case-by-case basis. Please consult the NPDES Permit Writer for your region.
4. If your NPDES Permit expired beyond 3-1/2 years after the expiration date of the Article 3 Permit, you will not need to reapply now for reissuance of the NPDES Permit. However, you will need to reapply 120 days before your NPDES Permit expires. Your NPDES Permit will be extended to the expiration date of the renewed Article 3 Permit.

Attachment 1

ARTICLE 3:

GENERAL INSTRUCTIONS: One original and four copies of completed MR-17 application is submitted. If this is a joint Article 3 renewal and Article 5A/NPDES reissuance application, one original and five copies of joint application is submitted.

- ATTACHMENTS:**
1. Current Insurance Certificate.
 2. Progress map(s) of same size and scale as proposal map indicating all permit revisions and incidental boundary revisions.
 3. Copy of Completed Sample Advertisement form.
 4. Subsidence Control Plan, Updated Mine Development Map, and Abandonment Plan
 5. *Renewal Fee of \$2,000.00 for Article 3 Permits.

*Fees are to be paid in form of Certified Check, Cashier's Check or Bank Money Order.

ARTICLE 5A/NPDES

GENERAL INSTRUCTIONS:

1. For A First-Time Application Or When The Permit Has Expired, the following must be completed:
 - A. Underground Mines - Modules 1, 2, 3, 4, 7, and 8
 - B. Surface Mines - Modules 1, 2, 3, 5, and 7
 - C. Preparation Plants and/or associated areas (refuse, impoundments, tipples, and loadouts) Modules 1, 2, 3, 6, and 7
 - D. Existing Sewage Facility - Add Module 10 to modules required under A, B, and C above
 - E. New Sewage Facility - Complete Module 9 and submit to the Department of Health
 - F. Application fee of \$500.00
 - G. Copy of Completed Sample Joint Advertisement form
2. For Reissuance Of Underground Mines, the following must be completed:
 - A. Module 1 - General Information
 - B. Module 2 - Outlet Information
 - C. Module 12 - If alterations were made since last permit or modification was issued.
 - D. Updated Mine Development Map
 - E. Updated (Module 8) Abandonment Plan
 - F. Application fee of \$100.00
 - G. Copy of Completed Sample Joint Advertisement form.
3. For Reissuance Of Surface Mines, Preparation Plants, and Associated Areas, the following must be completed:
 - A. Module 1 - General Information
 - B. Module 2 - Outlet Information
 - C. Module 12 - If alterations were made since last permit or modification was issued.
 - D. Application fee of \$100.00
 - E. Copy of Completed Sample Joint Advertisement form.

DISTRIBUTION PROCEDURES FOR DEP OFFICE USE ONLY

ARTICLE 3 FORM MR-17	ARTICLE 3 PERMIT RENEWAL	ARTICLE 5A/NPDES REISSUANCE MODULES	ARTICLE 5A/NPDES PERMIT REISSUANCE
ORIGINAL-HEADQUARTERS	ORIGINAL-OPERATOR	ORIGINAL-HEADQUARTERS	ORIGINAL-OPERATOR
COPY-OPERATOR	COPY-HEADQUARTERS	COPY-OPERATOR	COPY-HEADQUARTERS
COPY-INSPECTOR	COPY-INSPECTOR	COPY-INSPECTOR	COPY-INSPECTOR
COPY-REGION	COPY-REGION	COPY-REGION	COPY-REGION
COPY-OSM	COPY-OSM	COPY-EPA	COPY-EPA

PERMIT RENEWAL CHECKLIST

COMPANY NAME _____

ARTICLE 3 PERMIT NO.: _____ ARTICLE 5A/NPDES PERMIT NO.: _____

ARTICLE 3 PERMIT RENEWAL

- _____ Have 5 completed copies of the permit renewal application and maps been submitted?
 - _____ Is renewal filing fee of \$2,000.00 included for Article 3 permit?
 - _____ Is current certificate and acknowledgment of insurance included?
 - _____ Is the permit renewal application in the name of the current permittee?
 - _____ Is the Certification of Publication included?
 - _____ Does the permit renewal application contained the following revised or updated information that is appropriate to this application?
 - _____ Updated Mine Development Map?
 - _____ Abandonment Plan?
 - _____ Subsidence Control Plan?
 - _____ Current Modifications of Revisions?
 - _____ Is the "Renewal/Progress Map" of the same size and scale as the proposal map?
 - _____ Does this "map" provide all the information contained on the original proposal map?
 - _____ Does this "map" also indicate all subsequent permit modifications and incidental boundary revisions that have affected the original proposal map?
 - _____ Does this "map" clearly indicate the undisturbed, operational, and regraded areas?
- NOTE: Cross-hatching can be used to indicate current operational areas - Regraded areas should be colored green.

ARTICLE 5A (NPDES) PERMIT REISSUANCE

- _____ Have 5 completed copies of the NPDES reissuance modules been submitted?
- _____ Is reissuance filing fee included for NPDES permit?
- _____ If the expiration date of the NPDES permit occurs within 18 months after the Article 3 permit expiration date, are the NPDES reissuance modules included?
- _____ Is the Certification of Publication and copy of published advertisement included?
- _____ Is affidavit notifying affected agencies included?

Attachment 3

RENEWAL PROGRESS MAP

Progress maps submitted with the Application for Permit Renewal (MR-17) should be entitled "Renewal Progress Map" and should provide all the information contained in the original proposal map. In addition, all subsequent permit revisions affecting the original proposal map and incidental boundary revisions must also be included on the Renewal Progress Map.

Renewal Progress Maps must adhere to the size, scale, and color-coding requirements contained in Section 3.4(c) of the Rules and Regulations. Please insure that regraded, operational, and undisturbed areas are properly reflected and color-coded on the Renewal Progress Map.

It is important to note that once the renewal application is approved, the Renewal Progress Map will then become the official map for the particular permit.

RENEWAL ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a renewal application for a Chapter 22A, Article 3 permit.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication _____	Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has a permit on file with the Division of Environmental Protection (DEP) for the surface mining of approximately _____ acres and has submitted an application to the DEP, _____
(Regional DEP Office Address), for renewal of Article 3 Permit Number

_____ to _____
(Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal.
(Geological Title)

The operation is discharging into _____ of _____
(Receiving Stream) (Major Subbasin)

and is located _____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

District of _____ County, Longitude _____ ° _____ ' _____ " and
 Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

Written comments and/or requests for an informal conference of the permit renewal application or significantly revised permit application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____ Permit No. _____

*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

RENEWAL ADVERTISEMENT

INSTRUCTIONS	
This advertisement is for a joint application for a Chapter 22A, Article 3 permit renewal and Article 5A/NPDES permit reissuance.	Ad will be published once a week for four successive weeks with six full days between publication.
Initial Date of Publication _____	Final Date of Publication _____

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has a permit on file with the Division of Environmental Protection (DEP) for the surface mining of approximately _____ acres and has submitted an application to the DEP, _____
(Regional DEP Office Address), for renewal of Article 3 Permit Number

_____ to _____
(Surface/Tipple/Preparation Plant/Haulroad/Shop Area/Face Up Deep Mine)

in the _____ seam of coal and an application for reissuance of Article
(Geological Title)

5A/WVNPDES Permit No. _____. The operation is discharging into _____ of _____ and is located
(Receiving Stream) (Major Subbasin)

_____ (miles), _____ of _____, in _____
(Distance) (Direction) (Nearest Post Office)

District of _____ County, Longitude _____° _____' _____" and
 Latitude _____° _____' _____" (Coordinates from USGS Topographic Map).

Surface of the area associated herewith is owned by:

NAME	ADDRESS

*and the mineral associated herewith is owned by:

NAME	ADDRESS

Surface of the area within 100 feet of the permit area is owned by:

NAME	ADDRESS

*and the mineral within 100 feet of the permit area is owned by:

NAME	ADDRESS

Comments on the Article 5A/WVNPDES application or requests for a public hearing regarding the WV/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Director, Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of **initial publication** will be considered. The NPDES application, draft permit, and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

Written comments and/or requests for an informal conference of the permit renewal application or significantly revised permit application will be received by the Permit Supervisor at the DEP address above until _____, or thirty (30) days from date of **final publication**. A copy of the application will be available for review until _____, or thirty (30) days from date of final publication in the DEP Regional Office located at the address above AND in the _____ County Clerk's Office during normal business hours.

DEP Telephone No. _____

Article 3 Permit No. _____ Article 5A/NPDES Permit No. _____

*These items are to be completed only for operations involving mineral removal.

Include location map in accordance with 38-2-3.2(b)(2)

RENEWAL ADVERTISEMENT

INSTRUCTIONS

This advertisement is for a single application for a Article 5A/NPDES permit reissuance.	Ad will be published one time in a qualified newspaper of general circulation in the location of the permit area. Applicant shall enter the date of publication prior to advertisement.
Date of Publication	

ADVERTISEMENT

Notice is hereby given that _____
(Permittee Name and Business Street Address)

has submitted an Article 5A/WVNPDES Application No. _____ for the reissuance
of a Permit to the Division of Environmental Protection, _____
(Regional Office Address)

in order to _____
(Surface Mine) or (Construct a Tipple, Preparation Plant, Haulroad, Shop Area) or (Face-Up Deep Mine)

in the _____ seam of coal. The operation is discharging into
(Geological Title)

_____ of _____ and is located _____
(Receiving Stream) (Major Sub basin) (Distance)

(miles), _____ of _____, in _____ District of
(Direction) (Nearest Post Office)

of _____ County, Longitude _____ ° _____ ' _____ "
and Latitude _____ ° _____ ' _____ " (Coordinates from USGS Topographic Map).

Comments on the Article 5A/WVNPDES application or requests for a public hearing regarding the Article 5A/NPDES application shall be in writing and if a public hearing is requested shall state the nature of the issues proposed to be raised in the hearing. Such written comments or requests should be sent to the Division of Environmental Protection (DEP) at the address above. Comments received by _____, or thirty (30) days from date of publication, will be considered. The Article 5A/WVNPDES application, draft permit and fact sheet (if required) may be inspected by appointment and copies obtained for a nominal cost from the DEP Regional Office located at the address above.

A copy of the application will be available until _____, or thirty (30) days from date of publication in the DEP Regional Office located at the address above during normal business hours.

DEP Telephone No. _____ Article 5A/NPDES Permit No. _____

STATE OF WEST VIRGINIA
 DIVISION OF ENVIRONMENTAL PROTECTION
 OFFICE OF MINING AND RECLAMATION

APPLICATION FOR ANNUAL UPDATE AND/OR NOTIFICATION OF CHANGE OF OWNERS, OFFICERS, DIRECTORS OR PARTNERS

MR-19C

6/93

NOTE: This form is to be used when a change of owners, officers, directors or partners has taken place but the name of the permittee name has not changed. If a name change of permittee only is taking place, complete Form MR-19B.

- Single Permit
 Annual Update
 Multiple Permits*
 *If application is for multiple permits, complete Table 1

Applicant/ Permittee Name _____ Mailing Address _____ Street Address _____ City _____ State _____ Zip _____ Telephone _____ FEIN _____ Social Security _____ No. _____ No. _____ No. _____	Permit No. _____ NPDES No. _____ MSHA No. _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)	

1. A. **If no changes in ownership and control** have occurred since the last application or notification submitted to DEP, check here:
 Complete Pages 1 and 8 only and submit to the Headquarters DEP.
- B. **If changes have occurred** in ownership and control since the last application or notification submitted to DEP, check here:
 Complete this entire application and submit to Headquarters DEP.
- NOTE:** To facilitate the review of ownership and control data submitted, it is recommended that an organization chart of the applicant's ownership structure be submitted. "Organizational Chart" shall consist of a boxes and lines diagram of the relationships between the applicant, its owners, "sister" companies, subsidiaries, and owners' owners. Chart provides a brief explanation of the relationships specified in this application.

6. Provide the following information for all **NEW** individuals or entities who are:

- an owner or shareholder of ten percent (10%) or more of any class of voting stock;
- an officer;
- a director and any person performing a function similar to a director; and/or
- a partner.

If any person is a business entity and not an individual, also complete item _____ for that entity.

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Official title within Corporation _____

Location in Organizational Structure _____

Date Position was Assumed _____ Beginning date of Affiliation _____

Percent of Ownership _____ Beginning date of Ownership _____

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Official title within Corporation _____

Location in Organizational Structure _____

Date Position was Assumed _____ Beginning date of Affiliation _____

Percent of Ownership _____ Beginning date of Ownership _____

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Official title within Corporation _____

Location in Organizational Structure _____

Date Position was Assumed _____ Beginning date of Affiliation _____

Percent of Ownership _____ Beginning date of Ownership _____

7. Provide the following information for all new individuals or entities having any other ownership/control relationship such as:

- Having authority to commit financial, real property assets or working resources of the permittee;
- Owning or controlling the coal to be mined **AND having the right to receive it after mining; and/or**
- owning or controlling the coal to be mined **AND having the authority to determine the manner in which the proposed surface mining operation is conducted.**

If NONE, check here:

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Beginning date of Affiliation _____

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Beginning date of Affiliation _____

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Beginning date of Affiliation _____

Name _____

Mailing Address _____

Street Address (if mailing address is a Post Office Box) _____

City _____ State _____ Zip _____ Telephone No. () _____

FEIN No. _____ Social Security No. _____

Ownership/Control relationship to applicant _____

Beginning date of Affiliation _____

NOTE: Attach additional entries as needed using the above format and identify as attachment 7. No. of additional entries _____

8. Complete this item whenever a business entity (rather than an individual) is listed in items 5, 6, or 7. Identify below the corresponding item number in which the entity is listed:

5 6 7

Name of Entity _____
 Identify below all owners and controllers of any business entity. If any person listed is a business entity and not an individual, also complete this item for that entity.
 Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN No. _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title/position _____ Date Title/Position was Assumed _____
 *Percent of Ownership _____ Beginning date of Ownership _____
 Beginning date of Original Affiliation _____

5 6 7

Name of Entity _____
 Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN No. _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title/position _____ Date Title/Position was Assumed _____
 *Percent of Ownership _____ Beginning date of Ownership _____
 Beginning date of Original Affiliation _____

5 6 7

Name of Entity _____
 Name _____
 Mailing Address _____
 Street Address (if mailing address is a Post Office Box) _____
 City _____ State _____ Zip _____ Telephone No. () _____
 FEIN No. _____ Social Security No. _____
 Ownership/Control relationship to applicant _____
 Location in Organizational Structure _____
 Official title/position _____ Date Title/Position was Assumed _____
 *Percent of Ownership _____ Beginning date of Ownership _____
 Beginning date of Original Affiliation _____
 City _____ State _____ Zip _____ Telephone No. () _____

*If any of the ownership constitutes 50% or more, a one-time advertisement (10-day comment period) is required.

NOTE: Attach additional entries as needed using the above format and identify as attachment 8. No. of additional entries _____

9. List all permit applications pending and all permits held within the five (5) years preceding the date of this application for surface coal mining operations in the United States which all new individuals or entities owned or controlled. Include information on contract, subcontract, lease, sublease and license surface coal mining operations.

Name of applicant or person in items 5, 6, or 7 _____
 Permittee _____ FEIN No. _____
 Operator (if different than permittee) _____
 Address _____
 Telephone No. () _____ Relationship to Applicant _____

PERMIT NUMBER	STATE/REGULATORY AUTHORITY	MSHA NO.	DATE NO. ISSUED	IF DIFFERENT, NAME IN WHICH MSHA ISSUED

Name of applicant or person in items 5, 6, or 7 _____
 Permittee _____ FEIN No. _____
 Operator (if different than permittee) _____
 Address _____
 Telephone No. () _____ Relationship to Applicant _____

PERMIT NUMBER	STATE/REGULATORY AUTHORITY	MSHA NO.	DATE NO. ISSUED	IF DIFFERENT, NAME IN WHICH MSHA ISSUED

NOTE: Attach additional entries as needed using the above format and identify as attachment 9.

Page _____ of _____

10. Has any new individual or entity listed in items 5, 6, or 7:

A. Had a Federal or State coal mining permit permanently suspended or revoked in the five (5) years preceding the date of submission of this application? Yes No

B. Forfeited a reclamation performance bond or a security deposited in lieu of bond? Yes No

If Yes to A. or B. above, complete the following:

Name of Applicant or Person _____

Permittee _____

Permit No. _____ Date of Issuance _____

Regulatory Authority suspending/revoking the permit _____

Stated reason for action _____

Bond Amount Forfeited _____

Current status _____

If the individual or entity has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment 10.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____

Current status _____

Name of Applicant or Person _____

Permittee _____

Permit No. _____ Date of Issuance _____

Regulatory Authority suspending/revoking the permit _____

Stated reason for action _____

Bond Amount Forfeited _____

Current status _____

If the individual or entity has been reinstated by the regulatory authority to good standing, check here [] Attach a copy of document(s) showing reinstatement and identify as attachment 10.

If administrative or judicial proceedings occurred, complete the following:

Date _____ Location _____ Type _____

Current status _____

NOTE: Attach additional entries as needed using the above format and identify as attachment 10. No. of additional entries _____

11. Permittee/Applicant's Certification of Application:

NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment 11.

I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
	Typed Name
Notary Public	Official Title
My Commission Expires:	

(SEAL)

STATE OF WEST VIRGINIA
DIVISION OF ENVIRONMENTAL PROTECTION
OFFICE OF MINING AND RECLAMATION

***NOTIFICATION OF
PERMITTEE NAME CHANGE ONLY***

NOTE: If a sale of a permit or corporation, or a change in shareholders or officers, Form MR-19C must be used and this form is not applicable.

MR-19B

Revised 6/93

Single Permit

Multiple Permits*

*If application is for multiple permits, complete Table 1

Applicant Name _____	Permit No. _____
Current Permittee _____	NPDES No. _____
	MSHA No. _____

1. **Applicant Mailing Address** _____
Street Address (if mailing address is a Post Office Box) _____
City _____ **State** _____ **Zip** _____ **Telephone No.** () _____
FEIN No. _____ **Social Security No.** _____
(NOTE: The applicant assumes responsibility for mail delivered to the business mailing address and will notify DEP of all address changes through final release of permit.)

2. If resident agent for service of process in West Virginia for the applicant is the same as in all permits as currently issued, check here:
If different, identify new resident agent below:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ **State** _____ **Zip** _____ **Telephone No.** () _____
FEIN No. _____ **Social Security No.** _____

3. If entity who will pay Federal abandoned mine land reclamation fees for the applicant is the same as in all permits as currently issued, check here:
If different, identify new entity below:
Name _____
Mailing Address _____
Street Address (if mailing address is a Post Office Box) _____
City _____ **State** _____ **Zip** _____ **Telephone No.** () _____
FEIN No. _____ **Social Security No.** _____

4. Include Certified copy of "Certificate of Incorporation" or other appropriate document from the Office of Secretary of State which verifies the name change. Identify as attachment 4.

5. Does the applicant wish to retain existing operators approved by DEP?
 Yes No
If Yes, it is necessary to complete and include the DEP notification signed by both the Permittee and Applicant. Use attachment 5.

6. Include a completed copy of DEP's sample newspaper advertisement that will be used to give public notice of transfer. Identify as attachment 6.

7. Performance Bond - Check below and complete the current bonding method and method to be used:

	BOND AMOUNT	TYPE OF BOND	BOND NO.
CURRENT PERMITTEE			
APPLICANT			

8. Permittee/Applicant's Certification of Application:
NOTE: If signer is other than President or Vice-President, provide a certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the applicant. Identify as attachment 8.
I, _____ (type name), having been duly sworn, depose and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the applicant and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Division of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws.

State	
County	Signature of Principal Officer (President/Vice-President)
Sworn and Subscribed to Before Me This _____ Day of _____,	
(SEAL)	Typed Name
Notary Public	Official Title
My Commission Expires:	