

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Bureau of Mines

160 South Water Street • Frostburg, Maryland 21532

301-689-1440 • 800-633-6101 x3557 • www.mde.maryland.gov

APPLICATION FOR REINSTATEMENT AND REISSUANCE OF MINING PERMIT

Permit Application No.: _____ Date: _____

1. FORMER PERMIT INFORMATION

- 1.1 Permit No.: _____ County: _____
- 1.2 Permit Acres: _____ Open Acre Limit: _____
- 1.3 Affected Acres: _____ Open Acres: _____
- 1.4 Former Permittee: _____
Address: _____ City: _____
State: _____ Zip code: _____
Telephone No.: _____

2. APPLICANT IDENTIFICATION AND INTERESTS

- 2.1 Name of Applicant: _____
Address: _____ City: _____
State: _____ Zip code: _____
Telephone No.: _____
- 2.2 Applicant Employer ID No.: _____
- 2.3 Applicant Social Security No.: _____
- 2.4 Is the Applicant a Licensed Maryland Operator?
 Yes No If Yes, list Operator's License No.: _____
- 2.5 Identify Resident Agent, in Maryland, for service of process:
Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone No. _____
Employer ID No. _____
Social Security No. _____

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2.6 Identify individual who will pay the federal abandoned mine land reclamation fees:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone No.: _____
Employer ID No.: _____
Social Security No.: _____

2.7 Indicate legal structure of applicant:

Single Proprietorship (Individual)
 Partnership
 Corporation. List State of Incorporation: _____
 Association
 Other, List: _____

Note: Attach certified copy of partnership agreement, incorporation from Secretary of State, or Certificate of Authority to conduct business in Maryland, whichever is appropriate, and label Attachment 2.7.

2.8 If applicant is a single proprietorship (individual), list owner:

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone No.: _____
Employer ID No.: _____
Social Security No.: _____
Beginning Date of Ownership: _____

2.9 If applicant is a partnership, list all partners. If any partner is a business entity and not an individual, also complete Item 2.13 for that entity.

Name: _____
Address: _____ City: _____
State: _____ Zipcode: _____
Telephone No.: _____
Employer ID No.: _____
Social Security No.: _____
Ownership/Control Relationship to Applicant: _____
Location in Organizational Structure: _____
Percent of Ownership: _____
Official Title within Partnership: _____
Beginning Date of Ownership: _____

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2.9 *(Continued)*

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone No.: _____
Employer ID No.: _____
Social Security No.: _____
Ownership/Control Relationship to Applicant: _____
Location in Organizational structure: _____
Percent of Ownership: _____
Official Title Within Partnership: _____
Beginning Date of Ownership: _____

NOTE: Attached additional entries as needed using the above format and Label Attachment 2.9 No. of additional entries_____.

2.10 If the applicant's legal structure is other than a single proprietorship or a partnership, provide all the information set forth below for: (1) Officers [President, Vice President, Secretary, Treasurer]; (2) Stockholders owning ten (10) percent or more of any class of voting stock; and (3) Directors, 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 2.13 for that entity.

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone No.: _____
Employer ID No.: _____
Social Security No.: _____
Ownership/Control Relationship to Applicant: _____
Location in Organizational Structure: _____
Official Title within Organization: _____
Date Position was Assumed: _____
Percent of Ownership: _____
Beginning Date of Ownership: _____

NOTE: Attach additional entries as needed using the above format and Label Attachment 2.10. No. of additional entries_____.

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2.11 Will the coal be mined under a lease, sublease, or other contract? Yes No

Identify below every person owning the coal or controlling the coal to be mined under a lease, sublease, or other contract and having the right to receive the coal after mining.
If none, check box:

Also, identify below every person owning the coal or controlling the coal to be mined under lease, sublease, or other contract and having the authority to determine the manner in which the controlling the coal to be mined under lease, sublease, or other contract and having the authority to determine the manner in which the surface coal mining operation is conducted.
If none, check box: _____

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If any person listed below is a business entity and not an individual, also complete item 2.13 for that entity.

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone No.: _____
Employer ID No.: _____
Social Security No.: _____

**NOTE: Attach additional entries as needed using the above format and Label
Attachment 2.11. No. of additional entries _____.**

2.12 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 none, check box:

If any person listed below is a business entity and not an individual, also complete item 2.13 for that entity.

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone No.: _____
Employer ID No.: _____
Social Security No.: _____
Ownership/Control Relationship to Applicant: _____
Beginning date of Relationship: _____

**NOTE: Attach additional entries as needed using the above format and Label
Attachment 2.12. No. of additional entries _____.**

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2.13 Complete this item whenever a business entity is listed in items 2.9, 2.10, 2.11, 2.12 and 2.13. Check the box below which corresponds to the item number in which the entity is found. If none, check box:

Check appropriate box:

2.9 2.10 2.11 2.12 2.13

Name of entity _____

List below the owners and controllers of parent company. If any person listed is a business entity and not an individual, also complete an item 2.13 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Social Security No.: _____

Employer ID No.: _____

Percent of Ownership: _____

Official Title within Organization: _____

Date Position was Assumed: _____

Beginning Date of Ownership: _____

Official Permit Application No.: _____

NOTE: Attach additional entries as needed using the above format and Label Attachment 2.13. No. of additional entries_____.

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2.14 List all permits issued within the last 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 person identified in items 2.8, 2.9, 2.10, 2.11, 2.12 or 2.13.

Name of Permittee: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Employer ID No.: _____

PERMIT NUMBER	STATE	REGULATORY AUTHORITY	MSHA NUMBER	DATE MSHA NO. ISSUED

NOTE: Attach additional entries as needed using the above format and Label Attachment 2.14. No. of additional entries_____.

2.15 List all permit applications pending for surface coal mining operations in the United States owned or controlled by the applicant and/or any person identified in items 2.8, 2.9, 2.10, 2.11, 2.12 or 2.13.

Applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Employer ID No.: _____

APPLICATION NUMBER	STATE	REGULATORY AUTHORITY	MSHA NUMBER	DATE MSHA NO. ISSUED

NOTE: Attach additional entries as needed using the above format and Label Attachment 2.15. No. of additional entries_____.

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2.16 Will the mine operator of the reinstated permit be different from the applicant?
 YES NO.

If YES, provide the following information and complete Operator Information for Mining Operations form (MDE/WMA/PER.027) for each operator.

Operator Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone No.: _____

3. VIOLATION INFORMATION

3.1 Has the applicant or any person listed in items 2.8, 2.9, 2.10, 2.11, 2.12, 2.13 or any subsidiary, affiliate, or person controlled by or under common control with the applicant.

- Had a federal or state coal mining permit suspended or revoked in the five (5) years preceding the date of this application?
 YES NO
- Forfeited a reclamation performance bond or a security deposited in lieu of a 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 or Revoking the Permit: _____
Stated Reason for Action: _____
Current Status of Permit: _____
(If administrative or judicial proceedings initiated, provide the following:
Date: _____ Location: _____
Type: _____
Current Status of Proceedings _____

NOTE: Attach additional entries as needed using the above format and Label Attachment 3.1 No. of additional entries_____.

3.2 Has the applicant been issued a notice of violation in connection with any surface coal mining and reclamation operation during the three (3) years preceding the date of this application for violation of SMCRA, any federal law, rule or regulation pertaining to air or water environmental protection, or any state law, rule or regulation enacted pursuant to federal law, rule or regulation pertaining to air or water environmental protection?

YES NO

If YES, provide the following information:

(continue on page 9)

Permit Application No.: _____

3.2 Name of Applicant or Person: _____
Name to whom Violation was Issued: _____
Permit No.: _____
MSHA No.: _____ Date MSHA No. Issued: _____
Violation ID No.: _____
Issuing Regulatory Authority: _____
Date Violation Issued: _____
Description of Alleged Violation: _____
Abatement Actions Taken: _____
Date of Abatement Actions: _____
Type of Proceedings (Administrative or Judicial): _____
Date of Proceedings: _____

NOTE: Attach additional entries as needed using the above format and Label
Attachment 3.2. No. of additional entries_____.

3.3 List all unabated cessation orders and all unabated air and water quality notices of violation received prior to the date of this application by any surface coal mining and reclamation operation owned or controlled by either the applicant or by any person identified in items 2.8, 2.9, 2.10, 2.11, 2.12 or 2.13. If none, check box:

Name of Applicant or Person: _____
Name to whom Violation was Issued: _____
Permit No.: _____
MSHA No.: _____ Date MSHA No. Issued: _____
Violation ID No.: _____
Issuing Regulatory Authority: _____
Date Violation Issued: _____
Description of Alleged Violation: _____
Abatement Actions Taken: _____
Date of Abatement Actions: _____
Type of Proceedings (Administrative or Judicial): _____
Date of Proceedings: _____
Status of Proceedings: _____
Location of Proceedings: _____

NOTE: Attach additional entries as needed using the above format and Label
Attachment 3.3. No. of additional entries_____.

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4. MINE SITE INFORMATION AND OWNERSHIP

4.1 Indicate Acreage To Be Permitted:

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

4.2 Will the operation be permitted in increments?

YES NO.

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

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4.2 (Continued)

Increment	Total Acres	Open Acres	Drainage Control Facilities Acres	Haulroad Acres

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

Increment I: Start _____ Termination _____
Increment II: Start _____ Termination _____
Increment III: Start _____ Termination _____
Increment IV: Start _____ Termination _____

FOR ITEMS 4.4 TO 4.10, IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEETS AND LABEL ATTACHMENTS 4.1 TO 4.7 RESPECTIVELY

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

Name: _____
Address: _____
City: _____ State _____ Zipcode: _____

Name: _____
Address: _____
City: _____ State _____ Zipcode: _____

Name: _____
Address: _____
City: _____ State _____ Zipcode: _____

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

Name: _____
Address: _____
City: _____ State _____ Zipcode: _____

Name: _____
Address: _____
City: _____ State _____ Zip code: _____

Name: _____
Address: _____
City: _____ State _____ Zip code: _____

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

Name: _____
Address: _____
City: _____ State _____ Zip code: _____

Name: _____
Address: _____
City: _____ State _____ Zip code: _____

Name: _____
Address: _____
City: _____ State _____ Zip code: _____

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

Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Name: _____

Address: _____

City: _____ State _____ Zipcode: _____

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

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

Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Name: _____

Address: _____

City: _____ State _____ Zip code: _____

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

Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____

Address: _____

City: _____ State _____ Zipcode: _____

5. RIGHT OF ENTRY

5.1 The source of the applicant's legal right to enter and conduct surface coal mining operations on the proposed permit area covered by this application is by from _____ for _____ acres, located in _____ County in Election District No. _____ dated _____.

5.2 Are the rights claimed in the document(s) referenced in item 5.1 the subject of any pending litigation?

YES NO

If YES, identify the nature and current status of the proceedings and label as Attachment 5.2.

5.3 Has the private mineral estate to be mined been severed from the private surface estate?

YES NO

If YES, provide the following and label Attachment 5.3.

- (a) A copy of the written consent of the surface owner for extraction of coal by surface mining methods;
- (b) A copy of the document of conveyance that expressly grants or reserves the right to extract the coal by surface mining methods; or
- (c) If the conveyance does not expressly grant the right to extract the coal by surface mining methods, document that under State law the applicant has the legal authority to extract the coal by these methods.

5.4 Attach a completed copy of the Bureau of Mines Consent of Landowner form for each surface owner on the proposed permit area, and label Attachment 5.4.

5.5 Attach a valid certificate of liability insurance as required by COMAR 26.20.15 and label Attachment 5.5.

5.6 Attach a copy of the Notice of Application for Reinstatement and Reissuance of Surface Coal Mining Permit to be submitted to the newspaper(s) and label Attachment 5.6. (NOTE) Submit under separate cover, no later than two weeks after the last date of publication, the certified proof of publication from the newspaper(s).

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SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

The undersigned, being first duly sworn, states that to the best of their knowledge all the information provided in this Application for Reinstatement and Reissuance of Mining Permit is true and correct. The undersigned further acknowledges that any information provided or omitted herein for the purpose of defrauding or misleading the Maryland Bureau of Mines may result in criminal charges being instituted pursuant to applicable state laws.

Applicant Company Name: _____

Name of Applicant or Agent Whose Signature Appears Below: _____

Title: _____ Telephone Number: _____

Signature of Applicant or Agent*: _____

Date of Signature: _____

Subscribed and sworn to before me by _____

The _____ Day of _____, 20_____

Notary Public: _____

My Commission Expires: _____ State in which Commissioned: _____

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

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**NOTICE OF APPLICATION FOR REINSTATEMENT
AND REISSUANCE OF A SURFACE COAL MINING PERMIT**

Notice is hereby given that _____
Company or Applicant

Address

has submitted an application for the reinstatement and reissuance of surface coal mine Permit No.

_____ previously issued to _____
Former Permittee

Address

The operation is located near _____, Maryland on the _____ side of
Town _____, Direction _____
_____, in Election District No. _____,
Stream or Tributary _____

County, Maryland. Grid Coordinates N._____, E._____.

Access to the site is from _____, _____, Miles _____, Direction _____
Route/Street/Road _____

of _____.
Town/Intersection, etc.

Surface of the permit area is owned by _____
Name(s)

Address(es)

and the mineral is owned by _____
Name(s)

Address(es)

The permit area is within the U. S. Geologic Survey _____ 7.5 minute quadrangle.

A copy of the application is available for public review at the Bureau of Mines, 160 South Water Street, Frostburg, MD during normal office hours. Written comments on the application will be received until _____ by the Director, Maryland Bureau of Mines,
30 days from date of publication

160 South Water Street, Frostburg, MD 21532.

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PROCEDURE TO OBTAIN REINSTATEMENT AND REISSUANCE OF A SURFACE COAL MINING PERMIT

1. Applicant must be a licensed Maryland coal operator.
2. Contact the Bureau of Mines office, (301)689-1440, to obtain a Permit Application Number.
3. Submit a completed Application for Reinstatement and Reissuance of a Surface Coal Mining Permit.
4. Submit a map of the former permit area, which shows:
 - a. Area(s) on the permit which have been backfilled and planted;
 - b. Area(s) which remain disturbed and open, including drainage control structures and roads;
 - c. Area(s) which remain to be mined, including any increments that have not been permitted; and
 - d. The area of the former permit proposed to be reinstated and reissued under the application.

NOTE: The applicant should contact the Bureau of Mines for assistance in preparation of the map.

5. A mining and reclamation plan for the proposed area, if different from the original plan, including a:
 - a. List of equipment to be used on the permit (indicate backfilling equipment);
 - b. Topsoil handling plan;
 - c. Blasting plan;
 - d. Drainage control plan;
 - e. Method of operation;
 - f. Spoil Disposal plan;
 - g. Regrading and backfilling plan; and
 - h. Revegetation plan.
6. Publish a notice of opportunity for public review and comments on the application in a newspaper of general circulation in the area of the application with a 30 day comment period.

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made

available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

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TTY Users 800-735-2258