## State of Illinois Department of Natural Resources Office of Mines and Minerals Explosives and Aggregate Division Surface Mined Land Conservation and Reclamation Act

## APPLICATION FOR AGGREGATE SURFACE MINING PERMIT

			Date:		
State of Illinois Department of Natural Resou	ırces				
Office of Mines and Minerals					
Explosives and Aggregate Di					
One Natural Resources Way	7151011				
Springfield, Illinois 62702-	1271				
(I)(We)(The)	me of Company, Co	rnoration E	Portnarchin or	Individual)	
(Ivai	ne of Company, Co	rporation, r	arthership or	marviduai)	
	(Address and P	Phone) (Fax	if applicable)		
FEIN No.:		or	Social Securi	ty No.:	
hereby make application f	or a permit to a	affect by s	urface minin	g the follow	ing area as shown
on the enclosed map(s).					
• • •		OR			
A			L. D		
Amendment Nof	or acres	to be added	to Permit No	·	·
Amendment Nof	or acres	s to be transf	ferred under P	ermit No	
Amendment Noto	o change the reclam	nation plan v	vithin Permit	No	
Name of Mine:	_				
Address of Mine:					
			]	Location	
		Section	Township	Range	County
	A amag				
Acres to be Permitted:	Acres				
reres to be remitted.	Acres				
(Break Down by Section)					
	Acres				
TOTAL NEW ACRES:	Acres				

## Notice

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 ILCS 715. Disclosure of this information is voluntary; however, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.

Every application and amendment shall contain the following information: (Add additional sheets when enough space is not available.)

Does the applicant have the right and power by legal estate owned to mine by surface mining and to reclaim the land so described?  $\Box Yes \ \Box No$ 

a.	Ownership of the proposed permit area (use a map when appropriate). If more than or (1) landowner, indicate ownership of each tract below and show property lines and tra numbers on map.
b.	Ownership of the minerals to be mined (use a map when appropriate). If more than on (1) mineral owner, indicate ownership of each tract below and show property lines an tract numbers on map.
	name, address, contact person and phone number of any municipality with legal jurisdiction the proposed permit area through an annexation or pre-annexation agreement.
	mineral(s) to be mined (if for overburden deposition only, please indicate):  character and the composition of the vegetation and wildlife on lands to be affected.
Sum	marize the current land uses in the proposed permit area. Describe any changes that have
	arred in the past five (5) years.
Over	rburden thickness is (or ranges from):
Natu	are (or type of) overburden:
Tota	l depth of the pit (including overburden) will be:
(Use	a map when appropriate. For operations which remove more than one (1) mineral, see stion No. 14.)

7.	The current assessed valuation of the lands to be affected and the assessed valuation shown by the
	two (2) quadrennial assessments preceding the currently effective assessment.

Property Tax	Legal	Current Assessed Valuation	Two (2) Preceding Quadrennial Assessments	
I.D. No.	Description	Per Acre	1st.	2nd.

A		00.110(h) for a			teral support) requi cent property lines/e		
					pads which are to be ase indicate on map		th
		_		noval and handlin	g of the overburden	, including the t	ype
S	urrounding l vithin lands	land. Identify	the location a	and names of all	lining the areas to streams, creeks an Describe any grou	nd bodies of wa	ate
r	nining and v	when reclamat	ion is comple	eted including di	us to being affected rectional flow of spreceiving the disciplent	water, natural	and

Identify the location of	of buildings and utility lines	within lands to be all	ected. Indicate on map
	core drillings (to be provide oval operations describe a re		
reclamation bond or s	on and identifying details on ecurity filed by the applicance, agency of state governments	t or any operator relate	ed to the applicant, with
Will earthen dams beNo	constructed to impound wa		
The estimated employ	yment at the mine will be: _		
The desired effective	date of the permit		
statements and docun that said applicant has	declare that I have examined nents, and to the best of my s valid documents which be ining and to reclaim lands c	knowledge it is true, on the application is true, on the application is true, the application is true, the strue, the strue is the strue, the strue is the strue is the structure is	correct and complete, a ont a legal right to enter
	Signature		Title

**PLEASE NOTE**:

The Department <u>MUST</u> receive an original signature <u>NOT</u> a photocopy.

Surface Mining	Permit No
_	OR
Amendment No.	to Permit No.

	Section	T 1:		
		Township	Range	County
Acres				
(use extra pages wh	en necessar	y)	accited De	anika anadina aft
	Acres Acres Onservation and Re (use extra pages when ap where overburde and overburden remeand remeand overburden remeand remean	Acres  Acres  Onservation and Reclamation (use extra pages when necessar map where overburden is to be reand overburden removal areas.	Acres  Acres  Onservation and Reclamation Plan (use extra pages when necessary)  map where overburden is to be removed and departed overburden removal areas. Describe the	Acres Acres Onservation and Reclamation Plan

b. The post mining lands uses include:

Land Use	Acreage
Pasture	
Forest	
Crop	
Horticulture	
Recreation	
Wildlife	
Commercial (homesite or industrial)	
Other (specify)	
Other (specify)	
Total A	Acreage:

Include a map designating which parts of the proposed permit area will be reclaimed to these land uses.

This copy if approved will be returned with the permit and shall be filed with the County Clerk. Receipt of filing is required (Form MLCR 1b) and shall be forwarded to the Department of Natural Resources, Office of Mines and Minerals, Explosives and Aggregate Division.