

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF GEOLOGY / MINING & RECLAMATION DIVISION
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APPLICATION TO AMEND SURFACE MINING PERMIT RECLAMATION PLAN

PERMIT NO. _____

OPERATOR _____

ADDRESS _____

This application is to change:

1. Reclamation schedule dates only
2. Other aspects of the reclamation plan

If you checked number 2, please submit all appropriate information outlining the change.

NEW ANTICIPATED SCHEDULE	Month / Year
Begin clearing	_____/_____
Begin mining	_____/_____
Complete Mining	_____/_____
Begin reclamation	_____/_____
Complete Reclamation	_____/_____

Date _____ By _____
Position _____

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Office of Geology use only

Date _____ Approved by _____
Director, Mining and Reclamation Division