

Name: _____ Town of _____ Parcel # _____ E, _____ N, _____ R, _____ T, _____ Sec. _____ 1/4, _____ 1/4, _____ 1/4

NMM Permit # _____

Date Received: _____

LINCOLN COUNTY Nonmetallic Mining Reclamation Permit Transfer Worksheet (New Owner)

| | |
|-----------------------------------|-----------------------------|
| Applicant/Operator: | New Property Owners |
| Applicant/Operator Address: | New Property Owner Address: |
| City, State, Zip | City State, Zip |
| Phone: | Phone: |
| Non-Metallic Mine Name (Pit Name) | Previous Property Owner: |

LEGAL PROPERTY DESCRIPTION: (ATTACH COPY OF MAP IF DESIRED)

GL _____ 1/4 _____ 1/4, Section _____ T _____ N R _____ E Town of: _____

PARCEL NUMBER(S): _____

ATTACHMENTS

RECLAMATION PLAN – [OFFICE ONLY - Date received in Zoning _____]
Attach proposed Reclamation Plan

FINANCIAL ASSURANCE – [OFFICE ONLY - Date received in Zoning _____]
Attach financial assurance or bond

FEES (IF APPLICABLE):

Reclamation Plan Review (If new or revised) : Associated Fee: \$300.00

Estimated acreage of proposed un-reclaimed land for _____ (Year) _____ (Acreage) Associated Fee:

OPERATOR CERTIFICATION:

I hereby certify, as a duly authorized representative or agent, that the operator listed above will comply with the statewide nonmetallic mining reclamation standards established in NR 135 Wis. Adm. Code. The contractor will also provide a completed reclamation plan and financial assurance. I hereby certify that the information contained herein is true and accurate. I also certify that I am entitled to apply for a permit, or that I am the duly authorized representative or agent of an applicant who is entitled to apply for a permit. I hereby grant Lincoln Co. permission to enter the property on which the above-specified mine is located and to conduct any and all inspections necessary to administer the reclamation permit. I also certify that I am entitled to grant such permission or that I am the authorized representative or agent of an applicant who is entitled to grant such permission.

Signature of Applicant/Operator or Duly Authorized Representative:

Date Signed:

LANDOWNER CERTIFICATION: (attach 2nd sheet if necessary for signatures)

I/We hereby certify, as the landowner(s) of the referenced property, that we agree with the application & proposed reclamation plan being submitted by the Applicant/Operator or Duly Authorized Representative and that we will allow implementation of this plan.

Signature of Landowner:

Date Signed:

| | | |
|----------------------|--------------------|----------------------|
| FOR OFFICE USE ONLY: | Approved by: _____ | Date Approved: _____ |
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