

Fee: \$ 100.00

NMM Permit # _____

Receipt #: _____

Date Received: _____

LINCOLN COUNTY - Nonmetallic Mining Existing Mine Reclamation Plan Modification

Applicant/Operator:	Property Owners: (if different from Applicant/Operator)
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

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

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

Pit Name: _____

PARCEL NUMBER(S): _____

RECLAMATION PLAN:

Attach Proposed Reclamation Plan and cover letter outlining the major changes/modifications.

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:
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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 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:
Signature of Landowner:	Date Signed:
Signature of Landowner:	Date Signed:

FOR OFFICE USE ONLY:	Approved by: _____	Date Approved: _____
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Town of _____

Parcel # _____

E, R, N, T _____

Sec. _____

1/4, _____

1/4, _____

Name: _____