



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 MISSOURI GEOLOGICAL SURVEY  
 LAND RECLAMATION PROGRAM  
**REQUEST FOR APPROVAL OF RECLAIMED LAND**

**A. REQUEST FOR APPROVAL – TO BE COMPLETED BY OPERATOR**

NAME OF COMPANY		PERMIT NUMBER	SITE NAME	SITE NUMBER
LOCATION OF SITE: COUNTY	SECTION, TOWNSHIP, RANGE		ISSUED FOR (MINERAL)	
NAME OF PERSON TO CONTACT TO COMPLETE INSPECTION			TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE	

**NUMBER OF ACRES RECLAIMED ACCORDING TO THE FOLLOWING STANDARDS**

POST MINE LAND USE	GROUND COVER	ACRES	INSPECTOR
Pasture			
Farmland			
Forest			
Water Reservoir			
Recreational Area			
Industrial Area			
Residential Area			
Waste/Disposal (Landfill)			
Wildlife Management			
Unaffected by Mining			
Other			
Total acreage of reclamation completed			

**SIGNATURE**

By my signature I attest to the following:  
 1. All statements made on this form are complete, correct and true, to the best of my knowledge.  
 2. I have provided a copy of this request to the landowner.

SIGNATURE OF COMPANY OFFICIAL	DATE
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**B. PERFORMANCE STANDARDS – TO BE COMPLETED BY INSPECTOR**

ACREAGE AFFECTED	ACREAGE UNAFFECTED	GRADED TO TRAVERSABLE BY FARM MACHINERY <input type="checkbox"/> Not applicable      Acreage
GRADED TO WILDLIFE HABITAT REQUIREMENTS <input type="checkbox"/> Not applicable      Acreage	GROUND STABILIZATION SUFFICIENT TO CONTROL EROSION <input type="checkbox"/> Not applicable      Acreage	
ACID/TOXIC MATERIAL PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, BURIED UNDER TWO FEET OF NON-ACIDIC/TOXIC MATERIAL	
DISTANCE TO NEAREST RIGHT-OF-WAY	DISTANCE TO NEAREST PROPERTY LINE	
PROTECTIVE BERM ESTABLISHED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	TOPSOIL REPLACED UP TO 12 INCHES DEPTH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable      Acreage	
PERMANENT IMPOUNDMENT BUILT TO NRCS PONDS 378 STANDARDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	PERMANENT IMPOUNDMENT STRUCTURE MEETS DAM AND RESERVIOR SAFETY PROGRAM REQUIREMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
SUBSTITUTE ACRES INVOLVED <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW?	
MAP ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, WHY?	

**RECOMMENDATION**

RECLAMATION <input type="checkbox"/> Approve <input type="checkbox"/> Deny	ACRES RELEASED	ACRES REMAINING AT SITE	OTHER
BOND RETURNED \$	BOND HELD FOR FUTURE OBLIGATION \$	BOND REOBLIGATED \$	TOTAL BOND REMAINING \$

**I HEREBY CERTIFY THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE**

SIGNATURE OF INSPECTOR	DATE
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Submit all forms to: Missouri Department of Natural Resources  
 Land Reclamation Program  
 PO Box 176  
 Jefferson City, MO 65102-0176

Phone: 573-751-4041  
 Fax: 573-751-0534  
 Website: [www.dnr.mo.gov](http://www.dnr.mo.gov)