



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 LAND RECLAMATION PROGRAM
MINE PLAN

PERMIT NAME			PERMIT NUMBER	
SITE NAME			SITE NUMBER	
MINERAL COMMODITY	ESTIMATED TONS/YEAR SAND/GRAVEL ONLY	MINE PLAN ACRES		COUNTY
¼ SECTION	SECTION	TOWNSHIP		RANGE
TYPE OF MINE PLAN (CHECK ONE): <input type="checkbox"/> SHORT TERM – FOR ONE PERMIT YEAR <input type="checkbox"/> LONG TERM – FOR PERIOD THROUGH DATE _____				
LANDOWNER				
PRINTED NAME OF LANDOWNER			TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS		CITY	STATE	ZIP CODE
MINERAL RIGHTS OWNER				
MINERAL RIGHTS OWNER			TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS		CITY	STATE	ZIP CODE
LEGAL RIGHT TO MINE – (CHECK ONE)				
<input type="checkbox"/> Mineral Deed <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Lease <input type="checkbox"/> Verbal <input type="checkbox"/> Other (Describe): _____ Date of Agreement: _____				
Does this site conform to all Planning / Zoning requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
Is this Mine Plan boundary located 1,000 ft. or closer to the property boundary of an accredited school that has been established for five or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
Note: Each site must be shown on a map and be published in a public notice.				
LANDOWNER SIGNATURE REQUIRED - ATTACH ADDITIONAL COPIES OF PAGE ONE FOR EACH LANDOWNER				
By my signature, I attest to the following:				
1. I have received a copy and give approval of of the Mine Plan and understand the proposed post-mining land use(s) and revegetation plan(s) to be utilized during reclamation, as stated in this mine plan. 2. I understand that if the post-mine land use changes, the operator will ask for my approval and signature on a new mine plan. I will be given a copy of that replacement mine plan prior to the changes being made and implemented. 3. I, hereby grant to the Director of the State of Missouri Land Reclamation Program and authorized representatives the right of entry upon our lands or surface mining operations for the purpose of making necessary field inspections, covering land reclamation in order to ensure compliance with the Land Reclamation Act, Sections 444.760 to 444.790 RSMo.				
PRINTED NAME OF LANDOWNER		SIGNATURE OF LANDOWNER		DATE
PERMIT NUMBER	SITE NAME		SITE NUMBER	

PERFORMANCE STANDARDS		
LATERAL SUPPORT REQUIREMENTS		
WILL ANY EXCAVATION BE AT OR WITHIN 50' OF THE RIGHT-OF-WAY OF ANY PUBLIC ROAD?	IF YES, DESCRIBE:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS EXCAVATION WITHIN 50' OF THE RIGHT-OF-WAY BEEN APPROVED BY THE ROAD AUTHORITY HAVING JURISDICTION OVER THE ROAD	EXCAVATION WITHIN 50' OF THE RIGHT-OF-WAY REQUIRES A VARIANCE. HAS LAND RECLAMATION COMMISSION GRANTED THE REQUIRED VARIANCE?	
<input type="checkbox"/> Yes – APPROVAL ATTACHED <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
WILL ANY HIGHWALL CONSISTING OF UNCONSOLIDATED MATERIALS BE LEFT WITHIN 50 FEET OF THE RIGHT-OF-WAY OF ANY PUBLIC ROAD?	HAS LAND RECLAMATION COMMISSION GRANTED A VARIANCE?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SAFETY BARRIER REQUIREMENTS		
WILL ANY EXCAVATION START AT OR BE WITHIN 50' OF ANY PROPERTY LINE OR ROAD RIGHT-OF-WAY?	IF YES, WILL SAFETY BARRIER, AT LEAST 3 FEET IN HEIGHT, BE ERECTED?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACID FORMING MATERIAL REQUIREMENTS		
ARE ACID FORMING MATERIALS PRESENT?	IF YES, PLEASE DESCRIBE HOW THE MATERIAL WILL BE HANDLED.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Anticipated If encountered during mining, refer to 10 CSR 40-10.050(5)(C)		
TOPSOIL REQUIREMENTS		
ARE 12 INCHES OF TOPSOIL PRESENT?	IF NO, DESCRIBE DEPTH OF TOPSOIL PRESENT:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
WILL TOPSOIL BE REMOVED?	IF YES, DESCRIBE METHOD OF REMOVAL:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
WILL TOPSOIL BE SOLD OR DISCARDED OFF-SITE?	IF YES, DESCRIBE:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
WILL ENOUGH TOPSOIL BE LEFT ON-SITE FOR RECLAMATION REQUIREMENTS?	IF NO, DESCRIBE:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
WILL TOPSOIL BE STOCKPILED?	IF YES, DESCRIBE THE LOCATION OF STOCKPILE WITHIN PERMIT AREA:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF TOPSOIL IS STOCKPILED, WILL STOCKPILE BE GRADED AND SEEDED?	IF YES, DESCRIBE SEED MIX TO BE USED:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
PERMIT NUMBER	SITE NAME	SITE NUMBER

OVERBURDEN REQUIREMENTS

WILL OVERBURDEN BE USED AS A SUBSTITUE MATERIAL FOR TOPSOIL? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DESCRIBE:
WILL OVERBURDEN BE STOCKPILED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DESCRIBE THE LOCATION OF STOCKPILE WITHIN PERMIT AREA:
IF OVERBURDEN IS STOCKPILED, WILL STOCKPILE BE GRADED AND SEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DESCRIBE SEED MIX TO BE USED:

SPOIL REQUIREMENTS

WILL SPOIL BE STORED ON SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DESCRIBE:
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POST-MINING LAND USES

CHECK ALL POST-MINING LAND USES THAT APPLY:	ACRES PER LAND USE	CIRCLE ALL THAT APPLY AND/OR FILL IN "OTHER" DESCRIPTION
<input type="checkbox"/> Wildlife* *(protected from livestock)		Forest, wildlife habitat, rocky outcropping, other: _____
<input type="checkbox"/> Agricultural		Pasture, cropland, horticultural, other: _____
<input type="checkbox"/> Development		Residential, industrial, recreational, other: _____
<input type="checkbox"/> Water Impoundments		Pond with dam, filled pit - no dam, other: _____

GRADING REQUIREMENTS

DESCRIBE SITE PRIOR TO PERMITTING: INCLUDING SOIL, VEGETATION AND TOPOGRAPHY.

WILL UNCONSOLIDATED MATERIALS IN AFFECTED AREAS BE GRADED TO A FREE DRAINING TOPOGRAPHY TRAVERSABLE BY FARM MACHINERY AND SUITABLE FOR THE INTENDED LAND USE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, DESCRIBE:
WILL POST MINE GRADING MATCH THE SLOPE THAT EXISTED PRIOR TO MINING? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, DESCRIBE:
WILL ANY HIGHWALL CONSISTING OF CONSOLIDATED MATERIALS BE LEFT ON THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DESCRIBE METHOD OF RECLAMATION, IF ANY:

TIMING OF RECLAMATION

WILL GRADING AND TOPSOIL REPLACEMENT REQUIREMENTS BE COMPLETED WITHIN ONE YEAR AFTER VIABLE MINERAL RESERVES IS COMPLETE IN THAT PORTION OF THE PERMIT AREA BASED ON THE OPERATOR'S PRIOR MINING PRACTICES ON THAT SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, DESCRIBE:
WILL SEEDING AND PLANTING REQUIREMENTS BE COMPLETED WITHIN TWO YEARS AFTER VIABLE MINERAL RESERVES IS COMPLETE IN THAT PORTION OF THE PERMIT AREA BASED ON THE OPERATOR'S PRIOR MINING PRACTICES ON THAT SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, DESCRIBE:

PERMIT NUMBER	SITE NAME	SITE NUMBER
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REVEGETATION PLAN - (ATTACH ADDITIONAL SHEETS, IF NEEDED)

PLAN #1

POST-MINING LAND USE	SEEDING OR PLANTING TIME
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DESCRIBE METHODS AND EQUIPMENT TO BE USED FOR SEEDING OR PLANTING

Lime and fertilizer will be applied according to recommendations based upon soil analyses from a qualified soils lab. Mulch will be applied to all slopes exceeding 5:1.

Seeded Species	Pounds/Acre	Tree or Shrub Species	Stems/Acre

PLAN #2

POST-MINING LAND USE	SEEDING OR PLANTING TIME
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DESCRIBE METHODS AND EQUIPMENT TO BE USED FOR SEEDING OR PLANTING

Lime and fertilizer will be applied according to recommendations based upon soil analyses from a qualified soils lab. Mulch will be applied to all slopes exceeding 5:1.

Seeded Species	Pounds/Acre	Tree or Shrub Species	Stems/Acre

PLAN #3

POST-MINING LAND USE	SEEDING OR PLANTING TIME
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DESCRIBE METHODS AND EQUIPMENT TO BE USED FOR SEEDING OR PLANTING

Lime and fertilizer will be applied according to recommendations based upon soil analyses from a qualified soils lab. Mulch will be applied to all slopes exceeding 5:1.

Seeded Species	Pounds/Acre	Tree or Shrub Species	Stems/Acre

SUBSTITUTION OF PREVIOUSLY MINED LAND FOR RECLAMATION

DOES THE OPERATOR PLAN TO SUBSTITUTE PREVIOUSLY MINED LAND FOR THE ACTUAL AREA DISTURBED BY THE PERMITTED MINING? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DESCRIBE:
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PERMIT NUMBER	SITE NAME	SITE NUMBER
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APPLICANT SIGNATURE AND NOTARIZATION REQUIRED

By my signature, I attest to the following:

1. I am qualified under regulatory definition to be the responsible official for the above-named permit.
2. All statements made on this Mine Plan Form are correct, complete, and true, to the best of my knowledge.
3. I, or the company I am authorized to represent, intend to mine in accordance with this Mine Plan form, and in accordance with the Missouri Land Reclamation Act, Sections 444.760 through 444.790, RSMo, and all rules, regulations, orders, decisions and permits of the Missouri Land Reclamation Commission pertaining to my company's surface mining operations.
4. I have obtained the approval of all landowners, (for all lease agreements made after Aug. 28, 1990 on leased land) for all proposed post-mine land uses and seed mixtures and have given the landowner a copy of the mine plan. If post-mine land use changes, I will notify the landowner(s) and a new mine plan will be submitted with new landowner signature(s) dated prior to the changes being made and implemented.
5. We, the undersigned, hereby grant to the Director of the State of Missouri Land Reclamation Program and authorized representatives the right of entry upon our lands or surface mining operations for the purpose of making necessary field inspections, covering land reclamation in order to ensure compliance with the Land Reclamation Act, Sections 444.760 to 444.790 RSMo.

SIGNATURE OF APPLICANT	TITLE	DATE
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Appeared before me this _____ day of _____, 20____, to me personally known, who executed the above as their free acts and deeds.

NOTARY PUBLIC EMBOSSEER	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	RUBBER STAMP CLEAR AREA BELOW	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

FOR DEPARTMENT USE ONLY

APPROVED BY	DATE APPROVED	PERMIT NUMBER	NUMBER
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