This form is to notify the Division of Conservation that all mining operations have ceased and reclamation procedures are ready to begin. The company/county signature below certifies and acknowledges the reclamation requirements required by the Surface Mining Land Conservation and Reclamation Act and all required reclamation work as it applies to this site in accordance with the requirements of K.S.A. 49-611 through 614, the Kansas Administrative Rules and Regulations (K.A.R. 11-8-7) and the Reclamation Plan on file.

Please check here if you are a County

Company/County Name ___________________________ License Number ___________________________

Street Address 1 __________________________________________________________

Street Address 2 __________________________________________________________

City ___________________ State ___________ Zip ________________

E-mail ____________________________

Telephone ______________________ Fax __________________________

SITE INFORMATION

<table>
<thead>
<tr>
<th>Site No.</th>
<th>Site Name</th>
<th>County</th>
<th>Legal Description</th>
<th>East/West</th>
<th>Materials Produced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q S T R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date site was closed ________________ abandoned ______________________

Beginning date of Reclamation ______________________

Expected date grading completed ______________________

(K.A.R. 11-8-7 requires grading to allowable slopes to be completed within six months from the date of this report.)

Expected date of seeding ______________________

(K.A.R. 11-8-7 requires seeding to be completed within one year of completion of earthwork.)

Seeding to be completed by: (check one)

- [ ] Landowner
- [ ] Mining Company
- [ ] Contractor
- [ ] Other
Tons produced since last annual report: ________________ X .003 per ton =  
Amount due to Division of Conservation: ________________

Note: Counties are exempt from tonnage fee.

I, ______________________________ as a representative of the above-named company/county, certify that the above information is correct to the best of my knowledge and that the above-named company/county has the authority to operate a mine on the site listed above, and that the above-named company/county has complied with all local, state and federal requirements pursuant to K.S.A. 49-607(7).

First Name ___________________________ MI _______ Last Name _______________________
Title __________________________________________ Date ____________________________

Signature __________________________________________________________________________

Please submit this form and a payment for fees to: Division of Conservation, KDA, Mined Land Reclamation Program  
1320 Research Park Drive, Manhattan, Kansas, 66502. Make check payable to State of Kansas.
OFFICE 785-564-6620       FAX 785-564-6778    

For Division of Conservation Use Only

Inspected and Approved by (print) __________________________________ Date of Inspection ______________
Signature __________________________________ Title ___________________