



Mined Land Reclamation Program

APPLICATION FOR NEW SITE REGISTRATION

(Separate requests must be made for each new site registration)

Please check here if you are a County

For Division of Conservation Use: Site Number: _____

Company/County _____ License Number _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

E-mail _____

Telephone _____ Fax _____

SITE INFORMATION

Site No. Assigned by DOC	Site Name	County	Legal Description				East/ West	Acres
			Q	S	T	R		

Street Address of Site _____

Directions from nearest town _____

Name of Landowner _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Material(s) to be Extracted:

Limestone
 Sand & Gravel
 Sand
 Rock
 Shale
 Gypsum
 Sandstone
 Landfill
 Quartzite
 Stone
 Caliche
 Salt
 Gravel
 Soil
 Topsoil
 Clay
 Volcanic Ash

Source of Applicant's Legal Right to Mine on the Land (choose one): Lease _____ Own _____ Other _____

NEW SITE FEE is \$45.00 per site (Counties are exempt)

K.S.A. 49-607, and K.A.R. 11-8-6, and 11-8-8 **require** a Land Reclamation Plan, Site Map and Reclamation Bond for each site registered with the Division of Conservation. **Counties are exempt from the bonding requirement.**

Reclamation Plan attached (LR-3) Yes _____
Site Map attached Yes _____
2 acres or less – exempt from bond requirements Yes _____ No _____
Reclamation Bond Attached (Counties exempt) Yes _____
Covered by existing bond # _____ Yes _____ No _____ **If not covered by an existing bond, complete the applicable Bond form (choose from forms LR-4 through LR-4D)**

As a representative of the above-named company/county, I 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:

**Kansas Department of Agriculture
Division of Conservation
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

Approved by _____ **Date** _____

Signature _____ **Title** _____