



Mined Land Reclamation Program
RECLAMATION APPROVAL REQUEST

(Make separate request for each mine site)

Date _____

Company Name _____ License Number _____

Site Number and Name _____

Quarter _____ Section # _____ Township # _____ Range # _____ County _____

Street Address of Site: _____

Materials Produced _____ # Acres Reclaimed in this Request _____

Has this site been seeded? Yes No Date of Seeding: _____

If not seeded, why? _____

It is requested that the reclamation work at this site, required by K.S.A. 49-611, be approved by the Division of Conservation, Kansas Department of Agriculture and that the bonding for the above listed acres in connection with this site be released.

This is to certify that all required reclamation work as it applies to this site has been completed in accordance with the requirements of K.S.A. 49-611 and Kansas Administrative Rules and Regulations (K.A.R. 11-8-7).

1. All affected lands have been graded to slopes having a maximum of one foot of vertical rise for each three feet of horizontal distance except that where the original topography of the affected land was steeper than one foot of vertical rise for each three feet of horizontal distance, the spoil bank has been graded to blend with the surrounding terrain.
2. All mining related equipment and waste has been removed from the site to allow for proper revegetation of the site.
3. Erosion control methods have been used to prevent rill, gully and washout formation.
4. All land affected by the mining operation has been revegetated except for impoundments, pit floors, and highwalls. **Each operator shall allow the seeded vegetation at least one year to become established before filing a release request.**
5. Other work completed: _____.

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

Signature _____ Title _____

For Office Use Only

Approved by: _____ Date: _____

Date of Inspection: _____ By: _____