



OMB NO. 1029-0061

## UNITED STATES DEPARTMENT OF THE INTERIOR OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT

### SMALL OPERATOR ASSISTANCE APPLICATION

| Application: |               | A. BACKGROUI                | ND                        |             |
|--------------|---------------|-----------------------------|---------------------------|-------------|
| Permit App   | licant's:     |                             | <u></u>                   |             |
| FIRST NAME   | M.I.          | LAST NAME                   | ()_<br>AREA CODE          | PHONE NUMBE |
|              |               | COMPANY NAM                 | E                         |             |
|              |               | UTHORIZED COMPANY OFFICIAL  | _ AND TITLE               |             |
|              | CITY          |                             | STATE                     | ZIP         |
|              |               | AUTHORIZED COMPANY OFFICIA  | L AND TITLE               |             |
| Operator's   | name and ac   | Idress, if different than a | pplicant:                 |             |
|              |               | ıl (or) a p<br>Date of In   | partnership<br>formation: |             |
| Uga applica  | ant over heer | n denied Small Operator     | Assistance? Yes           | No          |

#### PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 35) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

This information is being collected in order to determine applicant's qualification under the Small Operator Assistance Program. The obligation to respond is required to obtain a benefit. Proprietary information will be held confidential.

Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 210 SIB, 1951 Constitution Ave, NW, Washington, D.C. 20240.

| 5. |              | • •                   | •  | erator Assistance Pr<br>If yes, complete | •              | Either OSM or a State        |
|----|--------------|-----------------------|--|--|----------------|------------------------------|
|    | <u>PRO</u>   | JECT NAME             | CONTRACT                                   | OR OSM OR                                | <u>STATE</u>   | DATE SOAP<br>REPORT RECEIVED |
|    |              |                       |  |  |                |                              |
|    |              |                       |  |  |                |                              |
|    |              | B. <u>PE</u>          | RMIT INFORM                                | ATION FOR PROP                           | OSED AS        | SISTANCE SITE                |
| 1. | Is sit       | e currently pern      | nitted? Yes                                | _ No                                     |                |                              |
| 2. | If per       | rmitted, give: P      | ermit Number                               |  | _ Issue d      | ate                          |
| 3. |              |                       | ated starting an                           | d termination dates                      | of the mir     | ning operation?              |
| 4. | Nam          | e and location of     | of proposed per                            | mit site:                                |                |                              |
|    | a.           | NAME:                 |  |  |                |                              |
|    | b.           | _                     |  |  |                |                              |
|    | C.           | LATITUDE:             |  |  |                |                              |
|    | d.           | LONGITUDE: _          |  |  |                |                              |
|    | e.           | NAME OF NEAR          | EST STREAM:                                |  |                |                              |
| 5. | Meth         | od of Mining (c       | heck appropriate                           | box):                                    |                |                              |
|    | AREA         | STRIPPING             | ( )  | MOUNTAINTOP REMOV                        | VAL ()         |                              |
|    | DEEP<br>CONT | MINE<br>OUR STRIPPING | ( )  | MOUNTAINTOP REMOVAUGER OPERATIONOTHER    | ( )            |                              |
|    | If oth       | er describe:          |  |  |                |                              |
| 6. | Num          | ber of acres in       | permit area (nea                           | arest tenth):                            |                |                              |
| 7. | (a)          | AVERAGE DEPT          | TH OF COAL RESOU<br>H TO COAL<br>H TO COAL | FEET                                     |                |                              |
|    | (b)          |                       | CKNESS OF COAL R                           |  |                |                              |
|    | (c)          |                       | tiple seams? Yes<br>depth and thickne      | S No<br>ess information for eac          | ch additiona   | al seam.                     |
|    | (d)          | Estimate of re        | serves in the per                          | mit area and method                      | of calculation | on.                          |

8. State the projected production for each year of the permit area for which assistance is being sought.

| YEAR (1) |  |
|----------|--|
| YEAR (2) |  |
| YEAR (3) |  |
| VEAD (4) |  |

**SOAP Site** 

#### C. MAPS

Provide U.S. Geological Survey topographical map of 1:24,000 scale or larger, or a topographic map of equivalent detail which clearly shows:

YEAR (5) \_\_\_\_\_

- (a) The boundaries of the proposed permit area and the natural drainage above and below the affected area.
- (b) Property boundaries and the name of record for property owners within the permit area and on adjacent lands.
- (c) The location of existing structures and developed water sources within the permit area and on adjacent lands.
- (d) The location of existing and proposed test borings or core sampling.
- (e) The location and extent of known workings of any underground mines within the permit area and adjacent area.

#### D. DOCUMENTATION

Provide copies of documents which show that:

- 1. The applicant has a legal right to enter and mine coal within the permit area; and
- A legal right-of-entry has been obtained for the Office of Surface Mining Reclamation and Enforcement and laboratory personnel to inspect the lands to be mined and adjacent lands which may be affected to collect environmental data, or to install monitoring equipment.

# E. <u>ATTRIBUTED PRODUCTION</u> (during past 12 months)

| 1. | (a)                           | Are other mines owned or operated by the applicant? Yes No  |
|----|-------------------------------|---|
|    | (b)                           | Does the applicant control any other mine ("control" means, but is not limited to, direction of the management)? Yes No   |
|    | (c)                           | Does the applicant own more than Ten percent (10%) interest in any other coal mining operation? Yes No  |
|    | (d)                           | Does any person or corporation own more than a ten percent (10%) interest in the applicant, or directly or indirectly control the applicant by reason of stock ownership, direction of the management, or in any other manner whatsoever? Yes No  |
|    | (e)                           | Does the applicant have any direct or indirect business relationship between or among his/her family members and relatives owning coal-producing operations? Yes No   |
| 2. | the info<br>twelve<br>pro rat | of the above five questions (1.(a), (b), (c), (d), or (e)) are answered "Yes", provide ormation listed below for each coal mining operation operated during the past (12) months. If questions "(c)", "(d)" or "(e)" was answered "Yes", the total and a share of coal production must be furnished. List each mining operation tely and attach extra sheets as needed. |
|    | (a)                           | NAME OF COMPANY   |
|    | (b)                           | MINE LOCATION (County) STATE  |
|    | (c)                           | SURFACE MINE OR UNDERGROUND MINE PERMIT NO  |
|    | (d)                           | MESA (MSHA) I.D. NO FOR THE MINE SITE   |
|    | (e)                           | STATE COAL SEVERANCE TAX VENDOR NO  |
|    | (f)                           | TONS OF COAL PRODUCED (attach legible copy of coal severance tax return for each month during most recent 12 months) Pro rata share   |
| 3. |                               | he total projected production for each year of the proposed permit for which ince is being sought.  |
|    |                               | Other Operation(s)  |
|    |                               | YEAR (1)  |
|    |                               | YEAR (4)  |

#### F. UNDERTAKING OF APPLICANT

The undersigned, as a duly authorized representative of the applicant, hereby agrees that the applicant intends to apply for a permit pursuant to the regulations and shall, if the applicant receives small operator assistance:

- 1. Fully cooperate with all laboratories, their employees and agents that will produce the determination and statement:
- 2. When requested, submit coal production information for the area affected by this application and for any other mining operation in which the applicant has an interest or an operation which has an interest in the applicant; said information is to be furnished with thirty (30) days of the end of twelve (12) months following issuance of the permit for which assistance is provided; and,
- 3. Notify the Office of Surface Mining Reclamation and Enforcement in writing with 10 days of any change (a) in ownership or mining plans that may affect assistance eligibility or permit eligibility pursuant to the information in this application, or (b) that may require a change in the scope of work being performed by the contractor.
- 4. Refund, within 30 days to the Office of Surface Mining Reclamation and Enforcement, the full amount for small operator assistance paid pursuant to this application (with computed interest penalty) in accordance with 795.12(a), upon presentation of appropriate receipts, of any of the following conditions occur:
  - (a) Information submitted as required by paragraph (2) above or from the abandoned mine lands fee compliance system shows actual and attributed coal production to be in excess of 300,000 tons during the 12-month period following issuance of the permit for which assistance is provided;
  - (b) Knowingly submits false information;
  - (c) Fails to submit a permit application within one (1) year from the date of receipt of the approved laboratory report;
  - (d) Fails to commence mining after obtaining a permit;
  - (e) Sells, transfers or assigns the permit to another person or company and the transferee's total actual and attributed production exceeds the 300,000 ton annual production limit during the 12-month period following permit issuance. In this case, the applicant and its successor shall be jointly and severally obligated for reimbursement.

5. The operator, represented by the authorized company official (signature below), agrees to assume responsibility for the care, maintenance and eventual disposal of any ground-water observation wells drilled on their behalf. Upon completion of the Small Operator Assistant Program study, the use of and responsibility for these wells shall transfer to the operator. Furthermore, it shall be the responsibility of the operator to meet all appropriate State and Federal regulations regarding the continued use and/or eventual abandonment of these wells.

|   | G. <u>AFFIDAVIT</u>   |                               |
|---|---|-------------------------------|
| l,<br>representative, being firs<br>furnished in this application | , as the applicant, or as a duly auth<br>t duly sworn, state that to the best of my knowledge<br>on is true and complete. | norized<br>e, all information |
|   | by  |                               |
|   | bysignature   |                               |
|   |   |                               |
|   | Title   |                               |
| State of  |   |                               |
| County of   |   |                               |
|   |   |                               |
| Subscribed and sworn be   | fore me thisday of  | , 20                          |
|   | My commission expires   |                               |
|   | (Notary Public)   |                               |