

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Bureau of Mines

160 South Water Street • Frostburg, Maryland 21532

(301) 689-1440 • 1-800-633-6101 • <http://www.mde.state.md.us>

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## APPLICATION FOR MINING OPERATIONS MODULE I-A

Permit Application No.: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. APPLICANT IDENTIFICATION AND INTERESTS

1.1 Name of Applicant or Company: \_\_\_\_\_

1.2 Address: \_\_\_\_\_

1.3 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

1.4 Telephone Number: \_\_\_\_\_

1.5 Applicant Employer ID Number: \_\_\_\_\_

1.6 Applicant Social Security Number: \_\_\_\_\_

1.7 Is the Applicant a Licensed Maryland Operator?  YES  NO

If YES, list Operator's License Number: \_\_\_\_\_

1.8 Identify resident agent, in Maryland, for service of process:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1.9 Identify individual who will pay the federal abandoned mine land reclamation fees:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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1.10 Indicate legal structure of applicant:

- Single proprietorship (individual)
- Partnership
- Corporation: List State of Incorporation: \_\_\_\_\_
- Association
- Other, List: \_\_\_\_\_

Attach certified copy of partnership agreement, incorporation from Secretary of State, or certificate of authority to conduct business in Maryland, whichever is appropriate, and label Attachment I-A-1.10.

1.11 If applicant is a single proprietorship (individual), list owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer ID Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Beginning Date of Ownership: \_\_\_\_\_

1.12 If applicant is a partnership, list all partners. If any partner is a business entity and not an individual, also complete item 1.16 for that entity.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer ID Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Location in Organizational Structure: \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_  
Beginning Date of Ownership: \_\_\_\_\_

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1.12 (Continued)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer ID Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Location in Organizational Structure: \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_  
Beginning Date of Ownership: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment I-A-1.12. No. of additional entries \_\_\_\_\_.**

- 1.13 If the applicant's legal structure is other than a single proprietorship or a partnership, provide all the information set forth below for: (1) Officers [President, Vice President, Secretary, Treasurer]; (2) Stockholders owning ten (10) percent or more of any class of voting stock; and (3) Directors, and any other person performing a function similar to a Director. If any person listed below is a business entity and not an individual, also complete item 1.16 for that entity.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer ID Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Ownership/Control Relationship to Applicant: \_\_\_\_\_  
Location in Organizational Structure: \_\_\_\_\_  
Official Title/Position: \_\_\_\_\_  
Date Position Was Assumed: \_\_\_\_\_  
Percent of Ownership: \_\_\_\_\_  
Beginning Date of Ownership: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment I-A-1.13. No. of additional entries \_\_\_\_\_.**

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1.14 Will the coal be mined under a lease, sublease, or other contract?  YES  NO

Identify below every person owning the coal or controlling the coal to be mined under a lease, sublease, or other contract and having the right to receive the coal after mining. If none, check box:

Also, identify below every person owning the coal or controlling the coal to be mined under lease, sublease, or other contract and having the authority to determine the manner in which the surface coal mining operation is conducted. If none, check box:

If any person listed below is a business entity and not an individual, also complete item 1.16 for that entity.

**NOTE: Attach additional entries \_\_\_\_\_ as needed using the above format and Label Attachment I-A-1.14. No. of additional entries \_\_\_\_\_.**

1.15 Identify below all persons who have the authority or ability to commit the financial, real property assets, or working resources of the applicant who are not otherwise identified as owners, officers, or directors of the applicant. If none, check box:

If any person listed below is a business entity and not an individual, also complete item 1.16 for that entity.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Ownership/Control Relationship to Applicant: \_\_\_\_\_

Beginning Date of Relationship: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment I-A-1.15. No. of additional entries \_\_\_\_\_.**

1.16 Complete this item whenever a business entity is listed in items 1.12, 1.13, 1.14, 1.15, or 1.16. Check the box below which corresponds to the item number in which the entity is found.

Check appropriate box | 1.12 | | 1.13 |  1.14  
| 1.15 | | 1.16 |

Name of entity: \_\_\_\_\_

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1.16 (Continued)

List below the owners and controllers of entity. If any person listed is a business entity and not an individual, also complete an item 1.16 for that entity.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Ownership/Control Relationship to Applicant: \_\_\_\_\_

Location in Organizational Structure: \_\_\_\_\_

Official Title/Position: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Beginning Date of Ownership: \_\_\_\_\_

Beginning Date of Affiliation: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment I-A-1.16. No. of additional entries \_\_\_\_\_.**

1.17 List all permits issued within the last five (5) years preceding the date of this application for surface coal mining operations in the United States owned or controlled by the applicant and/or person identified in items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16.

Name of Permittee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Permit Number	State	Regulatory Authority	MSHA Number	Date MSHA No. Issued

NOTE: Attach additional entries as needed using the above format and Label Attachment I-A- 1.17. No. of additional entries \_\_\_\_\_ .

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- 1.18 List all permit applications pending for surface coal mining operations in the United States owned or controlled by the applicant and/or any person identified in items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Permit Number	State	Regulatory Authority	MSHA Number	Date MSHA No. Issued

**NOTE:** Attach additional entries as needed using the above format and Label Attachment I-A-1.18. No. of additional entries \_\_\_\_\_.

**2. VIOLATION INFORMATION**

- 2.1 Has the applicant or any person listed in items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16 or any subsidiary, affiliate, or person controlled by or under common control with the applicant.

- a) Had a federal or state coal mining permit suspended or revoked in the five (5) years preceding the date of this application?  YES  NO
- b) Forfeited a reclamation performance bond or a security deposited in lieu of a bond?  YES  NO

If YES, to a) or b) above, complete the following:

Name of Applicant or Person: \_\_\_\_\_

Permittee: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Regulatory Authority Suspending or Revoking the Permit: \_\_\_\_\_

Stated Reason for Action: \_\_\_\_\_

Current Status of Permit: \_\_\_\_\_

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2.1 (Continued)

(If administrative or judicial proceedings initiated, provide the following:)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Current

Status: \_\_\_\_\_

**Note: Attach additional entries as needed using the above format and Label Attachment I-A-2.1. No. of additional entries \_\_\_\_\_.**

2.2 Has the applicant been issued a notice of violation in connection with any surface coal mining and reclamation operation during the three (3) years preceding the date of this application for violation of SMCRA, any federal law, rule or regulation pertaining to air or water environmental protection, or any state law, rule or regulation enacted pursuant to federal law, rule or regulation pertaining to air or water environmental protection?

YES  NO If YES, provide the following information:

Name to Whom Violation was Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_ MSHA

No.: \_\_\_\_\_ Date MSHA No Issued: \_\_\_\_\_

Violation ID No.: \_\_\_\_\_

Issuing Regulatory Authority: \_\_\_\_\_

Date Violation Issued: \_\_\_\_\_

Description of Alleged Violation: \_\_\_\_\_

Abatement Actions Taken: \_\_\_\_\_

Date of Abatement Actions: \_\_\_\_\_

Type of Proceedings (Administrative or Judicial): \_\_\_\_\_

Date of Proceedings: \_\_\_\_\_

Status of Proceedings: \_\_\_\_\_

Location of Proceedings: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment I-A-2.2. No. of additional entries \_\_\_\_\_.**

2.3 List all unabated cessation orders, and all unabated air and water quality notices of violation received prior to the date of this application by any surface coal mining and reclamation operation owned or controlled by either the applicant or by any person identified in items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16. If none, check box: .

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2.3 (Continued)

Name of Applicant or Person: \_\_\_\_\_

Name to Whom Violation was Issued: \_\_\_\_\_

Permit No.: \_\_\_\_\_

MSHA No.: \_\_\_\_\_ Date MSHA No. was Issued: \_\_\_\_\_

Violation ID No.: \_\_\_\_\_

Issuing Regulatory Authority: \_\_\_\_\_

Date Violation Issued: \_\_\_\_\_

Description of Alleged Violation: \_\_\_\_\_

Abatement Actions Taken:

Date of Abatement Actions: \_\_\_\_\_

Type of Proceedings (Administrative or Judicial): \_\_\_\_\_

Date of Proceedings: \_\_\_\_\_

Status of Proceedings: \_\_\_\_\_

Location of Proceedings: \_\_\_\_\_

**Note: Attach additional entries as needed using the above format and Label Attachment I-A-2.3. No. of additional entries \_\_\_\_\_.**

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.