

I, _____ as a representative of the above-named company/county, certify that the above information is correct to the best of my knowledge, that the above-named company/county has the authority to change the responsibility of reclaiming 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 _____

State of _____

County of _____

This instrument was acknowledged before me on _____ (date).

Signature of Notarial Office _____

Seal & Appointment Expiration: _____

ACCEPTANCE by company assuming reclamation responsibility. I accept reclamation responsibility on the site listed above. I also will assume the responsibility of registering this site, submitting a new Reclamation Plan, as well as assuring that the mine site will be properly bonded.

Name _____ Title _____

First

Last

Company/County _____ License # _____

Street Address 1 _____ Telephone _____

Street Address 2 _____

City _____ State _____ Zip _____ Fax _____

Signature _____ Date _____

State of _____

County of _____

This instrument was acknowledged before me on _____ (date).

Signature of Notarial Officer _____

Seal & Appointment Expiration: _____

Please submit this form to: **Kansas Department of Agriculture, Division of Conservation, Mined Land Reclamation Program**
1320 Research Park Drive, Manhattan, Kansas, 66502.
OFFICE 785-564-6620 FAX 785-564-6778

For Division of Conservation Use Only

Approved by (print) _____ Date _____

Signature _____ Title _____