



Mined Land Reclamation Program

RECLAMATION BOND RELEASE REQUEST

(Separate requests must be made for each registered site and/or bond)

Company Name _____ License Number _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

E-mail _____

Telephone _____ Fax _____

SITE INFORMATION

Site No.	Site Name	County	Legal Description				East/ West	Acres Bonded
			Q	S	T	R		

It is requested that liability under Performance Bond Number _____ by _____
in the amount of \$ _____ for _____ acres be (mark one) Released Decreased for the following reason(s):

Mark Appropriate Response(s):

- Reclamation Complete:** All reclamation work as required under K.S.A. 49-611 as it applies to the site covered by this bond has been completed and an approved vegetative cover is established.
- Ownership/Lease Rights Transferred:** Ownership/Lease rights have been transferred to another licensed operator who agrees to complete all required reclamation work at the appropriate time.
- Replacement Bond:** Replacement bond number _____ from _____ in the amount of \$ _____ has been filed with the Mined Land Reclamation Program Section.
- Partial Bond Release - reclamation:** A partial release of bond number _____ in the amount of \$ _____. The required reclamation work has been completed on _____ acres at the site listed above. The excess balance of the bond will cover all remaining liabilities.
- Partial Bond Release – cancellation:** A partial release of bond number _____ in the amount of \$ _____. _____ acres have been cancelled at the site listed above. The excess balance of the bond will cover all remaining liabilities.
- Other:** _____

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 site listed above, and that the above-named company 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 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** _____