

Wood County Nonmetallic Mining Reclamation Plan For:

Name of Applicant

Street Address of Applicant

City, State, Zip

Phone Number of Applicant

Name of Owner

Street Address of Owner

City, State, Zip

Phone Number of Owner

Parcel Number/Site ID# _____

Property Description _____

J. Name and Phone Number of Person(s) Responsible for Reclamation Plan Development

K. Reclamation Plan Certification

I, _____ (operator) certify that reclamation will be carried out in accordance with the reclamation plan and that the Best Management Practices are installed and maintained.

Operator's Signature and Date

I, _____, (landowner) certify that I have received a copy of the reclamation plan, read it and understand it. I further certify that I concur with the reclamation plan and will allow its implementation.

Landowner Signature and Date

Certified by

Date of Certification