



MINERAL MINING PROGRAM
900 NATURAL RESOURCES DRIVE, SUITE 400
CHARLOTTESVILLE, VA 22903
(434) 996-5910

NOTICE OF OPERATOR INTENT

Name of Operator _____ Permit No. _____

Company Name _____

Address _____

_____ Telephone No. _____

Location of Mine _____

In accordance with section 45.2-1130, we hereby serve notification of our intent to proceed as noted below:

{ Working will be discontinued for a period of 30 days or more at our underground mining operation.

{ Working will be discontinued for a period of 60 days or more at our surface mining operation.

{ Working will resume at our inactive mine 10 days following the effective date of this notice.

{ Emergency actions were taken on (Date)_____ to preserve this mine.

Describe:

{ The mine name or name of the operation of the mine will change, as noted below, 10 days following the effective date of this notice.

Current Information

New Information

{ Our new mine will open ten days following the effective date of this notice.

The effective date of this notice is _____.

Operator/Agent _____