

RETURN TO:
 ARIZONA STATE LAND DEPARTMENT
 PUBLIC COUNTER
 1616 WEST ADAMS
 PHOENIX, ARIZONA 85007
 SUBMIT FILING FEE: * \$200.00

*Filing fees are non-refundable

DEPARTMENTAL USE ONLY		ROLODEX # _____	
ACCOUNTING	T & C	RECOMMENDATION/INITIAL	DATE
Filing Fee: \$200.00 (34)	Exam: _____	APPROVE _____	_____
	Exam # _____	DENY _____	_____
	Int Title: _____	REJECT _____	_____
	App Entry: _____	WITHDRAW _____	_____

**APPLICATION AND PERMIT TO REMOVE MINERAL MATERIALS FROM
 STATE LAND INCIDENTAL TO ORIGINAL PURPOSE OF AN AUTHORIZED USE**
 Type or print in ink.

APPLICATION NO. 24 - _____

COMPLETE ALL QUESTIONS, SIGN APPLICATION AND ATTACH FILING FEE OF \$200.00

PART I. APPLICATION

1. APPLICANT(S):

 Name(s)

 Mailing Address

 City State Zip

 Contact Person Phone No

 Email Address (optional)

2. TYPE OF APPLICATION:

Remove

State Lease No. _____ - _____

NOTE: The permit is not transferrable and all permit fees will be paid prior to issuance of a permit.

3. REQUEST TO REMOVE MINERAL MATERIALS:

Applicant hereby makes application for a permit to remove Mineral Materials incidental to the original purpose of an authorized use on the State lands described below in accordance with the laws of the State of Arizona and the rules of the State Land Department.

4. LEGAL DESCRIPTION: (Complete and ATTACH A MAP outlining the area of proposed use.)

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SLD USE ONLY		
CTY	GRT	PARCEL
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. DESCRIBE the type of Mineral Materials to be removed _____

6. DESCRIBE the purpose for the Mineral Materials removal: _____

7. APPLICANT COMPLETE AND SIGN PAGE 2.

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed. NOTE: Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
_____ Corporation _____ Partnership _____ Ltd. Partnership _____ Estate _____ Trust _____ Ltd. Liability Co.
_____ Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) _____

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:
(A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes ___ No ___
(B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes ___ No ___
(C) In what state are you incorporated? _____
(D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes ___ No ___
If no, state the Legal Corporate Name: _____
Address: _____
(Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:
(A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
_____ Yes _____ No.
(B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
_____ Yes _____ No.
(C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? _____ Yes _____ No.

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. LIMITED PARTNERSHIP: Is this limited partnership on file with the Arizona Secretary of State? Yes No
Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):
Name of the court appointed administrator or personal representative: _____
List the type and date of issuance of the court or Estate document: _____
(Type of Document) (Date issued)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

SIGNATURE(S)

_____ (Name of Corporation, Partnership, etc.)	_____ Date	_____ Signature of Applicant (Individual)	_____ Date
_____ Signature	_____ Title	_____ Signature of Applicant (Individual)	_____ Date

ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

These two pages are part of the application - DO NOT DETACH.

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<u>WASTE TIRES</u> The collection of waste tires? If yes, explain: _____	_____
_____	_____	<u>LEAD ACID BATTERIES</u> The sale and disposal of lead acid batteries? If yes, explain: _____	_____
_____	_____	<u>DISCHARGE IMPACTING GROUNDWATER</u> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	_____
_____	_____	<u>PESTICIDES?</u> If yes, explain use: _____	_____
_____	_____	<u>DRY WELLS?</u> If yes, ADEQ Registration #(s): _____	_____
_____	_____	<u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u> If yes, explain: _____	_____
_____	_____	<u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u> Wastewater collection and/or treatment? If yes, explain: _____	_____
_____	_____	<u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u> Air contaminant emissions? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - GENERAL</u> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - MEDICAL WASTE</u> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</u> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	_____
_____	_____	<u>USED OIL</u> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	_____
_____	_____	<u>RECYCLING ACTIVITIES?</u> If yes, explain: _____	_____
_____	_____	<u>SPECIAL WASTE</u> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>HAZARDOUS WASTE GENERATOR</u> Generating hazardous waste? If yes, explain: _____	_____
_____	_____	<u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u> If yes, explain: _____	_____

(OVER)

YES NO WILL YOUR USE INVOLVE: TYPE OF ENVIRONMENTAL IMPACT

_____ HAZARDOUS WASTE TRANSPORTATION? If yes, explain: _____

_____ UNDERGROUND STORAGE TANK (UST)? If yes, explain: _____

_____ ABOVEGROUND STORAGE TANK (AST)? If yes, explain: _____

_____ HAZARDOUS SUBSTANCES? If yes, explain: _____

_____ CURRENTLY UNCLASSIFIED WASTE Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:

- | | | |
|---|--|---|
| <input type="checkbox"/> Polychlorinated biphenyls (PCBs) | <input type="checkbox"/> Oil and gas exploration drilling muds | <input type="checkbox"/> Petroleum contaminated soil |
| <input type="checkbox"/> Incinerator ash | <input type="checkbox"/> Categorical industrial pretreatment sludge | <input type="checkbox"/> Commercial/industrial septage |
| <input type="checkbox"/> Petroleum refining waste | <input type="checkbox"/> Radioactive waste | <input type="checkbox"/> Used Antifreeze |
| <input type="checkbox"/> Slag and refractory material | <input type="checkbox"/> Uranium ore tailings | <input type="checkbox"/> Contaminated process equipment |
| <input type="checkbox"/> Precious metals recycling | <input type="checkbox"/> Industrial catalysts | <input type="checkbox"/> Industrial Sludges |
| <input type="checkbox"/> Aluminum dross | <input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation) | |

If checked, explain waste generation process: _____

_____ SUPERFUND SITES Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area?
If yes, NPor WQARF area name: _____

_____ LAND DISTURBANCE If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____

_____ WATER WELLS Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).

_____ ADJACENT LAND USES To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____

_____ ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location?
If yes, explain: _____

_____ PREVIOUS ENVIRONMENTAL IMPACT To the best of your knowledge, has any environmental impact been reported previously to ADEQ?
If yes, explain: _____

ADDITIONAL COMMENTS: