



Arizona State Land Department

EXPLORATION PERMIT APPLICATION

1. A non-refundable filing fee of **\$500.00** is required for each application.
2. An environmental disclosure questionnaire must accompany each application.
3. Applications must be typed or printed in ink. Applications that are incomplete or illegible will be returned.
4. A maximum 640 acres or 1 whole section is permitted per application.
5. An exploration permit is valid for **one** (1) year, renewable up to **five** (5) years.
6. Lease boundaries, access routes, mine workings, roads, water sources, residences, utilities, etc. must be plotted separately on a USGS Topographic Map included with the application.
7. The application must be signed by the applicant(s) or an authorized agent. If an agent is filing for the applicant, a notarized Power of Attorney must be filled with the Department. The filing fee for a Power of Attorney is **\$50.00**.
8. The processing of an Exploration Permit takes a minimum of **sixty** (60) days.
9. Application is reviewed by the ASLD Minerals Section and if necessary, other ASLD divisions, outside agencies and any interested parties.
10. Rent is \$2.00 per acre for first year which includes the second year and \$1.00 per acre per year for years three thru five.
11. An Exploration Plan of Operation must be submitted annually and approved by the ASLD prior to startup of exploration activities.
12. If any surface disturbance is planned as part on the exploration activities, Archaeological and Biological surveys as well as any other applicable permits must be submitted for ASLD review (three (3) copies of each and an electronic copy in pdf format).
13. A bond is established based on the proposed exploration activities. Typically a \$3,000.00 bond is required for a single permit or a blanket bond of \$15,000.00 for five or more permits held by an individual or company.
14. Minimum work expenditure requirements are:
\$10 per acre per year for years 1-2; and
\$20 per acre per year for years 3-5.
Proof of work expenditures must be submitted to the ASLD Minerals Section each year in the form of invoices and paid receipts. If no work was completed on-site, the applicant can pay the equal amount to the department.
15. An exploration permit is **NOT** a right to mine.
16. If discovery of a valuable mineral deposit is made, the permittee must apply for a mineral lease before actual mining activities can begin.

Arizona State Land Department 1616 West Adams Phoenix, Arizona 85007 (602)542-4628 Filing Fee: \$500.00 (nonrefundable) N(34)	DEPARTMENTAL USE ONLY	
	Examiner: _____ Rolodex # _____	
	Recommendation / Initial	Date
	Approved _____	_____
	Denied _____	_____
	Rejected _____	_____
	Withdrawn _____	_____

APPLICATION TO OBTAIN MINERAL RESOURCES

APPLICATION # _____

I. APPLICANT

Principal _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Contact _____ Phone (____) _____

Is this application being filed in conjunction with any other application(s)? Yes G No G

Is this application being filed to assist another applicant in procuring a lease or permit? Yes G No G

II. APPLICATION

Date/Time Stamp

<u>Application Type</u>	<u>KE</u>	Note: <i>If converting your current exploration permit to a mineral lease, enter the permit number below:</i> Permit No. _____
G Exploration Permit	(08)	
G Mineral Lease	(11)	
G Mineral Materials	(04)	
G Oil/Gas	(13)	
G Other _____		

III. LOCATION & ACCESS

Township _____ Range _____ Section _____ Acres _____ County _____

Legal Description _____

Access _____

Is access across other state lands required? Yes G No G

Nearest city _____ Distance from city _____ miles

A **USGS Topographic Map** showing **location boundaries of and access** to the exact area under this application *must* be included.

IV. OPERATIONS

1. Commodities: Primary _____ Secondary _____

2. Estimated Annual Production _____ tons G, cyds G, lbs G, oz G (*Mineral Materials only*)

3. Prior Mining/Production? Yes G, No G By _____

4. Surface Disturbance: Prior _____ acres, New proposed _____ acres (*outline on topo map*)
5. Deposit Type: Lode G, Placer G, Other _____
6. Mine Type: Open Pit G, Underground G, Quarry G, Other _____
7. Intended Use of product _____
8. Water: Est. annual use _____ Gal G, Acre-Ft, G Source _____ Owner _____
9. Water discharge off site? Yes G, No G (*if yes, show location on topo map*)

SUMMARY PLAN OF OPERATIONS: *Briefly describe proposed operations: (A detailed Plan of Operations will be required prior to issuance.)*

V. GENERAL INFORMATION

1. Surrounding Land Use: Grazing/Ranching G Urban/Residential G, Commercial G
Agriculture G, Mining G, Other _____
2. List Native Plants: _____
3. Site Conditions (trash, dumps, spills, etc.) _____
4. List all mine workings, mineral occurrences, oil/gas wells, water sources, riparian areas, crops, utilities, residences and other improvements. (*Show on topo map*)

VI. 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 sign the certification. *NOTE: Applicant must complete Item #1. NOTE: If you are acting Attorney in Fact for the applicant, submit a copy of your Power of Attorney and an additional \$50.00 fee.*

1. Is this application made in the name of: (*Applicant must check one*)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Individual(s) | <input type="checkbox"/> Husband & Wife | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Ltd Partnership | <input type="checkbox"/> Estate | <input type="checkbox"/> Trust | <input type="checkbox"/> Ltd Liability Co |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Municipality | <input type="checkbox"/> Political Subdivision | <input type="checkbox"/> Other (specify) |

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

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION:

- (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:

(A) If an out-of-state limited liability company have you filed for a Certificate of Registration with the Arizona Corporation Commission?

Yes G No G

(B) If an Arizona limited liability company have you filed Articles of Organization with the Arizona Corporation Commission?

Yes G No G

(C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona?

Yes G No G

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 G No G

AUTHORIZED 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

(Date issued) (Type of Document)

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

9. 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, Trust, 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>
_____	_____	WASTE TIRES	The collection of waste tires? If yes, explain: _____ _____
_____	_____	LEAD ACID BATTERIES	The sale and disposal of lead acid batteries? If yes, explain: _____ _____
_____	_____	DISCHARGE IMPACTING GROUNDWATER	Generating a discharge that may potentially impact groundwater? If yes, explain: _____ _____
_____	_____	PESTICIDES?	If yes, explain use: _____
_____	_____	DRY WELLS?	If yes, ADEQ Registration #(s): _____
_____	_____	POTABLE WATER (DRINKING WATER) SYSTEMS?	If yes, explain: _____ _____
_____	_____	WASTEWATER COLLECTION AND TREATMENT SYSTEMS	Wastewater collection and/or treatment? If yes, explain: _____ _____
_____	_____	AIR CONTAMINANTS/AIR POLLUTION CONTROL	Air contaminant emissions? If yes, explain: _____ _____
_____	_____	SOLID WASTE – GENERAL	Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____ _____
_____	_____	SOLID WASTE - MEDICAL WASTE	Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____ _____
_____	_____	SOLID WASTE - SEWAGE SLUDGE/SEPTAGE	(Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____ _____
_____	_____	USED OIL	Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____ _____
_____	_____	RECYCLING ACTIVITIES?	If yes, explain: _____ _____
_____	_____	SPECIAL WASTE	Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____ _____
_____	_____	HAZARDOUS WASTE GENERATOR	Generating hazardous waste? If yes, explain: _____ _____
_____	_____	HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?	If yes, explain: _____ _____

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	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, NP or 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: