

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 NATURAL PRODUCTS 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. APPLICANTS:

 Name(s)

 Mailing Address

 City State Zip

 Contact Person Phone No.

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 A NATURAL PRODUCT:

Applicant hereby makes application for a permit to remove a Natural Product 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 Natural Product(s) to be removed _____

6. DESCRIBE the purpose for the Product 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

PART II. PERMIT:

DEPARTMENTAL USE ONLY

A. TERMS OF PERMIT

- 1. Permittee must remove natural products by _____
(Date)
- 2. Permittee must follow the Arizona Department of Agriculture regulations when removing plants protected under the Arizona Native Plant Law.
- 3. Additional terms and conditions: _____

B. NATURAL PRODUCT INVENTORY

<u>TYPE</u>	<u>QUANTITY</u>	<u>VALUE</u>
Total True Value \$		

STATE OF ARIZONA
STATE LAND COMMISSIONER

- Permit Approved
 Permit Rejected
 Permit Denied

If denied, specify reason for denial: _____

Signed _____
(Authorized Officer of Land Department)

_____ (Title)

_____ (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)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<u>HAZARDOUS WASTE TRANSPORTATION?</u> If yes, explain: _____ _____	
_____	_____	<u>UNDERGROUND STORAGE TANK (UST)?</u> If yes, explain: _____ _____	
_____	_____	<u>ABOVEGROUND STORAGE TANK (AST)?</u> If yes, explain: _____ _____	
_____	_____	<u>HAZARDOUS SUBSTANCES?</u> If yes, explain: _____ _____	
_____	_____	<u>CURRENTLY UNCLASSIFIED WASTE</u> 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"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge
_____	_____	<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste
_____	_____	<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings
_____	_____	<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts
_____	_____	<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)
		<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Commercial/industrial septage
		<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/> Contaminated process equipment
		<input type="checkbox"/> Industrial Sludges	
		If checked, explain waste generation process: _____ _____	
_____	_____	<u>SUPERFUND SITES</u> 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: _____	
_____	_____	<u>LAND DISTURBANCE</u> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____ _____	
_____	_____	<u>WATER WELLS</u> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).	
_____	_____	<u>ADJACENT LAND USES</u> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____ _____	
_____	_____	<u>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</u> 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: _____ _____	
_____	_____	<u>PREVIOUS ENVIRONMENTAL IMPACT</u> To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____ _____	

ADDITIONAL COMMENTS: