

APPLICATION
PERMIT TO TEST FOR AGGREGATE

PERMIT NO. T- _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

TYPE OF AGGREGATE: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

DESCRIPTION: _____

COUNTY: _____

List method(s) to be used to test for aggregate. _____

Date this permit is effective: _____

Date this permit expires: _____

Bond Amount \$ _____ (If Required)

The Department hereby grants the applicant a permit to test for aggregate on the above referenced location.

The applicant shall save all topsoil and reclaim any land disturbed pursuant to this Permit, and agrees to the following special stipulations:

(SEE BACK OF PAGE FOR ANY ADDITIONAL STIPULATIONS)

The applicant shall contact the surface lessee prior to conducting testing for aggregate.

Lessee Name _____

Address _____

Phone # _____

**MONTANA DEPARTMENT OF NATURAL
RESOURCES AND CONSERVATION**

PERMITTEE

BY: _____

BY: _____

DATE: _____

DATE: _____