



APPLICATION FOR LAND RECLAMATION PROJECT

INSTRUCTIONS: Complete and submit this application with the required attachments to the DEQ Reclamation Specialist.

1. APPLICANT (Please Print):			
Authorized Individual:		Title:	
Name of Governmental Entity:		Phone # ()	Fax # ()
Mailing Address:			
Street Address if Different:			
City:		State:	Zip Code:
2. LAND RECLAMATION SITE:			
Legal Description: _____/4 _____/4 _____/4 Section _____ Township _____ Range _____ Meridian _____ County _____ Oklahoma			
Name of Owner(s):			Phone # ()
Mailing Address:			
City:		State: Oklahoma	Zip Code:
Reason Land Needs Reclamation:			
Anticipated Use for Reclaimed Site:			
<i>DEQ USE ONLY</i> ---- DEQ Representative:		Date of Site Visit:	Recommendation: APPROVE / DISAPPROVE
3. DESCRIPTION OF SOLID WASTE TO BE USED IN PROJECT:			
Proposed Types of Solid Waste:			
Estimated volume of solid waste in cubic yards:			
Origin of Solid Waste (Address with Specific Buildings):			
City:		State: Oklahoma	Zip Code:
<i>DEQ USE ONLY</i> ---- DEQ Representative:		Date of Site Visit:	Recommendation: APPROVE / DISAPPROVE
4. REQUIRED ATTACHMENTS:			
<input type="checkbox"/> Deed for Reclamation Site <input type="checkbox"/> Legal Access Agreement if Property not Owned by Applicant <input type="checkbox"/> Asbestos Inspection <input type="checkbox"/> Conservation Plan <input type="checkbox"/> Other _____			
5. APPLICANT'S SIGNATURE:			
_____ Authorized Signature for Applicant		_____ Title	
		_____ Date	
State of Oklahoma)) SS. County of _____)			
Signed and sworn to before me on this ____ day of _____, 20__ by _____.			
_____ Notary Public Signature		_____ My Commission Expires	

DEQ USE ONLY			
Reclamation Specialist:	Date:	LPD Division Dir.	Date:
		Legal:	Date: