



# 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: <b>APPROVE / DISAPPROVE</b>
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: <b>APPROVE / DISAPPROVE</b>
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	

<i>DEQ USE ONLY</i>			
Reclamation Specialist:	Date:	LPD Division Dir.	Date:
		Legal:	Date: