



COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF MINES MINERALS AND ENERGY
 DIVISION OF MINES
 P.O. Drawer 900
 Big Stone Gap, VA 24219
 (276) 523-8100

APPLICATION FOR A PERMIT TO DRILL A VERTICAL VENTILATION HOLE

I. PRIMARY INFORMATION: (Please type or print)

VVH Name or Number: _____ Date: _____

Company Name: _____

Address: _____

City

State

Zip

II. OWNERSHIP:

The undersigned hereby makes application for a permit to drill a vertical ventilation hole on the _____
 _____ property, comprising _____ acres in the _____ District
 of _____ County, Virginia, having the fee title thereto, or as the case may be, under grant
 or lease dated _____, made by _____ to _____
 _____ and recorded on the _____ day of _____ in the office of
 County Clerk for said County in Book _____ Page _____.

III. LOCATION OF VVH:

State Plane Coordinates North: _____ East: _____ Surface
 Elevation: _____

Proposed depth of vertical ventilation hole: _____ Target Seam: _____

Distance in feet to nearest property or lease line: _____

Distance in feet to nearest mine opening or quarry: _____

Distance in feet to nearest permitted, abandoned, or pending gas well: _____

Mine Name _____

Intended to Degas: _____ Mine Index No. _____

Mine Company Name: _____

Mine Address: _____

IV. DRIVING DIRECTIONS TO VVH:

V. PURPOSE OF VVH:

VI. NOTIFICATION:

The Regulations Governing Vertical Ventilation Holes and Mining Near Gas Wells requires the mine operator to give notice to each owner of the surface of the tract which the VVH is to be drilled; each owner or lessee of any coal or mineral rights on, in or under such land; and each operator of any mine, well or quarry within 750 feet of the proposed location. The notice must also inform all persons with standing of their right to object to the proposed location within 10 days of receipt of the notice.

Copies of this application and an accurate map or plat meeting the requirements of the Regulations Governing Vertical Ventilation Holes and Mining Near Gas Wells have been sent to the following persons (name and address):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

VII. CERTIFICATION

I certify that the information contained in this application is correct and complete and meets the requirements of the Regulations Governing Vertical Ventilation Holes and Mining Near Gas Wells.

Please Type or Print Name

Signature

Title

Date

Attachments: Accurate Map or Plat
 Certified Return Receipts