

DOGAMI – MINERAL LAND REGULATION AND RECLAMATION
229 BROADALBIN STREET SW
ALBANY, OR 97321-2246
(541) 967-2039

EXPLORATION PERMIT APPLICATION
Under ORS 517.702-901

INSTRUCTIONS & REQUIREMENTS

An Exploration Permit is required for operations that disturb more than one surface acre and/or involves drilling to greater than 50 feet. An applicant for an exploration permit is encouraged to contact the department at least 90 days prior to initiation of proposed activities.

Please note other state, federal, and local agencies may require the applicant to obtain approval prior to operation. Where feasible, the department shall coordinate with other agencies to avoid duplication on the part of applicants. An Exploration Permit from the department does not constitute authorization to proceed without approval of other agencies if required. It is the applicant's responsibility to obtain other necessary permits.

To apply for an Exploration Permit, all required application materials must be submitted. Information required to assess the impacts of the proposed exploration include, but are not limited to, the following items:

- Completed Exploration Permit Application form with appropriate signatures. Applicant business name and address must be registered with the Oregon Secretary of State Business Registry.
- \$400 Non-refundable application fee.
- Exploration and Reclamation Plan – Description of exploration activities, provisions for reclamation of surface disturbance, abandonment procedures, and proposed permit area map(s). Refer to *Reclamation Guidelines for Exploration Projects* for additional information.
- Completed Exploration Bond Calculation Worksheet (proposed reclamation security amount).

A reclamationist will be assigned to process your application and may contact you to schedule an inspection, and is available to answer questions concerning the map requirements, reclamation plan, etc. Once all application items have been received, DOGAMI will approve or deny the application within 30 days.

The approval of the reclamation plan and the issuance of the Exploration Permit by the department do not constitute a finding of compliance with statewide planning goals or local regulations implementing acknowledged comprehensive land use plans. The Exploration Permit may be issued prior to the local land use agency making such a determination. The permittee is responsible for obtaining local land use approval if required.

Reclamation security is required for all Exploration Permits prior to issuance (ORS 517.810) in a sum to be determined by the department, but in an amount not to exceed the total cost for reclamation if the department were to perform the reclamation. Forms to be used for reclamation security can and will be provided to you upon confirmation of the appropriate amount.

If you have questions, please contact us at (541) 967-2039 or mlrr.info@oregon.gov.

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APPLICANT

Person or business name the permit is to be issued to (proposed permittee).
Reclamation security must also be provided in this same name.

Name _____
Mailing Address _____
City / State / Zip _____
Phone (____) _____
E-mail _____

SURFACE OWNER(S) – if not applicant
(Attach a separate piece of paper if necessary.)

Name _____
Mailing Address _____
City / State / Zip _____
Phone (____) _____
E-mail _____

MINERAL LESSOR/OWNER(S) – if not applicant
(Attach a separate piece of paper if necessary.)

Name _____
Mailing Address _____
City / State / Zip _____
Phone (____) _____
E-mail _____

DRILLING CONTRACTOR – if not applicant

Name _____
Mailing Address _____
City / State / Zip _____

CONTACT PERSON – if not applicant

Name _____
Mailing Address _____
City / State / Zip _____
Phone (____) _____
E-mail _____

ACREAGE INFORMATION

What is the total number of acres in the proposed permit area?

What is the total number of acres to be affected in the next 12 months?

SITE LOCATION

County _____
Section(s) _____
Township(s) _____
Range(s) _____
Tax Lot(s) _____

Is this site located within ¼ of a mile of a state or federal wild and scenic river corridor? Yes No

Is this site located within the limits of a city? Yes No

If No:

Site is _____ miles (N / S / E / W) from _____ (nearest community).

Is the site address different from the applicant's address? Yes No

If Yes:

Site Address _____
City / State / Zip _____

Project Name _____

OPERATION INFORMATION

Date work projected to begin _____
Expected duration _____

Check all on-site activities that apply:

- | | |
|--|---|
| <input type="checkbox"/> Road construction | <input type="checkbox"/> Drilling |
| <input type="checkbox"/> Bulk sampling | <input type="checkbox"/> Monitoring Well(s) |
| <input type="checkbox"/> Exploratory shaft or adit | <input type="checkbox"/> Trenching |
| <input type="checkbox"/> Stockpiling | <input type="checkbox"/> Wasterock dumps |
| <input type="checkbox"/> Other _____ | |

Has this site been permitted by DOGAMI in the past? Yes No
If Yes – DOGAMI ID# and/or previous permittee:

LAND-USE

Has land-use authorization been obtained? YES NO

If YES – please provide documentation.

If NO – please explain:

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COMMODITY

Please circle the **PRIMARY** commodity for this site:

Aggregate			Metals		Industrial Minerals		Gemstones/Lapidary/ Mineral Specimens
cinder	andesite		chromium	perlite	diatomaceous earth		agate
pumice	basalt		gold-placer	limestone/marble	benonite		jasper/picture jasper
borrow/fill/topsoil	blue schist		gold-lode	soapstone	clay-brick		thunder eggs
bar run	decomposed granite		copper	emery	clay-other uses		sunstone
dredge tailings	granite		silver	silica sand	quartz/silica/cristobalite		zeolite
sand & gravel	sandstone		nickel	zeolite	building/decorative stone		obsidian
shale	serpentine		mercury				opal

I am applying for an Exploration Permit under ORS 517, and by my signature below, confirm that I am authorized to do so by the entity being represented. I agree to notify the Department within 48 hours of commencement of exploration activities.

 APPLICANT'S SIGNATURE

 PRINT OR TYPE NAME OF PERSON SIGNING

 TITLE

 DATE

I am providing verification of consent of the surface owner(s) under OAR 632-033-0025(7) and by my signature below, confirm that I am authorized to do so by the entity being represented.

 SURFACE OWNER'S SIGNATURE (if applicable)

 PRINT OR TYPE NAME OF PERSON SIGNING

 TITLE

 DATE