



OG-59

Revised 07/2014

DATE: _____

OPERATOR'S WELL NO. _____

API WELL NO. 47 - _____ - _____

STATE OF WEST VIRGINIA
OFFICE OF MINERS' HEALTH, SAFETY & TRAINING
 #7 PLAYERS CLUB DRIVE – SUITE 2
 CHARLESTON, WV 25311-1626
www.wvminesafety.org

I, _____ of _____
 (Name) (Title)

 (Coal Company Name) (WV Permit Number)

 (Address) (City) (ST) (Zip)

Agree that the planned operations submitted in this application will not unreasonably interfere with access to or operation of the well and will not damage well No: _____ (API), located on _____ (Farm Name) in _____ County.

Signed: _____ Printed Name: _____

Dated: _____

Name of Person to receive this permit:

Printed Name:

Email Address: _____

Well operator or Agent e-mail:

STATE OF: _____
COUNTY OF: _____
TO WIT:

_____, being first duly sworn, deposes and says that he is _____ of the coal operator named above; that he is familiar with the facts set out both in the petition and on the accompanying maps and plans; and that the same are true. Subscribed and sworn before me this _____ day of _____, 20 _____. My Commission Expires: _____

Notary Public

Note:
 Documentation of public liability insurance, must accompany this application.