



DIVISION OF MINERAL MINING
900 NATURAL RESOURCES DRIVE, SUITE 400
CHARLOTTESVILLE, VA 22903
(434) 996-5910

REQUEST FOR AMENDMENT

Company Name: _____ Permit No.: _____

Operating Official: _____ Title: _____

An Amendment Is Requested to This Permit As Listed Below:

List of Attached Items:

Operator's Signature: _____ Date: _____

Inspector's Comments/Recommendations:

Inspector's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Sent Back for Revision and/or Additions As Indicated On Attached Letter.

Signature: _____ Date: _____

Amendment: () Approved () Disapproved

Signature: _____ Date: _____