# INSTRUCTIONS

MR-19N NOTICE TO CEASE OPERATOR ASSIGNMENT

**GENERAL INSTRUCTIONS:**

1. The original completed MR-19N shall be submitted to the permitting section of the appropriate regional office.
2. After submittal, the MR-19N shall be forwarded to the appropriate Environmental Inspector to sign for confirmation of the ending date and return to the permitting section.
3. The permitting staff shall forward the original MR-19N to headquarters O/C unit for distribution.
4. After the ending date has been entered into the databases, the MR-19N will be filed with the appropriate permit(s).
5. Signature of Principal Officer of Permittee is required, however, signature of operator is optional. Both signatures are preferred.

STATE OF WEST VIRGINIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

**DIVISION OF MINING AND RECLAMATION**

***NOTICE TO CEASE OPERATOR ASSIGNMENT***

***The purpose of this notice is to inform the DEP that the operator is no longer conducting surface mining and/or surface mining reclamation operators on a specific permitted site. This form does not serve as a rebuttal or any presumption of ownership or control imposed by the applicable rules and regulations. In the event there are outstanding violations, or in the event violations occur later, the operator and its owners may be prohibited from receiving surface mining permits or approvals, unless the violations are abated or the operator satisfactorily rebuts any applicable presumption of ownership or control.***

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| **PERMITTEE (Name and Address)** | | | **OPERATOR (Name and Address)** | | |
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| **REGIONAL OFFICE ADDRESS** |
| Department of Environmental Protection |
| Division of Mining and Reclamation |
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| RE: Permit No: |  |

This is to advise that effective                      (Date Operator ceased operations),                      (Operator Name) is no longer conducting operations on the above referenced permit.

Please see that the appropriate ending date is entered in the ownership and control computer systems and placed in the permit file.

I understand that a new Application for Operator Assignment must be submitted and Approval must first be obtained from the Department of Environmental Protection prior to resuming operations on this permit.

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| **WVDEP USE ONLY:** As the DEP Environmental Inspector, I hereby confirm, to the best of my knowledge, that the named operator ceased operations on the above referenced permit(s) on the date indicated. | | |
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| **Environmental Inspector** | | **Date** |

***NOTE: Signature of Principal Officer of Permittee is required, however, signature of operator is optional. Both signatures are preferred.***

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| Permittee Certification of Notice to Cease Operator Assignment | | | | |  | |
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| NOTE: | If signer is other that President or Vice President, provide a current certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. | | | | |  |
|  |  | | | | |  |
|  | I, |  | (type name), | having been duly sworn, depose | |  |
|  | and attest that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the permittee and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Department of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws. | | | | |  |
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| **The information contained in this application is true and correct to the best of my knowledge and belief.** | | |
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| **Date** |  | **Principal Officer Signature**  **(President/Vice-President)** |
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|  |  | **Typed Name** |
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|  |  |  |
|  |  | **Official Title** |

State of      

County of      

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this       day of      ,      .

My Commission Expires       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

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| **WVDEP USE ONLY:** As the DEP Environmental Inspector, I hereby confirm, to the best of my knowledge, that the named operator ceased operations on the above referenced permit(s) on the date indicated. | | |
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| **Environmental Inspector** | | **Date** |

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| Operator Certification of Notice to Cease Operator Assignment | | | | |  | |
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| NOTE: | If signer is other that President or Vice President, provide a current certified copy of Power of Attorney or Resolution of Board of Directors which grants signer the legal authority to represent the permittee. | | | | |  |
|  |  | | | | |  |
|  | I, |  | (type name), | having been duly sworn, depose and attest | |  |
|  | that all the representations contained in this application are true and correct to the best of my knowledge and belief, that I am a principal officer (President, Vice President) of the operator and that this application has been executed by the persons required by law. I further acknowledge that any information provided or omitted herein for the purpose of defrauding or misleading the West Virginia Department of Environmental Protection may result in the institution of criminal or civil charges and/or other enforcement actions pursuant to applicable state laws. | | | | |  |
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| **The information contained in this application is true and correct to the best of my knowledge and belief.** | | |
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| **Date** |  | **Principal Officer Signature**  **(President/Vice-President)** |
|  |  |  |
|  |  |  |
|  |  | **Typed Name** |
|  |  |  |
|  |  |  |
|  |  | **Official Title** |

State of      

County of      

Taken, subscribed and sworn to before me the undersigned authority in my said county and state this       day of      ,      .

My Commission Expires       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC