

DRMS Recd: 6/23/2022

1313 Sherman Street, Room 215 Denver, CO 80203

REQUEST FOR FULL OR PARTIAL RELEASE OF PERMIT AREA/SURETY REDUCTION

Please indicate if y	ou are requesting	g:			
FULL/FINAL RE	LEASE OF EN	ΓIRE PERMITT	ED AREA (per R	ule 4.17)	\checkmark
ACREAGE RED	UCTION (PART	TAL RELEASE	per Rule 4.17)		
I wish to release	12.5 ac	eres at this time.			
	ated mining and re		howing the acreage aps that will accura		
SURETY (Bond)	REDUCTION (per Rule 4.14)			72
the actual cost t reclamation, inc	o reclaim the site cluding unit costs	based on what it value for reclamation ac	will need to include would cost an indep ctivities as appropria ed Reclamation Plar	endent contractonte to the operation	
File No.: M 20	17-014	Site Name:	Cottonwood	Pass Pit #1	
County: Gun	nison				
Permittee: Oldc	astle SW Gro	oup, Inc., dba	United Comp	anies	
Permittee Address	s: 2273 Rive	er Road			
	W		(Street Addre	ess)	
Grand Junctio	n			СО	81505
	(City	<i>'</i>)		(State)	(Zip)



Operator (If Other than Permittee): N/A	
Permittee Representative:	Jason Burkey	
Certified Mail # 7021 0357 In accordance with Rule 4.17.1(2) th	0 0001 25:58 7.381 e Operator shall include the names, address	ses and phone numbers of all
owners of record to the affected land	Please attach additional sheets for this in	formation if required.
Name	<u>Address</u>	Phone Number
USA Forest Service	PO Box 2000 Washington DC 20013	970-642-4445
		
they have complied with the following	requesting a partial acreage release the Ope g statement: "All applicable portions of the n these Rules and all applicable requiremen	Reclamation Plan requirements
Signature of Partition On over the	06-0	2-2022
Signature of Permittee, Operator	or their authorized agent Date	

<u>Important: In accordance with Rules 4.14.2(a) and 4.17.1(3) This release request must be submitted to the Division via certified mail and separate from any other correspondence to the Division.</u>

MineralsReleaseRequestForm 20Sep2017



		on 90 of 1	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse of they was con require the cond to you.	A. Signature	☐ Agent☐ Addressee	
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1? Tyes if YES, enter delivery address below:	n item 1?	
DRMS			
1313 Shrman Stat,		484	
Denver, CO 80203 RM 215	H.		
	3. Service Type Adult Signature Adult Signature Restricted Delivery	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail™☐ Registered Mail Restricted	
9590 9402 6765 1074 5897 05	Certified Mail Restricted Delivery Collect on Delivery	□ Signature Confirmation □ Signature Confirmation	
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Insured Mail	Restricted Delivery	
7021 0350 0001 2558 7381	Cover \$500)		
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	