COMMONWEALTH OF KENTUCKY ENERGY AND ENVIRONMENT CABINET DEPARTMENT FOR NATURAL RESOURCES FRANKFORT KENTUCKY 40601

Application Number (Permit #): Increment Number (if applicable): Amendment, Revision, or Renewal Number (if applicable): 1. Cash Bond 2. Surety Bond Number 3. Certificate of Deposit Number 4. Letter of Credit Number Which sum is herewith deposited with the Cabinet's Department for Natural Resources, by and through its Escrow Agent 3. Which sum is available by virtue of an irrevocable letter of credit in favor of the Cabinet's Department for Cabinet's Department for Natural Resources, by and through its Escrow Agent 4. Which sum is available by virtue of an irrevocable letter of credit in favor of the Cabinet's Department for Salary is a salary in the Cabinet's Department for Natural Resources, by and through its Escrow Agent	TRANKI OKI, KENTOCKI 40001		
Increment Number (if applicable): Amendment, Revision, or Renewal Number (if applicable): 1. Cash Bond 2. Surety Bond Number 3. Certificate of Deposit Number 4. Letter of Credit Number KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned as Principal and as Surety is/are held and firmly bound unto the Energy and Environment Cabinet in the penal sum of Dollars and 00/100 (\$	Application Number (Permit #):		
Amendment, Revision, or Renewal Number (if applicable): 1. Cash Bond 2. Surety Bond Number 3. Certificate of Deposit Number 4. Letter of Credit Number KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned as Principal and as Surety is/are held and firmly bound unto the Energy and Environment Cabinet in the penal sum of Dollars and 00/100 (\$) 1. which sum is herewith deposited with the Cabinet's Department for Natural Resources 2. for the payment of which sum is to be well and truly made 3. which sum is herewith deposited with the Cabinet's Department for Natural Resources, by and through its Escrow Agent			
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as a guarantee that the provisions of the permit issued pursuant to Application Number			

Now if the said		
PRINCIPAL (Permittee):	BY:	
DATE:	OFFICIAL POSITION:	
SIGNATURE:		
Subscribed and sworn to before me by		
this the day of		
NOTARY PUBLIC:	MY COMMISSION EXPIRES:	
STATE NOTARY LICENSED:		
COMPLETE FOR SURETY BOND: SURETY: ADDRESS:		
LOCAL AGENCY ISSUING:		
ADDRESS:		
BY:	OFFICIAL POSITION:	
SIGNATURE:	DATE:	
NOTE: The person who signs for a surety company must file with the supplemental assurance a copy of the Power of Attorney showing authority to sign. All supplemental assurance executed by an out-of-state agency shall be countersigned by a resident Kentucky agent.		
COUNTERSIGNED BY:	AGENT FOR:	
ADDRESS:		