DHEC PROMOTE PROTECT PROSPER	Mining Form MR-1300	S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUREAU OF LAND AND WASTE MANAGEMENT DIVISION OF MINING AND SOLID WASTE PERMITTING 2600 Bull Street, Columbia, SC 29201 Telephone Number: (803) 896-4261 Fax Number: (803) 896-4001

APPLICATION FOR MODIFYING A MINE OPERATING PERMIT AND/OR RECLAMATION PLAN

Name of Mine: Richardson Mine Permit Number: I-001765

Name of Company: American Materials Company of SC, LLC County: Marion

Home Office Address: 1631 Oleander Dr, Wilmington NC 28403-0000
(Street or P.O. Box) (City) (State) (Zip)

Telephone: (910) 799-1411

Mine Office Address: 8000 Stafford Place, Gresham SC 29546-0000
(Street or P.O. Box) (City) (State) (Zip)

Telephone: (843) 362-1555

Location of Mine: US Hwy 378 & Stafford Pl. Britton's Neck
(State or County Highway) (nearest town or city)

REASONS FOR REQUESTING MODIFICATIONS

Change in the Land Use for Which Affected Land Will Be Reclaimed

Segment or Area: _____ From: _____ To: _____

Describe: _____

Change in Reclamation Practices:

Segment or Area: _____ From: _____ To: _____

Describe: _____

Change in Schedule of Reclamation

Segment or Area: _____ From: _____ To: _____

Describe: _____

Increase Land Area (attach new map)

Segment or Area: 186 acres w/buffers From: _____ To: _____

Describe: Adjacent property owned by Nancy D. Nickles. **see attached map**

Decrease Land Area (attach new map)

Segment or Area: _____ From: _____ To: _____

Describe: _____

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DIVISION OF MINING & SOLID WASTE MANAGEMENT BL&WM

Other

Describe: _____

_____

_____

_____

I hereby request modification of the above permit and/or reclamation plan and certify that the information originally submitted on the application has not changed (except as provided herein above) and that this mine is now in compliance with the South Carolina Mining Act.

_____
Signature of Operator or his Authorized Representative

President
_____
Title

1-13-09
_____
Date

_____ *as surety, hereby consents to the above referenced modification and acknowledges and agrees that its bond shall remain in effect in the event the modification is approved (CONSENT TO BE OBTAINED BY OPERATOR).*

ATTEST:

_____ (L.S.)
Principal

BY: _____ (L.S.)
Secretary or Assistant Secretary

_____ (L.S.)
Title

(Affix Corporate Seal if applicable)

_____ (L.S.)
Surety

_____
Licensed South Carolina Agent

_____ (L.S.)
Attorney-in-fact

Approved: _____

Date: _____