

STATE OF WEST VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 DIVISION OF MINING AND RECLAMATION

## *Pre-Blast Survey Request*

*(Top portion of form to be filled out by Permittee or pre-blast survey consultant before delivery to structure owner)*

Permittee: \_\_\_\_\_

Permit No: \_\_\_\_\_

Operator: \_\_\_\_\_

Structure ID #: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Resident's Name (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Structure Address: \_\_\_\_\_

### **Request**

I would like to have a pre-blast survey. Please call me at (\_\_\_\_) \_\_\_\_\_  
(Phone number)

to schedule a time for the survey. The best time to reach me by telephone is

\_\_\_\_\_.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

*Check the appropriate box below for the type survey you would like*

Complete survey

Exterior only

Interior only

Selected rooms

Other \_\_\_\_\_