



APPLICATION FOR CESSATION OF OPERATIONS

For TxDOT Use Only: Not to be filled out by applicant

Application Number: _____ Date Filed: _____

Pit Number: _____

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under Section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect. For inquiries call 512-463-8585.

I. Quarry/Pit Safety Certificate Number: _____

II. Name and address of responsible party who plans or intends to cease active operations:

Name: _____

Address (Street): _____

City: _____ State: _____

Zip: _____ Telephone Number: _____

III. Date the quarry/pit will cease active operations (month/day/year): _____

IV. Has the responsible party attached any additional plans determined necessary to protect the public good and welfare after the cessation of operations?

YES NO

Signature of Responsible Party

Date