



JOINT APPLICATION FORM

For Permits for activities affecting streams, waterways, waterbodies, wetlands, coastal areas, sources of water, and endangered and threatened species.

You must separately apply for and obtain Permits from each involved agency before starting work. Please read all instructions.

1. Applications To:

>NYS Department of Environmental Conservation Check here to confirm you sent this form to NYSDEC.

Check all permits that apply:

<input type="checkbox"/> Stream Disturbance	<input type="checkbox"/> Dams and Impoundment Structures	<input type="checkbox"/> Tidal Wetlands	<input type="checkbox"/> Water Withdrawal
<input type="checkbox"/> Excavation and Fill in Navigable Waters	<input checked="" type="checkbox"/> 401 Water Quality Certification	<input type="checkbox"/> Wild, Scenic and Recreational Rivers	<input type="checkbox"/> Long Island Well
<input type="checkbox"/> Docks, Moorings or Platforms	<input checked="" type="checkbox"/> Freshwater Wetlands	<input type="checkbox"/> Coastal Erosion Management	<input type="checkbox"/> Incidental Take of Endangered / Threatened Species

>US Army Corps of Engineers Check here to confirm you sent this form to USACE.

Check all permits that apply: Section 404 Clean Water Act Section 10 Rivers and Harbors Act

Is the project Federally funded? Yes No

If yes, name of Federal Agency: _____

General Permit Type(s), if known: _____

Preconstruction Notification: Yes No

>NYS Office of General Services Check here to confirm you sent this form to NYSOGS.

Check all permits that apply:

State Owned Lands Under Water

Utility Easement (pipelines, conduits, cables, etc.) Docks, Moorings or Platforms

>NYS Department of State Check here to confirm you sent this form to NYSDOS.

Check if this applies: Coastal Consistency Concurrence

2. Name of Applicant Taxpayer ID (if applicant is NOT an individual)

Mailing Address Post Office / City State Zip

Telephone Email

Applicant Must be (check all that apply): Owner Operator Lessee

3. Name of Property Owner (if different than Applicant)

Mailing Address Post Office / City State Zip

Telephone Email

For Agency Use Only Agency Application Number:

4. Name of Contact / Agent
 Scott Livingstone (Earth Dimensions, Inc.)
 Mailing Address: 1091 Jamison Road
 Post Office / City: Elma State: NY Zip: 14059
 Telephone: 716-655-1717 Email: slivingstone@earthdimensions.com

5. Project / Facility Name
 Shelby Crushed Stone Expansion
 Property Tax Map Section / Block / Lot Number: 101.-1-2 and 101.-1-3
 Project Street Address, if applicable: 10830 Blair Road
 Post Office / City: Shelby State: NY Zip: 14103
 Provide directions and distances to roads, intersections, bridges and bodies of water:
 The site is located approximately 1,300 feet south of Blair Road and 1,800 linear feet east of Salt Road.
 Town Village City County: Orleans Stream/Waterbody Name: Tributary to Oak Orchard Ck. & FWW MD-9
 Project Location Coordinates: Enter Latitude and Longitude in degrees, minutes, seconds:
 Latitude: 43° 10' 59.49N Longitude: 78° 25' 09.85W

6. Project Description: Provide the following information about your project. Continue each response and provide any additional information on other pages. **Attach plans on separate pages.**

a. Purpose of the proposed project:
 The project purpose is to expand an existing quarry into a 14.8 acre area outside of the current mining permit area.

b. Description of current site conditions:
 The site is currently vacant and is dominated by emergent marsh, hardwood swamp and northern hardwood community.

c. Proposed site changes:
 Proposed site changes include the development of a stone quarry expansion which will involve the removal of overburden and extraction of dolomite.

d. Type of structures and fill materials to be installed, and quantity of materials to be used (e.g., square feet of coverage, cubic yards of fill material, structures below ordinary/mean high water, etc.):
 The proposed project encompasses a 14.8 acre area to be mined for dolomite. The project will involve the removal of approximately 1.7 million tons of stone and will require the impact of 8.7 acres of state and federally jurisdictional wetland.

e. Area of excavation or dredging, volume of material to be removed, location of dredged material placement:
 The project will involve the removal of 755,555 cubic yards of dolomite.

f. Is tree cutting or clearing proposed? Yes If Yes, explain below. No
 Timing of the proposed cutting or clearing (month/year): unknown - Please process under 4d rule
 Number of trees to be cut: _____ Acreage of trees to be cleared: 9.23 acres

g. Work methods and type of equipment to be used:

Typical work methods will be used to complete the construction of the project. Equipment will include the use of excavators and dozers. Mining and stone processing will involve the use of blasting, crushers and sorting equipment

h. Describe the planned sequence of activities:

Following installation of erosion control devices, overburden will be stripped within the work area and stockpiled around the perimeter. Mining of the dolomite will then proceed from the existing quarry southward.

i. Pollution control methods and other actions proposed to mitigate environmental impacts:

Silt fencing and/or silt sock will be used to control sedimentation into the regulated wetland/waterway. Since the mine will be self-contained, future activities will not require further sediment and pollution control features.

j. Erosion and silt control methods that will be used to prevent water quality impacts:

Installation of perimeter silt sock/fence.

k. Alternatives considered to avoid regulated areas. If no feasible alternatives exist, explain how the project will minimize impacts:

The project has been designed to minimize wetland impacts scaling back on the proposed expansion from 86 acres to 14.8 acres.

l. Proposed use: Private Public Commercial

m. Proposed Start Date: Estimated Completion Date:

n. Has work begun on project? Yes If Yes, explain below. No

o. Will project occupy Federal, State, or Municipal Land? Yes If Yes, explain below. No

p. List any previous DEC, USACE, OGS or DOS Permit / Application numbers for activities at this location:

LRB 2006-00616

q. Will this project require additional Federal, State, or Local authorizations, including zoning changes?

Yes If Yes, list below. No

Town of Shelby Approval

7. Signatures.

Applicant and Owner (If different) must sign the application.


Append additional pages of this Signature section if there are multiple Applicants, Owners or Contact/Agents.

I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief.

Permission to Inspect - I hereby consent to Agency inspection of the project site and adjacent property areas. Agency staff may enter the property without notice between 7:00 am and 7:00 pm, Monday - Friday. Inspection may occur without the owner, applicant or agent present. If the property is posted with "keep out" signs or fenced with an unlocked gate, Agency staff may still enter the property. Agency staff may take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the site. I understand that failure to give this consent may result in denial of the permit(s) sought by this application.

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the NYS Penal Law. Further, the applicant accepts full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless the State from suits, actions, damages and costs of every name and description resulting from said project. In addition, Federal Law, 18 U.S.C., Section 1001 provides for a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both where an applicant knowingly and willingly falsifies, conceals, or covers up a material fact; or knowingly makes or uses a false, fictitious or fraudulent statement.

Signature of Applicant



Date

5/22/19

Applicant Must be (check all that apply): Owner Operator Lessee

Printed Name

Thomas Biamonte

Title

President

Signature of Owner (if different than Applicant)

Date

Printed Name

Title

Signature of Contact / Agent

Date

Printed Name

Scott Livingstone

Title

Wetlands Operations Manager

For Agency Use Only

DETERMINATION OF NO PERMIT REQUIRED

Agency Application Number

(Agency Name) has determined that No Permit is required from this Agency for the project described in this application.

Agency Representative:

Printed Name

Title

Signature

Date