



NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MINERAL RESOURCES

MINING PERMIT APPLICATION

1. a. MINE ID NUMBER 80346		1. b. DEC ID NUMBER 8-3436-00007/00001	
2. NAME OF APPLICANT Shelby Crushed Stone, Inc.			
3. TELEPHONE NUMBER 585-798-4501			
4. PERMANENT ADDRESS 10830 Blair Road			
CITY Medina		STATE NY	ZIP CODE 14103
5. CONTACT PERSON Thomas Biamonte		6. a. TELEPHONE NUMBER 585-798-4501	
6. b. EMAIL ADDRESS shelbystone585@gmail.com			

7. MINED LAND PROJECT

a. Will the total acreage affected by mining for the entire mining site be equal to or greater than 5 acres?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Will the vertical depth from the top of the mine face to the floor exceed 20 feet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. Will there be on-site processing of mining products (eg. crushing, screening, washing) that requires an air permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Will mining occur within 100 feet of a surface water body (eg. stream, lake) or wetland area?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
e. Will any consolidated materials be mined (eg. limestone, trap rock, sandstone)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
f. Will mining occur within 500 feet of any dwelling?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
g. Will mining ever occur below the water table?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

8. TAXPAYER ID If other than individual, provide Federal Taxpayer ID Number 20-2421945	9. APPLICATION TYPE <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Transfer
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10. a. PRESENT PERMIT TERM Expiration Date 5 / 30 / 2023	b. COMING PERMIT TERM <input checked="" type="checkbox"/> 5 years <input type="checkbox"/> Other ___ years	11. COMMON GEOLOGIC NAME OF MINERAL TO BE MINED Limestone
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12. LOCAL ORDINANCES a. Is mining prohibited at this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Does the local government require any type of permit for mining at this location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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13. a. ARE ANY OTHER STATE MINING PERMITS CURRENTLY HELD BY THE APPLICANT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	b. If YES, give DEC mine file number(s)
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14. Has any owner, partner, corporate officer or corporate director of your organization ever held any of these positions in another organization that has had a New York State mining permit SUSPENDED OR REVOKED or has had a New York State mined land reclamation bond FORFEITED?
 Yes No If YES, identify the person(s).

15. ACREAGE SUMMARY (To be filled in by applicant)		FOR OFFICIAL DEC USE ONLY
a. Total acreage controlled by owner at this location	204 acres	_____ acres
b. Total acreage permitted by DEC prior to this application	106 acres	_____ acres
c. Total acreage affected since April 1, 1975	106 acres	_____ acres
d. Total acreage approved by DEC as reclaimed since April 1, 1975	5 acres	_____ acres
e. Current affected acreage (c minus d)	100 acres	_____ acres
f. Acreage included in this application, but not previously approved	15 acres	_____ acres
g. New acreage to be affected during the coming permit term	15 acres	_____ acres
h. Number of acres to be reclaimed during coming permit term	5 acres	_____ acres

16. NAME OF MINING SITE
Medina Mine

17. MINE LOCATION Road Blair Road Nearest Road Intersection Fuller Road Town Shelby County Orleans	18. MAP LOCATION a. Quadrangle Name Medina b. <input type="checkbox"/> 15 minute <input checked="" type="checkbox"/> 7 1/2 minute FOR DEC OFFICIAL USE ONLY LATITUDE: _____ LONGITUDE: _____ NAD 83
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19. NAME AND ADDRESS OF SURFACE LANDOWNER(S)
Shelby Crushed Stone, Inc.
10830 Blair Road
Medina, NY 14103

20. NAME AND ADDRESS OF MINERAL OWNER(S)
Shelby Crushed Stone, Inc.
10830 Blair Road
Medina, NY 14103

21. The surface landowner(s) and the mineral owner(s) of the property that is to be mined by the above applicant have read the Mined Land Use Plan, which sets forth the applicant's mining and reclamation plan for the property to be mined, and hereby irrevocably consent and agree to the performance of the Mined Land Use Plan by the applicant, his surety or insurer, or the NYS Department of Environmental Conservation. The surface landowner(s) and mineral owner(s) further agree to allow access to the property to Department personnel for the purpose of conducting inspections or investigations in the regular course of their duties.

SIGNATURE(S) OF SURFACE LANDOWNER(S) <i>[Signature]</i>	DATE 11/12/19	SIGNATURE(S) OF MINERAL OWNER(S) <i>[Signature]</i>	DATE 11/12/19
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22. I hereby affirm, under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

NAME, TITLE AND SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE Thomas Biamonte, President <i>[Signature]</i>	DATE 11/12/19
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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MINERAL RESOURCES
625 BROADWAY - 3RD FLOOR, ALBANY, NEW YORK 12233-6500

OFFICE FILE NUMBER

ORGANIZATIONAL REPORT

INCOMPLETE FORMS ARE NOT ACCEPTABLE AND WILL BE RETURNED FOR COMPLETION

<p>1. FULL NAME AND COMPLETE MAILING ADDRESS OF THE ENTITY. INCLUDE NAME AND TITLE TO WHOM ALL CORRESPONDENCE SHOULD BE SENT.</p> <p>Shelby Crushed Stone, Inc. 10830 Blair Road Medina, NY 14103</p> <p>Thomas Biamonte, President</p> <p>TELEPHONE (585) 798-4501</p> <p>FAX NUMBER (585) 798-1451</p>	<p>2. FULL NAME AND COMPLETE MAILING ADDRESS OF AGENT IN NEW YORK WHO CAN BE SERVED ORDERS, NOTICES AND PROCESSES OF THE DEPARTMENT OR ANY COURT OF LAW. POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE.</p> <p>Thomas Biamonte Shelby Crushed Stone, Inc. 10830 Blair Road Medina, NY 14103</p> <p>TELEPHONE (585) 798-4501</p>												
<p>3. TYPE OF ACTIVITY (Check those that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> PRODUCTION—Oil, Gas, Injection or Geothermal Well(s)</td> <td><input type="checkbox"/> SOLUTION MINING—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> STORAGE—Underground Gas or LPG Facility</td> <td><input type="checkbox"/> BRINE DISPOSAL—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> PURCHASING—Of Oil or Gas from Others</td> <td><input type="checkbox"/> STRATIGRAPHIC—Own Well or Hole</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION—By Truck or Pipeline for Others</td> <td><input checked="" type="checkbox"/> SURFACE MINING—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> SALVAGE—Plug and Abandon Wells for Others</td> <td><input type="checkbox"/> UNDERGROUND MINING—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> DRILLING—Drill Wells for Others</td> <td></td> </tr> </table>		<input type="checkbox"/> PRODUCTION—Oil, Gas, Injection or Geothermal Well(s)	<input type="checkbox"/> SOLUTION MINING—Own/Operate Facility	<input type="checkbox"/> STORAGE—Underground Gas or LPG Facility	<input type="checkbox"/> BRINE DISPOSAL—Own/Operate Facility	<input type="checkbox"/> PURCHASING—Of Oil or Gas from Others	<input type="checkbox"/> STRATIGRAPHIC—Own Well or Hole	<input type="checkbox"/> TRANSPORTATION—By Truck or Pipeline for Others	<input checked="" type="checkbox"/> SURFACE MINING—Own/Operate Facility	<input type="checkbox"/> SALVAGE—Plug and Abandon Wells for Others	<input type="checkbox"/> UNDERGROUND MINING—Own/Operate Facility	<input type="checkbox"/> DRILLING—Drill Wells for Others	
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<p>4. STATE WHETHER THE ENTITY IS A CORPORATION, ASSOCIATION, PARTNERSHIP, INDIVIDUAL, PUBLIC AUTHORITY OR GOVERNMENTAL AGENCY. IF FOREIGN CORPORATION, GIVE STATE AND DATE OF INCORPORATION AND DATE OF AUTHORIZATION TO DO BUSINESS IN NEW YORK STATE. IF PARTNERSHIP, STATE WHETHER GENERAL OR LIMITED AND COUNTY OF FILING. IF DBA, GIVE COUNTY OF FILING.</p> <p>S-Corporation</p>	<p>5. IF A NAME CHANGE, GIVE COMPLETE NAME AND ADDRESS OF PREVIOUS ENTITY.</p>												
<p>6. IF ENTITY IS A CORPORATION OR ASSOCIATION, LIST ALL DIRECTORS AND ALL OFFICERS. IF PARTNERSHIP, LIST ALL GENERAL AND ALL LIMITED PARTNERS. ATTACH ADDITIONAL SHEETS IF NECESSARY.</p> <table border="0"> <thead> <tr> <th>NAME</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>Thomas Biamonte</td> <td>President</td> </tr> <tr> <td>Paul Pass</td> <td>Vice President</td> </tr> </tbody> </table>	NAME	TITLE	Thomas Biamonte	President	Paul Pass	Vice President	<p>7. LIST ALL PERSONS AUTHORIZED BY THE ENTITY TO SIGN ALL SUBMITTALS TO THE DEPARTMENT.</p> <table border="0"> <thead> <tr> <th>NAME</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>Thomas Biamonte</td> <td>President</td> </tr> <tr> <td>Paul Pass</td> <td>Vice President</td> </tr> </tbody> </table>	NAME	TITLE	Thomas Biamonte	President	Paul Pass	Vice President
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<p>TYPE OR PRINT NAME OF AUTHORIZED PERSON</p> <p>Thomas Biamonte</p>	<p>SWORN TO AND SUBSCRIBED</p> <p>BEFORE ME, THIS 14th</p> <p>DAY OF November 20 19</p> <p>NOTARY PUBLIC <i>April L. Biamonte</i></p> <p>APRIL L. BIAMONTE NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY My Commission Expires December 6, 2021</p>												
<p>SIGNATURE</p> <p><i>Thomas Biamonte</i></p>	<p>DATE</p> <p>11/14/19</p>												