



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MINERAL RESOURCES
MINED LAND RECLAMATION PROGRAM

MINING PERMIT APPLICATION

FOR OFFICIAL DEC USE ONLY
MINE NUMBER

1. MINE ID NUMBER
40220

2. TELEPHONE NUMBER
(518) 355-6034

3. NAME OF APPLICANT
Carver Sand & Gravel LLC

4. PERMANENT ADDRESS
494 Western Turnpike
CITY Altamont STATE NY ZIP CODE 12009

5. CONTACT PERSON
Carver Laraway

6. TELEPHONE NUMBER
(518) 355-6034

7. MINED LAND PROJECT

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

8. TAXPAYER ID
If other than individual, provide Federal Taxpayer ID Number 14-1808588

9. APPLICATION TYPE
 New Renewal Modification

10. a. PRESENT PERMIT TERM
Expiration Date 3 / 29 / 17

b. COMING PERMIT TERM
 5 years Other _____ years

11. COMMON GEOLOGIC NAME OF MINERAL TO BE MINED
Sand and Gravel

12. LOCAL ORDINANCES

a. Is mining prohibited at this location? Yes No

b. Does the local government require any type of permit for mining at this location? Yes No

13. a. ARE ANY OTHER STATE MINING PERMITS CURRENTLY HELD BY THE APPLICANT? Yes No

b. If YES, give DEC mine file number(s)
50079, 40138, 50766, 50426, 40692

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)

a. Total acreage controlled by owner at this location	464.00 acres	FOR OFFICIAL DEC USE ONLY
b. Total acreage permitted by DEC prior to this application	104.00 acres	_____ acres
c. Total acreage affected since April 1, 1975	96.00 acres	_____ acres
d. Total acreage approved by DEC as reclaimed since April 1, 1975	0.00 acres	_____ acres
e. Current affected acreage (c minus d)	96.00 acres	_____ acres
f. Acreage included in this application, but not previously approved	50.00 acres	_____ acres
g. New acreage to be affected during the coming permit term	25.00 acres	_____ acres
h. Number of acres to be reclaimed during coming permit term	5.00 acres	_____ acres

16. NAME OF MINING SITE
Middleburgh Ag Lime Mine (Masick Mine)

17. MINE LOCATION
Road NYS Route 30
Nearest Road Intersection Frisbieville Lane
Town Middleburgh
County Schoharie

18. MAP LOCATION
a. Quadrangle Name Middleburgh
b. 15 minute 7 1/2 minute

LATITUDE _____ LONGITUDE _____ NAD 83

19. NAME AND ADDRESS OF SURFACE LANDOWNER
Carver Sand & Gravel LLC
494 Western Turnpike
Altamont, NY 12009

20. NAME AND ADDRESS OF MINERAL OWNER
Carver Sand & Gravel LLC
494 Western Turnpike
Altamont, NY 12009

21. The surface landowner and the mineral owner 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 and mineral owner 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 OF SURFACE LANDOWNER _____ DATE 8/26/13

SIGNATURE OF MINERAL OWNER _____ DATE 8/26/13

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
CARVER LARAWAY PRES. _____ DATE 8/26/13