



NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MINERAL RESOURCES

MINING PERMIT APPLICATION

7. MINED LAND PROJECT

Yes No

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

1. a. MINE ID NUMBER
80695

1. b. DEC ID NUMBER
8-2428-00019

2. NAME OF APPLICANT
American Rock Salt Co., LLC

3. TELEPHONE NUMBER
585-243-9510

4. PERMANENT ADDRESS
5520 State Route 63 / PO Box 190

CITY
Mount Morris

STATE
NY

ZIP CODE
14510

5. CONTACT PERSON
Joseph G. Bucci, Jr.

6. a. TELEPHONE NUMBER
585-991-6829

6. b. EMAIL ADDRESS
joe.bucci jr@americanrocksalt.com

8. TAXPAYER ID
If other than individual, provide Federal Taxpayer ID Number **16-1516458**

9. APPLICATION TYPE
 New Renewal Modification Transfer

10. a. PRESENT PERMIT TERM
Expiration Date **1 / 2 / 2017**

b. COMING PERMIT TERM
 5 years Other ___ years

11. COMMON GEOLOGIC NAME OF MINERAL TO BE MINED
Salt

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)

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	218	acres
b. Total acreage permitted by DEC prior to this application	116.8	acres
c. Total acreage affected since April 1, 1975	68.64	acres
d. Total acreage approved by DEC as reclaimed since April 1, 1975	0	acres
e. Current affected acreage (c minus d)	68.64	acres
f. Acreage included in this application, but not previously approved	0	acres
g. New acreage to be affected during the coming permit term	0	acres
h. Number of acres to be reclaimed during coming permit term	0	acres

FOR OFFICIAL DEC USE ONLY

_____	acres
_____	acres
_____	acres
_____	acres
_____	acres
_____	acres
_____	acres
_____	acres

16. NAME OF MINING SITE
American Rock Salt Hampton Corners Mine

17. MINE LOCATION
Road State Route 63
Nearest Road Intersection Route 63 and Route 408
Town Groveland, Genesee
County Livingston

18. MAP LOCATION
a. Quadrangle Name Sonyea & Genesee
b. 15 minute 7 1/2 minute

FOR DEC OFFICIAL USE ONLY
LATITUDE: _____ LONGITUDE: _____ NAD 83

19. NAME AND ADDRESS OF SURFACE LANDOWNER(S)
American Rock Salt Co., LLC
5520 State Route 63 / PO Box 190
Mount Morris, NY 14510

20. NAME AND ADDRESS OF MINERAL OWNER(S)
Same

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)
Joseph G. Bucci, Jr.

DATE
7/14/16

SIGNATURE(S) OF MINERAL OWNER(S)
Joseph G. Bucci, Jr.

DATE
7/16/16

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
Joseph G. Bucci, Jr., Environmental Manager, Joseph G. Bucci, Jr.

DATE
7/15/16