NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Permits, Region 4
1130 North Westcott Road, Schenectady, NY 12306-2014
P: (518) 357-2069 | F: (518) 357-2593
www.dec.ny.gov

May 27, 2025

Nektarios Fitzpatrick
East Branch Mill, LLC
34 Bridge Street
East Branch, NY 13756
Electronically sent to: nfitzpatrick@adenmoves.com

Re: SPDES Permit Transfer
DEC #4-1236-00010/0001
SPDES # NY0104256
Johnston & Rhodes Blue Stone Company
34 Bridge St.
Town of Hancock, Delaware County

Dear Nektarios Fitzpatrick:

Enclosed please find your executed Application for Permit Transfer, which you should attach to the front of your SPDES Permit. This document authorizes the transfer of the above-referenced SPDES permit from Johnston & Rhodes Blue Stone Company to East Branch Mill, LLC. Please read all permit conditions carefully. Your permit expires on **March 31, 2027**, and you will receive a renewal application approximately 9 months prior to expiration.

All permit documents must be available upon request by the New York State Department of Environmental Conservation (DEC) staff as well as distributed to and understood by your personnel responsible for the proper operation of the facility and compliance with the discharge limits. Any violation of these permit conditions constitutes a violation of the Environmental Conservation Law.

The DEC maintains authority regarding the terms of this permit in accordance with 6 NYCRR 750. This regulation may be accessed from the internet on the Westlaw website at: https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations . If you do not have website access, you may obtain a paper copy of the regulation by contacting this office.

The DEC encourages the regulated community to utilize both environmental compliance audits and environmental management systems to ensure all environmental compliance requirements are satisfied. If this permit transfer involves an ownership change, the Department has special terms that allow you to disclose violations you discover during the course of acquiring the new facility. If you satisfy the terms contained in the new owners' provision (CP-59 V.J. New Owners) of the Department's Environmental Audit Incentive Policy you will be eligible to disclose and correct discovered violations. In most instances penalties can be completely waived. Please refer to Commissioner Policy 59 / Environmental Audit Incentive Policy - NYS Dept. of Environmental Conservation -- for more information on how to take advantage of these special incentives for new owners.

If you have any questions regarding this permit, you may contact the Division of Environmental Permits at the above address or phone number. Please refer to the above-referenced numbers when you are corresponding with this office or when you are applying to renew or modify this permit.

Information pertaining to Regulatory Fees may be found on the Department's Website at: https://www.dec.ny.gov/permits/6054.html#Annual_Fees

If you have any questions regarding your annual pollutant discharge elimination fee bill, please contact the Revenue Unit at (518) 402-9343 between 9:00 am – 12:00 pm and 1:30 pm – 4:00 pm, Monday through Friday.

Sincerely,

Angelika Stewart

Angelika Stewart
Deputy Regional Permit Administrator

Encl: Executed SPDES Transfer Form
ecc: Kevin O'Connor, DEC R4 DOW
DEC CO BWP
Delaware County DOH
Regulatory Fee Unit, DEC CO

NEW YORK STATE OF OPPORTUNITY. | Department of Environmental Conservation

Application For Permit Transfer and Application for Transfer of Pending Application

NOTE: Please read ALL instructions before completing this application. Please TYPE or PRINT clearly in ink.

PART 1 - TRANSFEREE (New Owner/Operator/Lessee/Applicant) Completes:

1. List Permit Number(s) And Their Effective And Expiration Dates:
4-1236-00010/00001, NY0104256, (4/1/2022-3/31/2027)

List Pending Application Number(s):

2. Name Of Transferee:
East Branch Mill, LLC

Telephone Number (Daytime):
(845) 901-1892

Transferee is a/an: (check all that apply)
☑ Owner ☑ Operator
☐ Lessee ☑ Applicant

Mailing Address:
34 Bridge Street

Email:
nfitzpatrick@adenmoves.co

If other than an individual, provide Taxpayer ID Number:

Post Office City, State, Zip Code:
East Branch, NY 13756

3. Name Of Facility/Project:
Johnston & Rhodes Blue Stone Company

Location (or Street Address, P.O. City, State, Zip Code, if applicable):
Bridge St, East Branch, NY 13756

Town / Village / City:
East Branch

County:
Delaware

4. Facility Contact Name:
Nektarios Fitzpatrick

Telephone Number (Daytime):
(845) 901-1892

Mailing Address:
PO Box 217

Email:
nfitzpatrick@adenmoves.com

Post Office City, State, Zip Code:
Montgomery, NY 12549

5. Has Work Begun On The Project?
Yes ☐ No ☑ If "No," proposed starting date: 2/1/2025 Approximate completion date: _____
If there will be any modifications to the current or proposed operation or construction, the transferee must attach a statement specifying the details.

6. CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The Transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) and supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith 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.

Printed Name and Title of Transferee Nektarios Fitzpatrick, Sole Member

Signature of Transferee _____ Date _____

PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) Completes:

1. Name Of Transferor:
Johnston & Rhodes Bluestone Co

Telephone Number (Daytime):
(607) 363-7595

If other than an individual, provide Taxpayer ID Number: 15-0352650

Mailing Address:
PO Box 130

Email: nfitzpatrick@adenmoves.com

Post Office City, State, Zip Code:
East Branch, NY 13756

2. Name Of Facility/Project, If different from Facility Name in Part 1:

3. CERTIFICATION: This certifies that ownership, operation, or a lease for the facility identified in Part 1 of this form ☐ will be / ☐ was conveyed to the party identified as the Transferee on _____ (date). I affirm that this conveyance includes the rights and obligations of the permits, approvals, or applications identified above.

Printed Name and Title of Transferor _____

Signature of Transferor _____ Date 2-17-25

PART 3 - PERMIT TRANSFER VALIDATION SECTION - Department Of Environmental Conservation Completes:

FOR DEC USE ONLY

☐ Transfer of permit approved, effective as of _____ Transferee subject to conditions of original permit, without exception.

☒ Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer:
Effective 5/27/2025
Note pg 2 of this permit transfer, which is attached to this document. Page 2 has Parts 1 and 2 completely filled out however the scan is too light to read all parts so the Signature of this transfer is located on Pg 1/2. The executed transfer includes pgs 1 and 2.

☐ See attached revised permit page(s): _____

☐ Transfer of application approved. See attached for additional information required.

☐ Transfer denied, new application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator at the address listed on the reverse side of this form.

Angelika Stewart — Angelika Stewart, DRPA — 5/27/2025

NYSDEC PERMIT ADMINISTRATOR ← SIGNATURE — DATE

copies to:

FOR DEC USE ONLY

(rev. 8/16)

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

Application For Permit Transfer and Application for Transfer of Pending Application

NOTE: Please read ALL instructions before completing this application. Please TYPE or PRINT clearly in ink.

PART 1 - TRANSFEREE (New Owner/Operator/Lessee/Applicant) Completes:

1. List Permit Number(s) And Their Effective And Expiration Dates:
4-1236-00010/00001, NY0104256, (4/1/2022-3/31/2027)

List Pending Application Number(s):

2. Name Of Transferee:
East Branch Mill, LLC

Telephone Number (Daytime):
(845) 901-1892

Email:
nfitzpatrick@adenmoves.com

Transferee is a/an: (check all that apply)
☐ Owner ☑ Operator
☐ Lessee ☑ Applicant

Mailing Address:
34 Bridge Street

Post Office City, State, Zip Code
East Branch, NY 13756

If other than an individual, provide Taxpayer ID Number:

3. Name Of Facility/Project:
Johnston & Rhodes Blue Stone Company

Location (or Street Address, P.O. City, State, Zip Code, if applicable):
Bridge St, East Branch, NY 13756

Town / Village / City:
East Branch

County:
Delaware

4. Facility Contact Name
Nektarios Fitzpatrick

Telephone Number (Daytime):
(845) 901-1892

Mailing Address:
PO Box 217

Email:
nfitzpatrick@adenmoves.com

Post Office City, State, Zip Code:
Montgomery, NY 12549

5. Has Work Begun On The Project?
Yes ☐ No ☑ If "No," proposed starting date: 2/1/2025 Approximate completion date:

If there will be any modifications to the current or proposed operation or construction, the transferee must attach a statement specifying the details.

6 CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The Transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) and supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith 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.

Printed Name and Title of Transferee: Nektarios Fitzpatrick, Sole Member

Signature of Transferee: _____ Date: 2-10-25

PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) Completes:

1. Name Of Transferor:
Johnston & Rhodes Bluestone Co

Telephone Number (Daytime):
(607) 363-7595

If other than an individual, provide Taxpayer ID Number: 15-0353650

Mailing Address:
PO Box 130

Email: nfitzpatrick@adenmoves.com

Post Office City, State, Zip Code:
East Branch, NY 13756

2 Name Of Facility/Project, if different from Facility Name in Part 1:

3. CERTIFICATION: This certifies that ownership, operation, or a lease for the facility identified in Part 1 of this form ☐ will be / ☑ was conveyed to the party identified as the Transferee on 2/20/25 (date). I affirm that this conveyance includes the rights and obligations of the permits, approvals, or applications identified above.

Printed Name and Title of Transferor: Peter B. Johnston Sr. President

Signature of Transferor: _____ Date: 2-17-25

PART 3 - PERMIT TRANSFER VALIDATION SECTION - Department Of Environmental Conservation Completes:

FOR DEC USE ONLY

☐ Transfer of permit approved, effective as of _____. Transferee subject to conditions of original permit, without exception.
☐ Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer:

See note on page 1/2

☐ See attached revised permit page(s):
☐ Transfer of application approved. See attached for additional information required.
☐ Transfer denied, new application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator at the address listed on the reverse side of this form

NYSDEC PERMIT ADMINISTRATOR _____ SIGNATURE _____ DATE _____

copies to:

FOR DEC USE ONLY

(rev. 8/15)