

Division of Mineral Resources
MINING PERMIT APPLICATION



Department of
Environmental
Conservation

1. a. MINE FILE NUMBER	1. b. DEC ID NUMBER	7. MINED LAND PROJECT	
2. NAME OF APPLICANT Tom Sunderlin		a. Will the total acreage affected by mining for the entire mining site be equal to or greater than 5 acres? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. TELEPHONE NUMBER 315-796-7634		b. Will the vertical depth from the top of the mine face to the floor exceed 20 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. PERMANENT ADDRESS: NUMBER & STREET NAME 264 Dover Rd		c. Will there be on-site processing of mining products (eg. crushing, screening, washing) that requires an air permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CITY Barneveld	STATE NY	ZIP CODE 13304	d. Will mining occur within 100 feet of a surface water body (eg. stream, lake) or wetland area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. CONTACT PERSON Same	e. Will any consolidated materials be mined (eg. limestone, trap rock, sandstone)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6. b. EMAIL ADDRESS tsunderlinpt@gmail.com		f. Will mining occur within 500 feet of any dwelling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. TAXPAYER ID (If other than individual, provide Federal Taxpayer ID Number)		g. Will mining ever occur below the water table? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. a. PRESENT PERMIT TERM Expiration Date / /	10. b. COMING PERMIT TERM <input checked="" type="checkbox"/> 5 years <input type="checkbox"/> Other _____ years	9. APPLICATION TYPE <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/> Transfer	
12. LOCAL ORDINANCES a. Is mining prohibited at this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. NAME OF MINERAL/MATERIAL TO BE MINED Granite	
13. a. ARE ANY OTHER STATE MINING PERMITS CURRENTLY HELD BY THE APPLICANT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. b. Does the local government require any type of permit for mining at this location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, identify the person(s)			
15. ACREAGE SUMMARY (To be filled in by applicant)		15.0 acres 0.0 acres 0.0 acres 0.0 acres 0.0 acres 26.7 acres 9.7 acres 0.0 acres	
		FOR OFFICIAL DEC USE ONLY _____ acres _____ acres _____ acres _____ acres _____ acres _____ acres _____ acres _____ acres	
16. NAME OF MINING OPERATION White Lake Granite Quarry		18. MAP LOCATION	
17. MINE LOCATION Road Sloane Quarry Road Nearest Road Intersection NY Route 28 Town Forestport County Oneida		a. Quadrangle Name Woodgate, NY b. <input type="checkbox"/> 15 minute <input checked="" type="checkbox"/> 7 1/2 minute	
		FOR OFFICIAL DEC USE ONLY LATITUDE: _____ LONGITUDE: _____ NAD 83	
19. NAME AND ADDRESS OF SURFACE LANDOWNER(S) Mr. Tom Sunderlin Red Rock Quarry Associates LLC 264 Dover Rd Barneveld, NY 13304		20. NAME AND ADDRESS OF MINERAL OWNER(S) Mr. Tom Sunderlin Red Rock Quarry Associates LLC 264 Dover Rd Barneveld, NY 13304	
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>Thomas J. Sunderlin, Jr.</i>	DATE 4/5/21	SIGNATURE(S) OF MINERAL OWNER(S) <i>Thomas J. Sunderlin, Jr.</i>	DATE 4/5/21
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 <i>Thomas J. Sunderlin, Jr.</i>		DATE 4/5/21	

ORGANIZATIONAL REPORT



Department of
Environmental
Conservation

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>Tom Sunderlin 264 Dover Rd Barneveld, NY 13304</p> <p>EMAIL ADDRESS: tsunderlinpt@gmail.com TELEPHONE (315) 796-7634 FAX NUMBER ()</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>Same.</p> <p>EMAIL ADDRESS: TELEPHONE ()</p>							
<p>3. TYPE OF ACTIVITY (Check those that apply)</p> <p><input type="checkbox"/> PRODUCTION—Oil, Gas, Injection or Geothermal Well(s) <input type="checkbox"/> STORAGE—Underground Gas or LPG Facility <input type="checkbox"/> PURCHASING—Of Oil or Gas from Others <input type="checkbox"/> TRANSPORTATION—By Truck or Pipeline for Others <input type="checkbox"/> PLUGGING—Plug and Abandon Wells for Others <input type="checkbox"/> DRILLING—Drill Wells for Others</p>		<p><input type="checkbox"/> SOLUTION MINING—Own/Operate Facility <input type="checkbox"/> BRINE DISPOSAL—Own/Operate Facility <input type="checkbox"/> STRATIGRAPHIC—Own Well or Hole <input checked="" type="checkbox"/> SURFACE MINING—Own/Operate Facility <input type="checkbox"/> UNDERGROUND MINING—Own/Operate Facility</p>							
<p>4. STATE WHETHER THE ENTITY IS A CORPORATION, LIMITED LIABILITY COMPANY, ASSOCIATION, PARTNERSHIP, INDIVIDUAL, PUBLIC AUTHORITY OR GOVERNMENTAL AGENCY, OR TRUST. IF FOREIGN (OUT-OF-STATE) 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, GENERAL PARTNERSHIP OR ASSUMED NAME OF A LIMITED LIABILITY PARTNERSHIP, GIVE COUNTY OF FILING.</p> <p>The applicant is an Individual.</p>		<p>5. IF THE NAME ENTERED IN BOX 1 IS NEW, INCLUDE THE COMPLETE NAME AND ADDRESS OF THE PREVIOUS ENTITY.</p>							
<p>6. IF ENTITY IS A CORPORATION OR ASSOCIATION, LIST ALL DIRECTORS AND ALL OFFICERS. IF A PARTNERSHIP, LIST ALL GENERAL AND ALL LIMITED PARTNERS. IF A LLC, LIST ALL MEMBERS. CHECK BOX IF ADDITIONAL SHEETS ARE ATTACHED. <input type="checkbox"/></p> <table border="1"> <thead> <tr> <th>NAME</th> <th>TITLE</th> </tr> </thead> </table>		NAME	TITLE	<p>7. LIST ALL PERSONS AUTHORIZED BY THE ENTITY TO SIGN ALL SUBMITTALS TO THE DEPARTMENT. AT LEAST ONE PERSON MUST BE LISTED.</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>Tom Sunderlin</td> <td>Owner</td> </tr> </tbody> </table>		NAME	TITLE	Tom Sunderlin	Owner
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Tom Sunderlin	Owner								
<p>I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief. I am aware any false statement made in this report is punishable pursuant to Section 210.45 of the Penal Law.</p>									

TYPE OR PRINT NAME OF AUTHORIZED PERSON

Tom Sunderlin

SIGNATURE

Thomas J. Sunderlin Jr.

DATE

4/15/2021

SWORN TO AND SUBSCRIBED
BEFORE ME, THIS

5TH
DAY OF

APRIL 20 21

NOTARY PUBLIC

JENNIFER MORTON
Reg# 02M06239345
Cert. in Albany County
Exp. 4/18/2023