



JOINT APPLICATION FORM

For Permits for activities activities affecting streams, waterways, waterbodies, wetlands, coastal areas, sources of water, and endangered and threatened species.

You must separately apply for and obtain Permits from each involved agency before starting work. Please read all instructions.

 Applications To: >NYS Department of Environmental Conservation 	Check here to confirm you sent this form to NYSDEC.		
	Check here to confirm you sent this form to NYSDEC. Tidal Wetlands Water Withdrawal Wild, Scenic and Recreational Rivers Long Island Well Coastal Erosion Management Incidental Take of Endangered / Threatened Species * See Instructions (page 3) Check here to confirm you sent this form to USACE. ater Act Section 10 Rivers and Harbors Act		
Preconstruction Notification: Yes No			
>NYS Office of General Services Check here to confirm you sent this form to NYSOGS. Check all permits that apply: State Owned Lands Under Water Utility Easement (pipelines, conduits, cables, etc.) Docks, Moorings or Platforms >NYS Department of State Check here to confirm you sent this form to NYSDOS. Check if this applies: Coastal Consistency Concurrence			
2. Name of Applicant Micron New York Semiconductor Manufacturing LLC Mailing Address	Taxpayer ID (if applicant is NOT an individual) 92-0692507 Post Office / City State Zip Boise ID 83716		
Telephone 208-368-4000 Email sngatze	meier@micron.com		
Applicant Must be (check all that apply):	✓ Operator Lessee		
3. Name of Property Owner (if different than Applicant) The Wetland Trust, Inc. (Co-applicant) Mailing Address	Post Office / City State Zip Burdett NY 14818		
Telephone 315-459-1546 Email dan@th	ewetlandtrust.org		

For Agency Use Only Agency Application Number:

4. Name of Contact / Agent	_
Dan Kwasnowski	
Mailing Address	Post Office / City State Zip
	Burdett NY 14818
Telephone 315-459-1546 Email dan@	Dthewetlandtrust.org
5 Duciest / Facility Name	Property Tay Man Castion / Diack / Lat Number
5. Project / Facility Name Micron - Buxton Creek Stream and Wetland Mitigation	Property Tax Map Section / Block / Lot Number: 2742-4.06, 274.00-02-15
Project Street Address, if applicable	Post Office / City State Zip
	Pennellville 13132
Provide directions and distances to roads, intersections, b	ridges and bodies of water
Town Village City County	Stream/Waterbody Name
Town Village City County Schroeppel Oswego	Buxton Creek
Project Location Coordinates: Enter Latitude and Longitud	
Latitude: 43.2862514 ° '	Longitude: -76.230925 ° '
 any additional information on other pages. <u>Attach plans c</u> a. Purpose of the proposed project: b. Description of current site conditions: c. Proposed site changes: 	on separate pages.
 d. Type of structures and fill materials to be installed, and coverage, cubic yards of fill material, structures below e. Area of excavation or dredging, volume of material to labeled 	ordinary/mean high water, etc.):
Timing of the proposed cutting or clearing (month/yea	Yes, explain below. V No ar): creage of trees to be cleared:

	Work methods and type of equipment to be used:
	Describe the planned sequence of activities:
	Pollution control methods and other actions proposed to mitigate environmental impacts:
	Erosion and silt control methods that will be used to prevent water quality impacts:
	Alternatives considered to avoid regulated areas. If no feasible alternatives exist, explain how the project will
	minimize impacts:
	Proposed use: 🖌 Private 🔄 Public 🔄 Commercial
•	Proposed Start Date: November 2025 Estimated Completion Date: October 2026
_	Has work begun on project? Yes If Yes, explain below. 🖌 No
,	Will project occupy Federal, State, or Municipal Land? Yes If Yes, explain below. 🗹 No
	List any previous DEC, USACE, OGS or DOS Permit / Application numbers for activities at this location:
,	Will this project require additional Federal, State, or Local authorizations, including zoning changes?
	✓ Yes If Yes, list below No

7. Signatures.

Applicant and Owner (If different) must sign the application. If the applicant is the landowner, the **landowner attestation form** can be used as an electronic signature as an alternative to the signature below, if necessary. Append additional pages of this Signature section if there are multiple Applicants, Owners or Contact/Agents.

I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief.

Permission to Inspect - I hereby consent to Agency inspection of the project site and adjacent property areas. Agency staff may enter the property without notice between 7:00 am and 7:00 pm, Monday - Friday. Inspection may occur without the owner, applicant or agent present. If the property is posted with "keep out" signs or fenced with an unlocked gate, Agency staff may still enter the property. Agency staff may take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the site. I understand that failure to give this consent may result in denial of the permit(s) sought by this application.

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the NYS Penal Law. Further, the applicant accepts full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless the State from suits, actions, damages and costs of every name and description resulting from said project. In addition, Federal Law, 18 U.S.C., Section 1001 provides for a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both where an applicant knowingly and willingly falsifies, conceals, or covers up a material fact; or knowingly makes or uses a false, fictitious or fraudulent statement.

Signature of Applicant	Date			
5914-	July 14,20025			
Applicant Must be (check all that apply): Owner I Oper	rator Lessee			
Printed Name	Title			
Scott Gatzemeier	CVP, FE US Expansion			
Signature of Owner (if different than Applicant)	Date			
Jail Kri	July 11, 2025			
Printed Name	Title			
Daniel Kwasnowski	Executive Director			
Signature of Contact / Agent	Date			
Printed Name	Title			
For Agency Use Only DETERMINATION OF NO PERMI	IT REQUIRED			
Agency Application Number				
(Agency Name) has determined that No Permit is required from this Agency for the project described in this application.				
required from this Agency for the project described in this application				
required from this Agency for the project described in this application Agency Representative:				

 Name
 Date