

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF MINING AND RECLAMATION

OFFICIAL USE ONLY

INSPECTION REPORT

Date 9-1-89

PERMITTEE <u>The General Crushed Stone Company</u>	TOWNSHIP <u>EAST ROCKHILL</u>	COUNTY <u>BUCKS</u>	PERMIT NO. <u>79745M1</u>
ADDRESS <u>P.O. BOX 231 1609 SULLIVAN TRAIL EASTON, PA 18042 215-253-4271</u>	TYPE OF INSPECTION Partial <input type="checkbox"/> Followup <input type="checkbox"/> Complete <input checked="" type="checkbox"/>	STATUS Violation/s Noted <input type="checkbox"/> Issue Order <input type="checkbox"/> Cease Order Issued <input type="checkbox"/> Previous Violations not corrected <input type="checkbox"/>	LICENSE NO. <u>300733</u> Valid Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Expiration Date <u>12-31-89</u> Operational Status <u>ACTIVE</u>

**A1. GENERAL MINING INFORMATION**

a. Seams DIABASE

b. Highwall/s height/s: actual 250' - 5 LEVELS  
bonded 101,700

c. Length & Width of cut/s 1500' x 975'

d. Total Acres: Permitted 103.2 (103.2) Affected ALL Regraded  Reclaimed

e. Phase/s being mined: NONE

Unauthorized Mining 0 Acres  Unauthorized Mining Activities 0 Acres

2. Method of Mining: OPEN PIT QUARRY

3. Equipment: Use & Condition FEL

4. Contract Miner  yes  no Name: \_\_\_\_\_ Address: \_\_\_\_\_

5. Blasting at Site:  yes  no Blaster's Name \_\_\_\_\_ License No. \_\_\_\_\_  
Contract Blaster  yes  no Contractors name \_\_\_\_\_

6. Auger Permit Safety Permit No. \_\_\_\_\_  
 yes  no  Active  Inactive  not started  completed

7. Refuse Disposal Approved  
 yes  no  Active (describe)  Inactive

8. Previous Enforcement:

a. Orders & Agreements outstanding  yes  no Type \_\_\_\_\_

b. Adjudications Outstanding  yes  no Type \_\_\_\_\_

c. Violations on Last Inspection  yes  no (If yes, explain status in remarks)

Person contacted <u>Joseph P Bronico Jr</u>	Title <u>Office Mgr</u>	Discharges/Seeps: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Samples collected: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no No. of samples collected _____ ER-MR-5.2 attached.
Signature <u>Joseph P Bronico Jr</u>	Investigator <u>Jonas Carpenter</u>	Signature <u>Jonas Carpenter</u> I.D. No. <u>415706</u>

The Operator's signature acknowledges that he has read the report, including the reverse side, and that he was given the opportunity to discuss it with the investigator. The signature does not necessarily mean he agrees with the report.

