

**STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND AND WATER**

LAND USE PERMIT APPLICATION

AS 38.05.850

Applicants must complete all sections of this application. In addition, applicants proposing:

- the use of the uplands and non marine waters must also complete the Supplemental Questionnaire for Use of Uplands and Non Marine Waters accompanying this application;
- off-road travel must also complete the Supplemental Questionnaire for Off-Road Travel accompanying this application; and/or
- the use of tide and submerged lands must also complete the Supplemental Questionnaire for Use of Marine Waters accompanying this application.

Other items that must accompany the completed application are:

- a (non-refundable) \$100 application filing fee;
- a 1:250,000 or 1:63,360 scale USGS map showing the location of the proposed activity;
- additional items identified and required in any supplemental questionnaire(s) to this application; and
- additional pages if more space is necessary to answer the questions completely.

Completed Land Use Permit Applications should be mailed to one of the following offices:

**Public Information Center
550 W. 7th Ave, Suite 1260
Anchorage, AK 99501
(907) 269-8400**

**Public Information Center
3700 Airport Way
Fairbanks, AK 99709
(907) 451-2705**

**MLW Information Office
P.O. Box 111020
Juneau, AK 99811-1020
(907) 465-3400**

LAS # 31767

Applicant Information:

Applicant Name <u>Doyon Remote Facilities & Services, LLC</u>		Date of Birth <u>N/A</u>
Doing Business As <u>Mariah Pitka-Jenkins</u>		Contact Person <u>68-0531041</u>
Mailing Address with City, State and Zip <u>11500 C Street, Suite 150, 99515 Pitka@doyon.com</u>		Email Address <u>11500 C Street, Suite 150, 99515 Pitka@doyon.com</u>
Home Phone <u>() () ()</u>	Work Phone <u>(907) 3754240</u>	Cell Phone <u>() () ()</u>
FAX <u>() () ()</u>		
If you are applying for a corporation, give the following information:		
Name, address and place of incorporation: <u>11500 C Street, Suite 150, Anchorage Alaska, 99515</u>		
Is the corporation qualified to do business in Alaska? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, provide name, address and phone number of resident agent <u>Allen M. Todd, 1 doyon Place, Suite 300, Fairbanks, AK 99701</u>		
Type of User, Select one: <input type="checkbox"/> Private non-commercial (personal use) <input type="checkbox"/> Commercial Recreation or Tourism		
<input type="checkbox"/> Public Non-profit including Federal, State, Municipal Government Agency <input checked="" type="checkbox"/> Other commercial or industrial		

Duration of Project: The proposed activity will require the use of state land for: (Check one)

☐ a single term of less than one year. Beginning month: _____ Ending month: _____

☐ a multi year term for up to 5 years. Beginning year: 2017 Ending year: 2022

If multi year and seasonal, circle months of use in each year. Jan., Feb., Mar., Apr., May, Jun., Jul., Aug., Sept., Oct., Nov., Dec.

Project Location

Latitude/Longitude or UTM: _____ or _____

Section: _____, Township: _____, Range: _____, Meridian: _____

(The spaces below are to be used if the boundaries of the proposed project cross section lines.)

Section: _____, Township: _____, Range: _____, Meridian: _____

Section: _____, Township: _____, Range: _____, Meridian: _____

Proposed project will require the use of up to 1 acres. (Add additional sheets as necessary)

TION, ROTE, Section 2

Mustang Pad } Current Request

Umat

Project Description - Describe in detail your intended use of state land. (State land also includes all tide and submerged lands beneath coastal waters and all shorelands beneath other navigable water bodies of the state.) Discuss development and activities. (Attach additional pages as necessary.)

Storage of Camp modular - No operation or activity.

140 bed Camp being stored in anticipation of possible future program @ Mustang Pad.
Non operational until we have a contract.Should a portion of the permitted area be closed to the general public? Yes ☐ No ☒ If yes, explain which portion and provide justification for exclusive use:**Site Description** - Briefly describe the current condition of the proposed site of use, noting any trash, garbage, debris or signs of possible site contamination (If significant, we recommend you provide pictures to establish initial conditions):

Area was covered in snow upon arrival.

Are there improvements or materials on the site now? Yes ☐ No ☐ If yes, briefly describe the improvements, their approximate value, and who owns them (We recommend you provide pictures of improvements):

Unsure - Brooks Range Det. owns space - Alabors rig appears to be stored.

Site Description continued - Describe the natural vegetation --- ground cover, trees, shrubs --- and any proposed changes. Describe the location of any estuarine, riparian, or wetlands and any noticeable animal use of area.

Arctic tundra Improved with gravel Pad

Site Access - Describe how you plan to access the site, and your mode of transportation.

Accessible by Road

If your access is by aircraft, specify the type and size of aircraft: _____

To access the site, the aircraft is equipped with floats ☐ wheels ☐ skis ☐. -N/A

Number of people

1. Indicate the number of employees and supervisors who will be working on the site. 0
2. Indicate the number of customers who will be using the site per year or season. 0
3. Indicate the number of days the site will be used per year or season. 0

Environmental Risk / Hazardous Substances - In the course of your proposed activity will you generate, use, store, transport, dispose of, or otherwise come in contact with toxic and/or hazardous materials, and/or hydrocarbons? Yes ☐ No ☒ If yes, please describe:

Camp is not operational

The types and volumes of fuel or other hazardous substances present or proposed: None while camp is in storage. No generators being used and no water or waste being stored.

The specific storage location(s): Mustang Pad for Brooks Range.

The spill plan and prevention methods: _____

Environmental Risk/Hazardous Substances (continued) - If you plan to use either above or below ground storage containers (like tanks, drums, or other containers) for hazardous material storage, answer the following questions for each container:

Where will the container be located? No fluids are being stored.

What will be stored in the container? Nothing is stored.

What will be the container's size in gallons? _____

Give a description of any secondary containment structure, including volume in gallons, the type of lining material, and configuration: _____

Will the container be tested for leaks? Yes | | No | |

Will the container be equipped with leak detection devices? Yes | | No | |. If no, describe: N/A

Do you have any reason to suspect, or do you know if the site may have been previously contaminated? Yes | | No | ☒ | If yes, please explain: Have no history of contamination @ Mustang Pad.

Date Stamp:

Marial
Signature of Applicant or Authorized Representative

GM + Sr. Vp. 6/01/2017
Title

AS 38.05 035(a) authorizes the director to decide what information is needed to process an application for the sale or use of state land and resources. This information is made part of the state public record and becomes public information under AS 09.25 110 and 09.25 120 (unless the information qualifies for confidentiality under AS 38.05 035(a)(9) and confidentiality is requested.) Public information is open to inspection by you or any member of the public. A person who is the subject of the information may challenge its accuracy or completeness under AS 44.99 310, by giving a written description of the challenged information, the changes needed to correct it, and a name and address where the person can be reached. False statements made in an application for a benefit is punishable under AS 11.56 210.

Land Use Permit Application Supplemental Questionnaire for:
Use of Uplands and Non Marine Waters

To be completed to provide more detailed information about projects or activities requiring the use of state owned uplands and non marine waters. All site development details identified in this section must be represented graphically in the scaled drawings on Page 4 of the supplement.

Temporary Structures – 1) Describe all temporary improvements (including buildings, tent platforms, out-buildings, docks, floats, and floating facilities), including their dimensions and building materials. 2) Label improvements to be maintained on a year round basis as year round. **Note:** Seasonal improvements must be completely dismantled and removed or stored on or before the end of authorized terms of use.

20 - 12 x 54' Sleeper Units and four 12'x54' washrooms/
Sleepers in single configuration for storage. Units
are not operational and no improvements are being made.

Distance structures including pit privies will be located from the ordinary highwater mark of the nearest freshwater body (lake, stream, river, etc), or the mean high water mark of a saltwater body: _____

Harvest of Non-Timber Related Forest Products – Please list the type and quantity of each non-timber related forest product (berries, ferns, willow, mushrooms, birch bark, etc.) to be harvested for commercial use:

none

Contact the DNR Division of Forestry to obtain authorizations for the harvest of small trees.

Motorized Equipment - List mechanized/motorized equipment to be used, including type, size, purpose, and number of each.

none, camp is not operational.

Storage and Parking - If you plan to store items or park boats, vehicles and/or heavy equipment on the site, describe complete the following:

Describe and give dimensions of long term and short term parking and or storage areas. 20 - 12'x54' Sleeper
Units and four 12'x54' Sleeper/bathrooms being stored
- No equipment or trucks

Is parking or storage planned to take place on filled tidelands. Yes | No | ☒

Does storage involve structures or materials floating in a waterbody? Yes | No | ☒ If yes, describe. _____

Storage and Parking (continued)

Number of disassembled tent frames 10

Number of tent platforms 0

List and describe items that are large and difficult to transport. Include dimensions:

20 12'x54' (Sleeper Units)
4 12'x54' (Sleeper / Bath Units)

Will barrel(s) or an equivalent type of storage container be used? Yes ☐ No ☒ If using something other than barrels for storage containers, describe the alternative container.

Describe any measures you plan to take to minimize drips or spills from leaking vehicles or equipment. N/A

Water / Wastewater

Water Supply – Describe the water supply and proposed use. N/A - Not operating

Wastewater – Describe the wastewater type and quantity and proposed method of wastewater disposal: (for the marine environment, also describe the proposed gray and black water systems or out fall pipeline.)

None

Waste – Describe the types of waste that will be generated on-site, including solid waste, the source of the waste, and the method of waste disposal, i.e. pit privy, or self-contained system, or outfall line; indicate distance from the nearest waterbody.

None while stored

Animal Use

Will there be any use of animals (horses, llamas, dogs, etc.)? Yes | No ☒

Will there be commercial use of the animals (horseback rides, packing, dog sled rides, etc.)? Yes | No ☒ If yes, please explain:

Dismantle, Removal, Restoration Plan – Provide a plan for dismantling and removing temporary structures. Include method and timeline for total site restoration:

demobilization will require a crane to pick units
and transport to bed truck to haul to
Deedhorse.

SHORT TERM (PORTABLE) COMMERCIAL RECREATION CAMPS: Identify commercial recreation activity/activities for which short term (portable) camps will be established to accommodate employees and clients, and provide a general description of the location(s) (e.g. guide use area, game management sub-unit, river, stream, lake, etc.) where the recreational activity/activities and short term (portable) camp use will occur.

___ Big Game Guiding: (List up to 3 Guide Use Areas.) _____

___ Sportfishing (List river corridors, lakes, etc.) _____

___ Boating/Rafting/Kayaking: (List river corridors, lakes, etc.) _____

___ Other Recreation: (Type and general geographic description.) _____

- Identify any State of Alaska Refuge, Sanctuary and/or Critical Habitat Area where short term (portable) camps will be used.

Will activities include "day use" of state land managed under the Haines State Forest Management Plan? Yes ___ No ☒

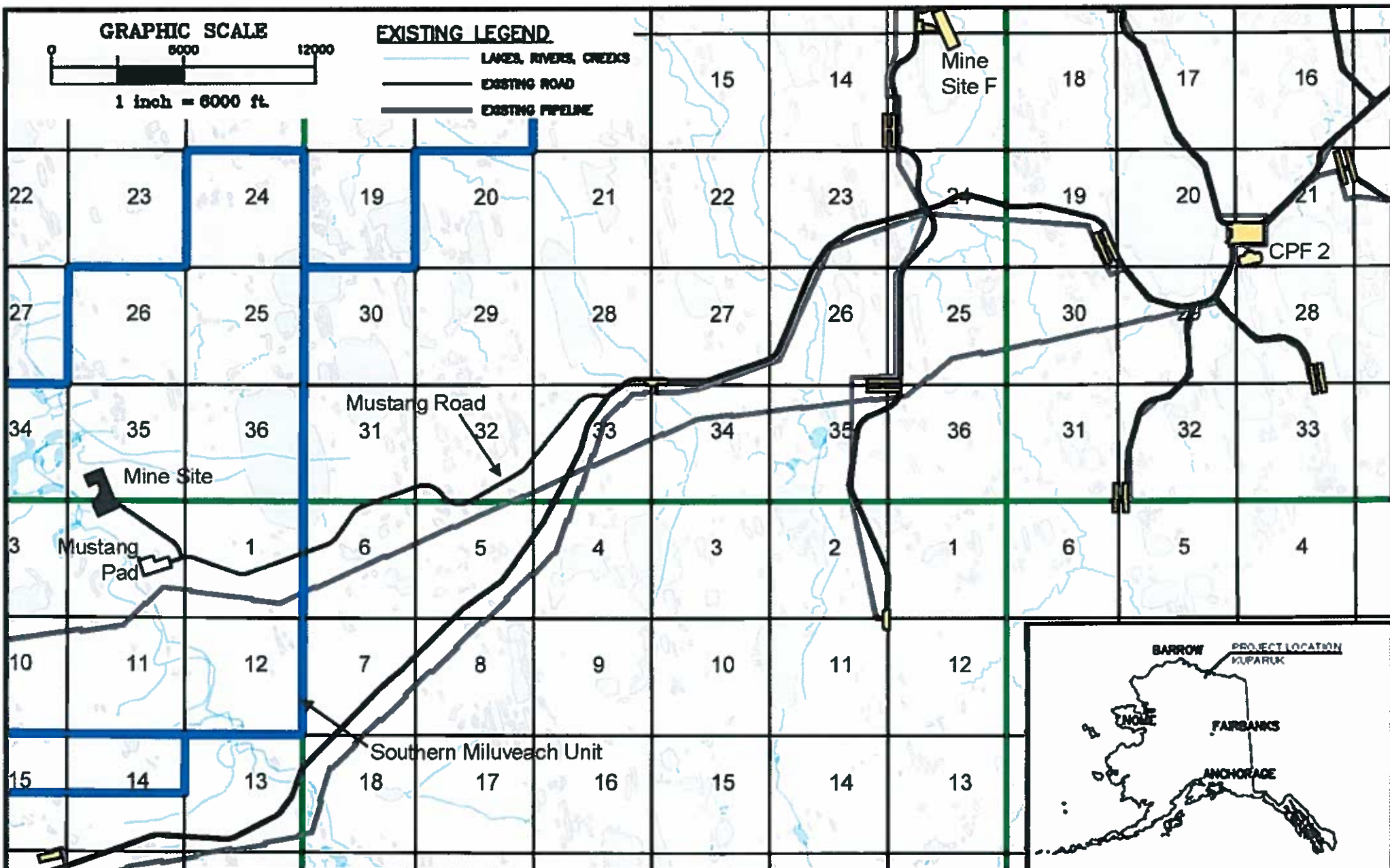
GRAPHIC SCALE



1 inch = 6000 ft.

EXISTING LEGEND

- LAKES, RIVERS, CREEKS
- EXISTING ROAD
- EXISTING PIPELINE



Brooks Range Petroleum

MUSTANG DEVELOPMENT

VICINITY/LOCATION MAP

Applicant: BROOKS RANGE PETROLEUM CORPORATION
 Project: MUSTANG DEVELOPMENT
 Location: T11N, R7E: T11N R8E: T10N R7E: T10N R8E
 Waterbody: MILUVEACH RIVER

STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND AND WATER

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Contract Administration
550 W 7th Ave., Suite 640
Anchorage, AK 99501-3576
(907) 269-8594 | <input type="checkbox"/> Northern Region
3700 Airport Way
Fairbanks, AK 99709
(907) 451-2740 | <input type="checkbox"/> Southcentral Region
550 W 7th Ave., Suite 900C
Anchorage, AK 99501-3577
(907) 269-8552 | <input type="checkbox"/> Southeast Region
400 Willoughby, #400
Juneau, AK 99801
(907) 465-3400 |
|--|--|---|--|

APPLICANT ENVIRONMENTAL RISK QUESTIONNAIRE

The purpose of this questionnaire is to help clarify the types of activities you propose to undertake. The questions are meant to help identify the level of environmental risk that may be associated with the proposed activity. The Division of Mining, Land and Water's evaluation of environmental risk for the proposed activity does not imply that the parcel or the proposed activity is an environmental risk from the presence or use of hazardous substances.

Through this analysis, you may become aware of environmental risks that you did not know about. If so, you may want to consult with an environmental engineer or an attorney.

DOYON REMOTE FACILITIES + SERVICES, LLC
Applicant's Name _____ Doing Business As _____

11500 C Street, Suite 150 ANCHORAGE AK 99515
Address _____ City _____ State _____ Zip _____

(907) 375-4240 (907) 375-4240 Mariah.Pitka@doyonremotefacilities.com Mariah Pitka
Message Phone _____ Work Phone _____ E-Mail _____ Contact Person _____

Describe the proposed activity:

Storage

In the course of your proposed activity will you generate, use, store, transport, dispose of, or otherwise come in contact with toxic and/or hazardous materials, and/or hydrocarbons? Yes ☐ No ☒

If yes, please list the substances and the associated quantities. Use a separate sheet of paper, if necessary.

If the proposed activities involve any storage tanks, either above or below ground, address the following questions for each tank. Please use a separate sheet of paper, if necessary, and, where appropriate, include maps or plats:

- a. Where will the tank be located? _____

- b. What will be stored in the tank? _____

- c. What will be the tank's size in gallons? _____

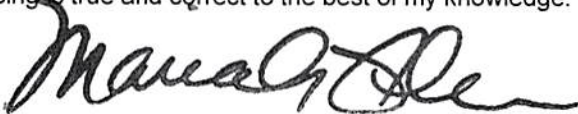
- d. What will the tank be used for? (Commercial or residential purposes?) _____

- e. Will the tank be tested for leaks? _____
- f. Will the tank be equipped with leak detection devices? Yes ☐ No ☐. If yes, describe: _____

Do you know or have any reason to suspect that the site may have been previously contaminated? Yes ☐ No ☒.

If yes, please explain: _____

I certify that due diligence has been exercised and proper inquiries made in completing this questionnaire, and that the foregoing is true and correct to the best of my knowledge.



Applicant

6/12/17
Date

AS 38.05.035(a) authorizes the director to decide what information is needed to process an application for the sale or use of state land and resources. This information is made a part of the state public land records and becomes public information under AS 09.25.110 and 09.25.120 (unless the information qualifies for confidentiality under AS 38.05.035(a)(9) and confidentiality is requested). Public information is open to inspection by you or any member of the public. A person who is the subject of the information may challenge its accuracy or completeness under AS 44.99.310, by giving a written description of the challenged information, the changes needed to correct it, and a name and address where the person can be reached. False statements made in an application for a benefit are punishable under AS 11.56.210.