

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Wastewater Discharge Authorization Program

555 Cordova Street, Anchorage, AK 99501 email: DEC-401Cert@alaska.gov, Phone: 907-269-6285

DELEGATION OF SIGNATURY AUTHORITY for Clean Water Act §401 Water Quality Certification Application

Mailing Address Street or PO Box artdavidson43@gmail.com Email Statement of Authorization I hereby authorize the above Point of Contact or Agenupon request, supplemental information in support of Signature of	е	Point of Contact Josh First DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	Middle	Inform	Gral	AK	al Specialist 99503 Zip Fax (optional)
Permit / License Number *A copy of the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit of application is required to be submitted with the federal permit of application is required to be submitted with the federal permit of application is required to be submitted with the federal permit of application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit or license application is required to be submitted with the federal permit	th the request for	Point of Contact Josh First DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	Middle	Inform	Gration Grat Last Enviro Title orage 907-562	AK	99503 Zip
*A copy of the federal permit or license application is required to be submitted with the	99503	Point of Contact Josh First DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	Middle	Inform	Gration Grat Last Enviro Title orage 907-562	AK	99503 Zip
Applicant Information Art First Middle Best Storage Alaska Company Title 2200 Seward Hwy Mailing Address Street or PO Box artdavidson43@gmail.com Phone Statement of Authorization I hereby authorize the above Point of Contact or Agenupon request, supplemental information in support of Signature of Signatu	Zip	Josh First DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	Middle Middle	Anch	Gral Last Enviro Title orage	AK	99503 Zip
Applicant Information Art Davidson	Zip	Josh First DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	Middle Middle	Anch	Gral Last Enviro Title orage	AK	99503 Zip
Art First Middle Best Storage Alaska Company Title 2200 Seward Hwy Anchorage AK Mailing Address Street or PO Box artdavidson43@gmail.com Phone State Fai Statement of Authorization I hereby authorize the above Point of Contact or Agentupon request, supplemental information in support of Signature of Sig	Zip	Josh First DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	Middle Middle	Anch	Gral Last Enviro Title orage	AK	99503 Zip
First Middle Last Best Storage Alaska Company Title 2200 Seward Hwy Anchorage AK 9 Mailing Address Street or PO Box City State artdavidson43@gmail.com 907-952-3355 Email Phone Fait Statement of Authorization I hereby authorize the above Point of Contact or Agent upon request, supplemental information in support of SIGNATURE OF SIGNAT	Zip	First DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	4 4000		Enviro Title orage	AK	99503 Zip
Best Storage Alaska Company Title 2200 Seward Hwy Mailing Address Street or PO Box artdavidson43@gmail.com Phone State Phone Fait Statement of Authorization I hereby authorize the above Point of Contact or Agentupon request, supplemental information in support of Signature of Sig	Zip	DOWL Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email	4 4000		Enviro	AK	99503 Zip
Company 2200 Seward Hwy Anchorage Mailing Address Street or PO Box artdavidson43@gmail.com Phone Statement of Authorization I hereby authorize the above Point of Contact or Agent upon request, supplemental information in support of Signature of	Zip	Company 5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email			orage 907-562	AK	99503 Zip
2200 Seward Hwy Mailing Address Street or PO Box artdavidson43@gmail.com Phone Statement of Authorization I hereby authorize the above Point of Contact or Agentupon request, supplemental information in support of Signature	Zip	5015 Business Park Blvd # Mailing Address or PO Box jgrabel@do Email			orage 907-562	State	Zip
Mailing Address Street or PO Box artdavidson43@gmail.com Phone State Phone Fai Statement of Authorization I hereby authorize the above Point of Contact or Agent upon request, supplemental information in support of Signature of Signa	Zip	Mailing Address or PO Box jgrabel@do Email			907-562	State	Zip
artdavidson43@gmail.com 907-952-3355 Phone Fai Statement of Authorization I hereby authorize the above Point of Contact or Agent upon request, supplemental information in support of SIGNATURE OF		jgrabel@do	wl.com	City			
Statement of Authorization I hereby authorize the above Point of Contact or Ager upon request, supplemental information in support of SIGNATURE OF	ax (optional)	Email	wi.com				Fax (optional)
Statement of Authorization I hereby authorize the above Point of Contact or Agenupon request, supplemental information in support of SIGNATURE OF S	ax (optional)				Phone		Fax (optional)
I hereby authorize the above <i>Point of Contact or Ager</i> upon request, supplemental information in support of the supplemental information in supplemental informati							
	uzd su		/10/2025				
	OF APPLICANT		DATE	_			
18 AAC 15.030. Signing of applications.							
All permit or approval applications must be signed as	follows:						
 (1) in the case of corporations, by a principal execut representative, if the representative is responsib (2) in the case of a partnership, by a general partne (3) in the case of a sole proprietorship, by the proprietorship 	ble for the oer;	overall managemer				•	orized
(4) in the case of a municipal, state, federal or other official, or other duly authorized employee.	r public fac	cility, by either a pri	ncipal exec	utive o	officer, ra	nking el	ected