

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Wastewater Discharge Authorization Program

555 Cordova Street, Anchorage, AK 99501

email: <u>DEC-401Cert@alaska.gov</u>, Phone: 907-269-6285

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

POA-2025-00119			ise Ship Terminal P	rojeci			
Permit / License Number *A copy of the federal permit or license application		ame or Title submitted with the request for	the water quality certification. (18 AAC 15.13	0, 18 AAC 15	5.180)		
II. Project Proponent and Poin	t of Contac	t					
Applicant Information			Point of Contact or Agent	Informa	ation		
Joseph	Lym	an	Carrie First Middle Solstice Alaska Consulting, Inc.		Connaker Last Environmental Planner		
Turnagain Marine Construction	n Proj e	ect Manager					
Company 5050 Cordova Street, Suite 200 And	Title chorage	AK 99503	Company 2607 Fairbanks Street	Ancho	orage	AK	99503
Mailing Address Street or PO Box City		State Zip	Mailing Address or PO Box	City		State	Zip
ilyman@turnagain.us	360-483-3	801	carrie@solsticeak.d	com	907-929	-5960	
Email	Phone	Fax (optional)	Email		Phone		Fax (optional)
I hereby authorize the above <i>Poi</i> upon request, supplemental info	-	-	,	of this ap	plicatio	n and to	o furnish,
upon request, supplemental info	rmation in	-	,	of this ap	pplicatio	n and to	o furnish,
upon request, supplemental info	rmation in	SUPPORT OF THIS PERM SIGNATURE OF APPLICANT	nit/certification application. 06/10/2025	of this ap	pplication	n and to	o furnish,
upon request, supplemental info	rmation in	SUPPORT OF THIS PERM SIGNATURE OF APPLICANT	nit/certification application. 06/10/2025	of this ap	pplicatio	n and to	o furnish,