

**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 must also complete the Supplemental Questionnaire for Use of State-Owned Uplands accompanying this application;
- off-road travel must also complete the Supplemental Questionnaire for Off-Road Travel accompanying this application; and/or
- the use of shorelands, tidelands, and submerged lands must also complete the Supplemental Questionnaire for Use of State-Owned Waters accompanying this application.

Other items that must accompany the completed application are:

- a (non-refundable) application fee; see current Director's Fee Order or contact your regional office for applicable fees;
- a topographic map or aerial photo 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 submitted electronically or mailed to one of the following offices:

Northern Region Land Office
3700 Airport Way
Fairbanks, AK 99709-4699
(907) 451-2740
nro.lands@alaska.gov

Southcentral Region Land Office
550 West 7th Ave, Suite 900C
Anchorage, AK 99501-3577
(907) 269-8503
dnr.scro.permitting@alaska.gov

Southeast Region Land Office
P. O. Box 111020
Juneau, AK 99811-1020
(907) 465-3400
sero@alaska.gov

Statewide TTY – 771 for Alaska Relay or 1-800-770-8973

LAS # 35668

(Applicant please provide if known)

Applicant Information:

Name: Matanuska Electric Association, Inc.

Doing Business As: MEA

Mailing Address: PO Box 2929 Palmer, AK 99645

Email Address:

Date of Birth: _____

Business License #: _____

EIN: 1348D

Contact Person: Sarah Brandt

Home Phone: _____

Work Phone:

Cell Phone:

Fax: _____

LAS #: _____

If you are applying for a corporation, give the following information:

Name, address and place of incorporation:

Matanuska Electric Association Inc.
163 Industrial Way
Palmer, Alaska 99645

Is the corporation qualified to do business in Alaska? Yes ☐ No ☐

If yes, provide name, address and phone number of the resident agent:

Sarah Brandt, 163 Industrial Way, Palmer, Alaska 99645

Type of User (Select One): ☐ Private non-commercial (personal use) ☒ Commercial Recreation or Tourism
☐ Public Non-profit including Federal, State, Municipal Government Agency ☐ 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:** 2024 **Ending year:** 2029

If multi year and seasonal, mark months of use in each year.

☐ Jan, ☐ Feb, ☐ Mar, ☐ Apr, ☐ May, ☐ Jun, ☐ Jul, ☐ Aug, ☐ Sept, ☐ Oct, ☐ Nov, ☐ Dec

Project Location:

Latitude/Longitude or UTM: 61°33'11.51"N/ 149° 6'10.78"W _____ or

Section: 16 **Township:** 17N **Range:** 2E **Meridian:** S.M. _____

Section: 21 **Township:** 17N **Range:** 2E **Meridian:** S.M. _____

Proposed project will require the use of up to _____ acres.

(Please add additional sheets for this section as necessary)

LAS #: _____

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 waterbodies of the state.) Discuss development and activities. (Attach additional pages as necessary.)

MEA crew will utilize ATV's to access the Transmission line easement to conduct routine maintenance and emergency maintenance.

10/08/24 - 02/05/25 A Transmission line structure was compromised, thus a ASAP emergency replacement was completed with removal of existing structure. A new 2-pole structure was installed on the floodplain area approximately 200 feet north of the existing. The wood poles were secured to driven H-piles to provide support in the event the bank continues to erode. Bank stabilization does not appear to be feasible.

Apply for retroactive permit and a permit going forward for the next 5 years for emergency work or maintenance required in this area.

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.) The riverbed on State land within the SW1/4 of Section 16 Township 17N Range 2 East is the most accessible area for MEA crew to access the Transmission line easement.

LAS #: _____

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.)

There is a MEA Transmission line easement across this land/river.

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.

There are to be no changes to the area by the MEA crew outside of the Transmission line easement.

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

MEA crew will utilize ATV's to access the Transmission line easement to conduct routine maintenance and emergency maintenance.

In the event of an emergency maintenance, MEA may utilize a large bucket truck and or large boom truck, with trailer and excavator.

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** ☐.

Number of people:

1. Indicate the number of employees and supervisors who will be working on the site. 6
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. 6

LAS #: _____

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:
N/A

The types and volumes of fuel or other hazardous substances present or proposed:
N/A

The specific storage location(s):
N/A

The spill plan and prevention methods:
N/A

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?
N/A

What will be stored in the container?
N/A

What will be the container's size in gallons? N/A

LAS #: _____

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

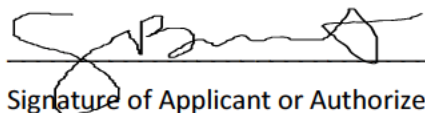
N/A all fuel will be contained in vehicles.

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:
N/A



Signature of Applicant or Authorized Representative

Land Services Manager

Title

07/25/25

Date

This form must be filled out completely and submitted with the applicable fees. Failure to do so will result in a delay in processing your permit. 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 40.25.110 and 40.25.120 (unless the information qualifies for confidentiality under AS 38.05.035(a)(8) and confidentiality is requested, AS 43.05.230, or AS 45.48). 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.

In submitting this form, the applicant certifies that he or she has not changed the original text of the form or any attached documents provided by the Division. In submitting this form, the applicant agrees with the Department to use "electronic" means to conduct "transactions" (as those terms are used in the Uniform Electronic Transactions Act, AS 09.80.010 – AS 09.80.195) that relate to this form and that the Department need not retain the original paper form of this record: the department may retain this record as an electronic record and destroy the original.

For Department Use Only
Application received date stamp

Receipt Type: ☐ 7A ☐ RR ☐ FF

LAS #: _____

LAND USE PERMIT APPLICATION SUPPLEMENTAL QUESTIONNAIRE FOR: Off Road Travel

Answer the following questions if your proposed activity includes off-road travel:

Terrain: Check the following terrain type(s) that best describes your route of travel:

- ☐ Wetlands
- ☐ Open, non-tundra or wetland areas
- ☒ Rivers or other waterbodies
- ☐ Wooded areas with trees of 6" or greater diameter (at breast height)
- ☐ Tundra areas

Vehicles and Weight: List the number and kinds of vehicles to be used for motorized travel, the weight of each vehicle and the weight of each trailer or sled (including loaded weight) to be carried by that vehicle:

UTVs (1600lbs)

1) Bucket Truck (5500 lbs, Big truck- 35,000lbs 2) Digger Truck 3) Excavator (14,000 lbs) and 4) Trailer

Vehicles ranging from 1,600-35,000 lbs

Mileage:

- State the average total miles traveled in one round trip: 1.2mi
- State the number of trips proposed: 2

Season: Proposed date(s) of travel will be: **From:** January **To:** December

Stream and Waterbody Crossings: Note who you contacted in the ADF&G, Division of Habitat:

Date: 11/26/24 Person: Sarah Meyers, MSB Area Manager

Fuel and Hazardous Substance Factor: The volume of fuel and hazardous substances to be used is the total volume in gallons to be carried on one vehicle and any trailers or sleds that vehicle is towing.

- Maximum volume of fuel (in gallons) that is being transported by one vehicle and any trailers or sleds it is towing: _____ gallons.
- Hazardous substances other than fuel:

Substance: _____

Substance: _____

LAS # _____

- Do you have an Oil Discharge Prevention and Contingency Plan approved by the Alaska Department of Environmental Conservation? **Yes** ☐ **No** ☐
 - Do you have either a trained spill response team or a contract with a spill response company? **Yes** ☐ **No** ☐
-

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