

STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES

DIVISION OF MINING, LAND AND WATER

- Land Sales and Contract Administration
550 W 7th Ave., Suite 640
Anchorage, AK 99501-3576
(907) 269-8594
- Northern Region
3700 Airport Way
Fairbanks, AK 99709
(907) 451-2740
- Southcentral Region
550 W 7th Ave., Suite 900C
Anchorage, AK 99501-3577
(907) 269-8552
- Southeast Region
400 Willoughby, #400
P.O. Box 111020
Juneau, AK 99811-1021
(907) 465-3400

APPLICATION FOR PURCHASE OR LEASE OF STATE LAND

Date _____ ADL # (assigned by DNR) _____

Applicant's Name Tok Community Clinic Doing business as: Tok Area Emergency Medical Services

Mailing Address PO Box 33

City/State/Zip Tok, AK 99780 E-Mail accttaems@aptalaska.net

Message Phone () _____ Work Phone (907) 883-5873 Date of Birth N/A

Is applicant a corporation qualified to do business in Alaska? yes no. Is the corporation in good standing with the State of Alaska, Dept. of Commerce and Economic Development? yes no.

Is applicant 18 years or older? yes no. Are you applying for a lease or sale?

What kind of lease or sale are you applying for? Tideland; Public/Charitable Use; Grazing; Millsite; Negotiated; Competitive; Non-Competitive; Preference Right.

If a lease, how many years are you applying for? N/A years. (55 years Max.)

Legal Description: Lot(s) 119, 120 Block/Tract # _____ Survey/Subdivision _____

Other: _____

Meridian Copper River Township 18N, Range 13 E, Section(s) 19 Acres _____

Municipality N/A unincorporated LORAN Reading (optional) _____

Geographic Location: MI 124.5 Tok Hwy Cutoff

What is the proposed use of and activity on the state land? Medical Services

Are there any improvements on the land now? yes no. If yes, who owns the improvements, and what is the estimated value? Several buildings owned by Tok Community Clinic with the approximate value of \$384,868

If yes, describe any existing improvements on the land. buildings that are used for a Medical Clinic, Ambulance Garage, Storage

Are there any improvements or construction planned? yes no. If yes, describe them and their estimated value. Improvement to the garage approx \$365,000, improve parking lot

State the proposed construction date: unknown at this time; estimated completion date*: _____

Name and address of adjacent land owners and, if you are applying for tidelands, the name and address of the adjacent upland owners: _____
N/A

Are you currently in default on, or in violation of, any purchase contract, lease, permit or other authorization issued by the department under 11 AAC? yes no. Within the past three years, has the department foreclosed or terminated any purchase contract, lease, permit or other authorization issued to you? yes no.

Non-refundable application fee: See current Director's Order for applicable fees. Date Stamp: _____
(Fee may be waived under 11 AAC 05.020.)

Is the land applied for subject to any existing leases or permits? yes no. If yes, lease or permit?

Name lease/permit is issued under: Tok Chamber of Commerce ADL # 45004

Do you think you qualify for a non-competitive lease or sale? yes no. If yes, under what provision of AS 38.05?

- AS 38.05.035(b)(2) (to correct an error or omission);
- AS 38.05.035(b)(3) (owner of bona fide improvements);
- AS 38.05.035(b)(5) (occupied, or are the heir of someone who occupied the land before statehood);
- AS 38.05.035(b)(7) (adjacent owner of remnant of state land, not adjoining other state land);
- AS 38.05.068 and .087 (U.S. Forest Service Permittee);
- AS 38.05.075(c) (upland owner or lessee);
- AS 38.05.035(f) (previous federal and state authorization, erected a building and used the land for business purposes);
- AS 38.05.102 (current long-term lessee or current shore fishery lessee);
- AS 38.05.255 (millsite lease for mine-related facilities);
- AS 38.05.810(a)* (government agency; tax-exempt, non-profit organization organized to operate a cemetery, solid waste facility, or other public facility; or a subdivision's nonprofit, tax-exempt homeowners' association);
- AS 38.05.810(b)-(d) (non-profit corporation, association, club, or society operated for charitable, religious, scientific, or educational purposes, or for the promotion of social welfare, or a youth encampment);
- AS 38.05.810(e) (licensed public utility or licensed common carrier);
- AS 38.05.810(f) (non-profit cooperative organized under AS 10.25, or licensed public utility);
- AS 38.05.810(h) (Alaska Aerospace Development Corporation);
- AS 38.05.810(i) (port authority);
- AS 38.05.825 (municipality applying for eligible tidelands, or tidelands required for private development);
- other (please explain): _____

If you have checked one of the above statutes, attach a statement detailing your qualifications under each requirement of that statute.

Do you think you qualify to lease the land for less than fair market value? yes no. If yes, under what provision of AS 38.05?

- AS 38.05.097 (youth encampment or similar recreational purpose);
- AS 38.05.098 (senior citizen discount for a residential lease);
- other (please explain).

We are an emergency medical clinic, Emergency, medivac svc. Purpose to provide medical facilities for residence in Tok and the surrounding areas.

Shirley Wontowski
Signature

11-01-22
Date

If applying on behalf of an agency, municipality, or organization, state which one

Title

NOTICE TO APPLICANT:

- * For applications filed by a municipality under AS 38.05.810, if there is a remaining entitlement of the municipality under AS 29.65, land transferred under AS 38.05.810 shall be credited toward fulfillment of the entitlement.
- * Construction may not commence until approval is granted by lessor.
- * This application will not be considered unless it is accompanied by the appropriate filing fee and completed in full. THE FILING FEE WILL NOT BE REFUNDED NOR IS IT TRANSFERABLE. All checks are to be made payable to the Department of Natural Resources.
- * Include a 1:63,360 USGS map showing location of proposed activities in relation to survey monumentation or fixed geographical features which fully illustrates your intended use, including the location of buildings and improvements and access points, labeled with all dimensions, and a development plan providing a complete list of proposed activities.
- * The applicant may be required to deposit a sum of money sufficient to cover the estimated cost of survey, appraisal, and advertising. If the land is sold or leased to another party, the deposit will be returned to the applicant.
- * The filing of this application and payment of the filing fee vests the applicant with no right or priority in the lands applied for. It is merely an expression of the desire to purchase or lease a parcel of land when and if it becomes available. Filing an application serves the purpose of notifying the state that an individual is interested in purchasing or leasing land. It is not a claim, nor does it in any way obligate the state to sell or lease land.
- * If the application is for use in conjunction with a guide/outfitter operation, include proof of a guide/outfitter certification for the use area.
- * If the application is for a commercial fish camp, include a copy of your limited entry permit or an interim-use salmon set net permit.
- * If applying for a senior citizen discount, include form 102-1042.
- * 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 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.

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|--|---|---|--|

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.

Tok Communic Clinic Inc	Tok Area Emergency Medical Services
Applicant's Name	Doing Business As
MI 124.5 Tok Hwy Cutoff	Tok, AK 99780
Address	City State Zip
(907) 883-5873 (907) 883-5873	acctaems@aptalaska.net Paul Berio
Message Phone	Work Phone E-Mail Contact Person

Describe the proposed activity:

- To provide medical facilities for residence of the Tok Community and surrounding area
- To assis State, Federal and other health and welfare agencies.
- To provide ambulance services to the community and surrounding area.
- To provide maintenance & operational support for Tok Community Clinic and its related services.
- To assume responsibilities for the future and growth of the Clinic facilities.

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.

- 1000 gal double wall heating fuel tank - above ground
- Various household cleaning supplies, less than 5 gal total
- Propylene glycol antifreeze for boilers 55 gal
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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? Double lined oil Tank is above ground on the northeast corner of building

b. What will be stored in the tank? #1 Heating oil

c. What will be the tank's size in gallons? 1000 gallons

d. What will the tank be used for? (Commercial or residential purposes?) Heating commercial building

e. Will the tank be tested for leaks? Yes, checking outer jacket for any sign of fault.

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.

Shila Wontorski
Applicant

11-01-22
Date

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