

STATE OF ALASKA

DEPARTMENT OF NATURAL RESOURCES

Division of Mining, Land and Water

Water Resources Section

550 West 7 th Avenue, Suite 1020 Anchorage, AK 99501-3579 907-269-8505 southcentral.waterrights@alaska.gov	P. O. Box 111020 400 Willoughby, 4 th Floor Juneau, AK 99801 907-465-2533	3700 Airport Way Fairbanks, AK 99709 907-451-2790	Office Use Only Date/Time Stamp Department of Natural Resources Division of Mining, Land & Water JUL 06 2026
Statewide TTY: 711 for Alaska Relay or 1-800-770-8973		Receipt Type: WR	Water Resources Section

APPLICATION FOR WATER RIGHT

LAS # 27409 Amendment
 (For ADNR Use Only)

CID # _____
 (For ADNR Use Only)

INSTRUCTIONS:

1. Complete one application for each water source. **Incomplete applications will not be accepted.**
2. Attach a copy of an executed deed, lease agreement, or other possessory interest document for property where water will be used (applicant must own, lease, or obtain written authorization to use water on property).
3. If water source is not on your property, attach copy of legal access document (i.e. right-of-way, easement, permit) or application for legal access to water withdrawal point and transport route, if applicable, or copy of request or application for legal access to water withdrawal point.
4. Attach driller's well log for drilled wells (if already drilled and available).
5. Attach sketch, photos, plans of water system, or project description (if applicable).
6. Attach legible map that includes Meridian, Township, Range, and Section lines such as a subdivision Plat, USGS topographical quadrangle, or borough tax map. Indicate location of water withdrawal; dot on map if subsurface but if surface source the route of water transmission water use area boundary, points of water use within boundary, and point of water return flow (if applicable).
7. Attach copy of approved ADEC Water and Wastewater system certificate (if applicable).
8. Attach copy of ADF&G Fish Habitat Permit (if applicable).
9. Attach completed Statement of Beneficial Use of Water form and associated fee if water system and water use are fully developed (See page 4).
10. **Submit the non-refundable fee** (See page 4).

APPLICANT INFORMATION:

City of Stebbins

 Organization Name (if applicable)
 John Nashoanak

 Individual Applicant Name (if applicable)
 PO Box 71022

 Mailing Address
 Stebbins

 City
 907-934-3451

 Daytime Phone Number
 stebbinscity@yahoo.com

 Fax Number (if applicable)

Karen Brown, Environmental Manager, ANTHC

 Agent or Consultant Name and Title (if applicable)

 Individual Co-applicant Name (if applicable)
 AK 99671

 State Zip Code
 Karen Brown 907-350-0453

 Alternative Phone Number (optional)
 Karen Brown kmbrown@anthc.org

 Email Address (optional)

PROPERTY DESCRIPTIONS:

Location of Water Use							
Subdivision Name or Survey Number	Lot, Block, or Tract	Meridian	Township	Range	Section	Quarter Sections	
City of Stebbins		Kateel	23S	19W	2	SW $\frac{QQ}{4}$	SW $\frac{Q}{4}$
Location of Water Source							
Subdivision Name or Survey Number	Lot, Block, or Tract	Meridian	Township	Range	Section	Quarter Sections	
West Clear Lake		Kateel	23S	18W	18	QQ $\frac{1}{4}$	Q $\frac{1}{4}$
Location of Water Return Flow or Discharge (if applicable)							
Geographic Name of Water Body or Well Depth		Meridian	Township	Range	Section	Quarter Sections	
Reindeer Reservoir		Kateel	23S	19W	1	QQ $\frac{1}{4}$	NW $\frac{Q}{4}$

WATER SOURCE DESCRIPTION:

Ground Water				
Type (e.g. drilled, dug)	Total Depth (in feet)	Static Water Level (in feet)	Date Completed	Well Yield (in gpm)
Surface Water				
Type (e.g. stream, lake, spring)	Geographic Name (if named)			
Lake	West Clear Lake			

METHOD OF TAKING WATER (if known):

Pump	Pump Intake _____ Inches	Hours Working _____ Hours/Day
	Pump Output _____ GPM	Length of Pipe _____ Feet (from pump to point of use)
Gravity	Pipe Diameter _____ Inches	Length of Pipe _____ Feet (take point to point of use)
	Head _____ Feet	Diversion Rate _____ ☐ GPM or ☐ CFS
Ditch	L _____ D _____ W _____ Feet	Diversion Rate _____ ☐ GPM or ☐ CFS
Reservoir	L _____ D _____ W _____ Feet	Water Storage _____ AF
Dam	L _____ H _____ W _____ Feet	Water Storage _____ AF

REFERENCES:

Measurement Units

GPD = gallons per day

GPM = gallons per minute

MGD = million gallons per day

CFS = cubic feet per second

AF = acre-feet

AFY = acre-feet per year (325,851 gallons/year)

AFD = acre-feet per day (325,851 gallons/day)

AMOUNT OF WATER:

Type of Use	How Many		Standard Amounts		Total Yearly Amount Requested	Months of Use	
						Begin	End
Fully Plumbed Single-family Home (includes irrigation of 10,000 sq. ft.)	# _____ Homes	X	500 GPD	=			
Partially Plumbed Single-family Home (no hot water heater)	# _____ Homes	X	250 GPD	=			
Unplumbed Single-family Home (hand carry water)	# _____ Homes	X	75 GPD	=			
Duplex	# _____ Bldgs.	X	1,000 GPD	=			
Tri-plex and Larger Housing	# _____ Units	X	250 GPD	=			
Motel or Resort	# _____ Rooms	X	150 GPD	=			
Work Camps	# _____ People	X	50 GPD	=			
Domestic Irrigation	# _____ Sq. ft.	X	250 GPD per 10,000 Sq. ft.	=			
Non-domestic Irrigation	# _____ Acres	X	0.5 AFY	=			
Other Water Uses							
Type of Use	Amount GPD (Gallons per Day)	Total Yearly Amount Requested	Months of Use				
			Begin	End			
City Water Supply							
This application requests an amendment to pump							
water from Clear Lake to Reindeer Reservoir							
no changes to gallons or water use							

Expected date for water system and water use to be fully developed **or** date when existing use started 10/1/26

Note: Pursuant to AS 46.15.180(a)(1). Crimes, a person may not construct works for an appropriation, or divert, impound, withdraw, or use a significant amount of water from any source without a permit, certificate of appropriation, or authorization issued under this chapter.

VERIFICATION OF INFORMATION:

The information presented in this application is true and correct to the best of my knowledge. I understand that per 11 AAC 93.040 and 11 AAC 93.050 additional information may be required by the department to adjudicate this application. Failure to provide requested information could result in this file being closed.	
Karen Brown Digitally signed by Karen Brown Date: 2026.07.06 09:39:22 -08'00'	7/6/2026
Signature	Date

FEE REQUIRED BY REGULATION 11 AAC 05.260 (INCLUDES \$50 STATEMENT OF BENEFICAL USE FEE):

Make checks payable to "Alaska Department of Natural Resources"

- **\$150** for one single-family residence or duplex, or for water use associated with one single-family residence or duplex.
- **\$1,550** for up to 60 hours of staff time, for activities related to oil and gas and associated substances.
- **\$1,550** for up to 60 hours of staff time, for activities related to locatable mining.
- **\$1,550** for up to 60 hours of staff time, for hydroelectric power generation capacity greater than 100 kilowatts.
- **\$1,550** for up to 60 hours of staff time, for water removal out of a hydrologic unit under AS 46.15.035 or 46.15.037.
- **\$300** for 5,000 GPD or less for a use not listed above.
- **\$615** for greater than 5,000 GPD and no more than 30,000 GPD for a use not listed above.
- **\$740** for greater than 30,000 GPD and no more than 100,000 GPD for a use not listed above.
- **\$1,175** for greater than 100,000 GPD for a use not listed above.

STATEMENT OF BENEFICIAL USE OF WATER

Is your water source and water use **FULLY** developed at this time? YES ☐ NO ☐ If no, **SKIP THIS SECTION.**
If yes, sign the following statement of use.

I certify under penalty of perjury that the above is a true and accurate statement of the extent to which the above water use has been fully developed and am using the stated quantity of water.

Signature

Date

11 AAC 93.040 sets out the required information on an application for a water right. 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.