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

Southcentral Region Land Office
550 West 7th Ave, Suite 900C
Anchorage, AK 99501-3577
(907) 269-8503

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 # _____
(Applicant please provide if known)

Applicant Information:

Name: Chester Bell

Doing Business As: Mining Claims

Mailing Address: Private Information

Email Address: Chetbell1@icloud.com

Date of Birth: Private Information

Business License #: _____

EIN: _____

Contact Person: Chet Bell

Home Phone: SAME

Work Phone: 907-810-7903

Cell Phone: SAME

Fax: _____

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

Name, address and place of incorporation:

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

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

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

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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:** 2026 **Ending year:** 2030

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

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

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Project Location:

Latitude/Longitude or UTM: 67.50968 – 149.84856 or

Section: _____ **Township:** _____ **Range:** _____ **Meridian:** _____

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Proposed project will require the use of up to ½ acres.

(Please add additional sheets for this section as necessary)

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.)

PARKING SPOT STAGING AREA to Acess State MINING Claims

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.)

Old LANDING STRIP

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.)

8X20 Storage Box Valve 1,500.00 owned By Chester Bell

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.

Edge of old Landing Strip gravel and Soil No Changes needed

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

good Axcess Rd off Dalton Hwy

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. 2
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. 126

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:

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

15 gal Fuel Drums in pickup to be transported to mine
5 gal Jugs
Fuel Tank in Pickup 100 gal

The specific storage location(s):

Pickup

The spill plan and prevention methods:

Spill Clean up Kits
Duck Pond under truck Motor

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?

In Pick up

What will be stored in the container?

Diesel and Gasoline

What will be the container's size in gallons? 5 gal Jug 15 gal Drums 100 gal Pickup Tank

LAS #: _____

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

Will the container be tested for leaks? **Yes** ☐ **No** ☐ .

Will the container be equipped with leak detection devices? **Yes** ☐ **No** ☐ . **If no**, describe:

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:

Chester Bell	Mine Claim owner	July 20- 2026
Signature of Applicant or Authorized Representative	Title	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 #: _____