

State of Alaska

Application for Permits to Mine in Alaska

Amendment

Date: 08/04/2026

Amendment # 2

APMA: 2943

Please describe your proposed amendment and attach all required forms from the APMA application.

Add 12X20 trailered cabin and 9X7 trailered storage container on existing gravel pad.

Cabin will draw water from Alice Gulch, human waste will utilize a composting toilet.

See Attached Map

State of Alaska Natural Resources

~~AUG 05 2026~~

Mining Section
RECEIVED

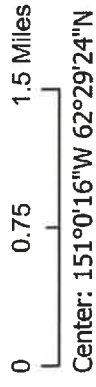
STATE OF ALASKA
2024

Application for Permits to Mine in Alaska (APMA)

☐ Single Year ☒ Multi-year Start: 06/01/2024 Finish: 10/15/2024 APMA Number (A/E/J, Year, ****) 2943

What type activity are you planning to perform? *REQUIRED (1)		Surface estate of mineral properties: *REQUIRED (2)	
☒ Suction Dredging/Reclamation	☐ Reclamation Only	☒ State (General)	☐ State (Mental Health)
☒ Placer Mining/ Reclamation	☐ Access	☐ Federal	☐ Private
☐ Hardrock Exploration/ Reclamation		☐ City or Borough	
Check All That Apply: ☒ Mineral Property Owner ☐ Lessee ☐ Operator *Required (3)			
Name: Lyle Downing		Primary Phone Number: 907-229-8759	
Address: 8249 E Aspen Ridge Rd		Secondary Phone Number:	
Wasilla, AK 99654		Email: lyledowning@mac.com	
Click here for the Department of Commerce Link			
Alaska Business/Corporation Entity#		Registered Agent (Corp./LLC/LP)	
Check All That Apply: ☐ Mineral Property Owner ☐ Lessee ☐ Operator *Required (4)			
Name:		Primary Phone Number:	
Address:		Secondary Phone Number:	
		Email:	
Alaska Business/Corporation Entity#		Registered Agent (Corp./LLC/LP)	
Check All That Apply: ☐ Mineral Property Owner ☐ Lessee ☐ Operator *Required (5)			
Name:		Primary Phone Number:	
Address:		Secondary Phone Number:	
		Email:	
Alaska Business/Corporation Entity#		Registered Agent (Corp./LLC/LP)	
Check All That Apply: ☐ Mineral Property Owner ☐ Lessee ☐ Operator *Required (6)			
Name:		Primary Phone Number:	
Address:		Secondary Phone Number:	
		Email:	
Attach a separate sheet for additional contacts			
Alaska Business/Corporation Entity#		Registered Agent (Corp./LLC/LP)	
Project Name If Applicable: (7)	Average Number of Workers: *REQUIRED (8)	Start-Up/Shut Down: (Month/Day) (9)	
	3	06/01 to 10/15	
Mining District: *REQUIRED (10)	Applicable USGS Map(s): *REQUIRED (11)	On What Stream Is This Activity? (12)	
Talkeetna	Attached	Thunder Creek	
Legal Description of mineral properties to be worked (MTRS) *REQUIRED (13)		Internal Use Only: RECEIVED JAN 18 2024 By _____	
Example: Fairbanks Meridian Township 001N Range 003E Sections 15, 16, and 21 or F 001N 003E Sec. 15, 16, and 21 Seward Meridian; Talkeetna; 28N; 9W; Section 30			
Internal Use Only: Date Application Received Complete: _____ Adjudicator: _____ LAS Entry: _____ Sec 3 CID: _____ Sec 4 CID: _____ Sec 5 CID: _____ Sec 6 CID: _____			

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MV_ST_MINING

Source: Alaska Department of Natural Resources, Information Resource Management

Case ID	Case Status Description	Case Type Description	Claim Name	Customer Name	Notepost Date	Special Code Description	Total Acres
ADL 739223	Active (35)	Mining Claim (713)	LAYLA #1	Downing Lyle	25-MAR-23	Mining Claim (MC)	39
ADL 739224	Active (35)	Mining Claim (713)	LAYLA #2	Downing Lyle	25-MAR-23	Mining Claim (MC)	26
ADL 740397	Active (35)	Mining Claim (713)	LAYLA 4	Downing Lyle	02-SEP-23	Mining Claim (MC)	21

END OF REPORT

Report Information

Source ID	60						
Source Name	MV_ST_MINING						
Source Description							
Run Date and Time	9/3/2026 09:40:48 AKDT						
Record Count	3						

SQL Statement

CASE_ID,CASE_STATUS,CASE_STATUS_DES							
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Vandeweg, Darrel A (DNR)

From: Downing, Lyle Aaron <ladowning@anthc.org>
Sent: Wednesday, August 5, 2026 10:34 AM
To: Vandeweg, Darrel A (DNR)
Subject: Amendment to APMA 2943
Attachments: APMA 2943 Amendment 3.pdf; Map- Trailered Cabin Addition amendment #3.jpg

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Darrel,

Submitting amendment to APMA 2943. Nothing substantial just a 12x20 framed cabin on a trailer and 7X9 storage trailer. See map for clarity. Small pump in Alice Gulch for camp water. No privy just composting toilet.

When you've had a chance to review let me know and I will pay the \$200 fee.

Thanks,

Lyle Downing
MHA, RT(R)(MR)
Supervisor Imaging - MRI/CT ULMC
Alaska Native Tribal Health Consortium
3801 University Lakes Drive, Anchorage Alaska 99501
Phone: 907-729-7544

TEMPORARY STRUCTURES/FACILITIES

(18)

Is a camp or placement of any temporary structure requested? ☒ Yes ☐ No

If "No", Please explain: _____

Describe all temporary improvements (including buildings, tent platforms, out-buildings, etc., including their quantity, dimensions and building type.

What type of property is the camp located on? ☒ State ☐ Federal ☐ Private (Patented) ☐ City or Borough ☐ MHTL

If camp is on private land, provide location: _____

Proposed perimeter dimensions of camp: _____ 700 _____ Length (feet) _____ 150 _____ Width (feet).

☐ Request use of existing facilities, list ADL(s): _____

☒ Year-Round ☒ Seasonal, from Approx. _____ 6/1 _____ to _____ 10/15 _____, annually.

☐ Request to place new temporary structures, list ADL(s): _____

☒ Year-Round ☒ Seasonal, from Approx. _____ 6/1 _____ to _____ 10/15 _____, annually.

	Temporary New Structures Quantity	Existing Structure Quantity	Use (Shop, office, etc.)	Dimensions (ft x ft)	Dimensions (ft x ft)	Dimensions (ft x ft)
Framed		4	Cabin, Shed, Shower, Shop	26X16;8X8	24X20	10X10
Tent						
Trailer	2		Framed Cabin Trailer, Storage Trailer	12X20	7X9	
Platforms						
Out-Buildings	2		Cabin, Pit Privy	12X12	6X6	
Other:						

* If Required, list any other structures on a separate sheet, include dimensions, use, and type.

Grey Water and Biological Waste - Describe storage and proposed method of disposal (e.g., leach line, septic, holding tank, or pit privy):

1 Crib/Leach; Pit Privy; composting toilet _____

Solid Waste - Describe the types of waste that will be generated on-site including garbage, scrap metal, Industrial; and describe its disposal method. Note: For on-site disposal on state land, additional authorization is required by DEC and DNR outside of the APMA. Garbage (burn, haul to landfill), Waste oil (landfill), scrap metal, (landfill) _____

What is the distance grey water, biological, and solid waste will be located from the ordinary high water mark of the nearest freshwater body (lake, stream, river, rivulet, etc.), or the mean high water mark of a saltwater body: 100 _____

Will there be any use of animals (horses, dogs, goats/sheep, etc)? ☐ Yes ☒ No

Required: Dismantle and Removal for Structures: Provide a plan for dismantling and removing structures, equipment, and storage tanks. Include the method and timeline for restoration of all location areas.

Trailers, temporary buildings skidded off site, any storage tanks equipment scrap metal removed in final year of mining and/or before expiration of active APMA and/or prior to claim abandonment.

WATER USE AUTHORIZATIONS CONT.

(24)

B. Water Use Activities. Complete applicable information for each source. For recycle/settling pond system complete part C. Recycle/Settling Pond System. For stream diversions also complete Section 29.					
Geographic Name of Water Source <i>(Same as sources Above).</i> Describe the water use information for each source. For recycle/settling pond system complete Section C.	Diversion (gpm/cfs)	Withdrawal Rate (gpm/pump)	Number of Pumps	Hours per Day	Days per Month
1.					
2.					
3.					
4.					
5.					

C. Recycle/Settling Pond System This system will also need to be listed as a water source in Section A. This entire pond system counts towards the 5 sources allowed per TWUA. Provide Length (L), Width (W), and Depth (D), of each pond. Beaver ponds or similar nature made impoundments will not be permitted for use as settling ponds.	Withdrawal Rate (gpm/pump)	Number of Pumps	Hours per Day	Days per Month	Additional Notes:
	500	1	6	10	
	Pond # 1: L: <u>75</u> ft W: <u>25</u> ft D: <u>6</u> ft			Pond # 2: L: ____ ft W: ____ ft D: ____ ft	
	Pond # 3: L: ____ ft W: ____ ft D: ____ ft			Pond # 4: L: ____ ft W: ____ ft D: ____ ft	

D. Camp Water Uses Provide information on camp water uses. If an ADEC public drinking water system is used, please attach certificate to operate and/or associated documents.	Maximum # of People in Camp	Withdrawal Rate (gpm/pump)	Number of Pumps	Hours per Day	Days per Month	Source(s) of Water Well, Haul, Stream, Spring, Lake Source(s) will count towards the 5 sources identified in Section A.
	5	20	1	5	20	Spring on hillside main cabin water Stream: Alice Gulch trailered cabin water
Additional Notes: Spring on hillside gravity fed for main cabin, 20GPM electric pump in Alice Gulch for trailered cabin water						

