

Nome Offshore Operator—Supplemental Information

Supply this information to your mineral property holder for submission to DNR.

Mineral Property Owner (s): _____ APMA #: _____

Lease Tract or Mining Claim Number (s): _____

Operator Name: _____

Operator Summer Mailing Address:

Operator Winter Mailing Address:

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Summer Phone #: _____

Winter Phone #: _____

Email: _____

Name and Phone Numbers of Other Operators to work on dredge (if more than one):

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Location of Operator Housing While in Nome: _____

List All Equipment to be Permitted:

	Dredge 1		Dredge 2		Dredge 3	
Vessel ID (Name or Number)						
Vessel Dimensions						
Vessel Registration # and State	#: State:		#: State:		#: State:	
DEC APDES Permit	#:		#:		#:	
Suction Dredge Intake Nozzle Diameter / Pump Size	Inches: HP:		Inches: HP:		Inches: HP:	
Mech. Dredge Bucket Volume	Cubic Yards:		Cubic Yards:		Cubic Yards:	
Processing Rate	Yds. ³ /Hr:		Yds. ³ /Hr:		Yds. ³ /Hr:	
Wastewater Discharge Rate	GPM:		GPM:		GPM:	
Maximum Water Depth	Feet:		Feet:		Feet:	
Average Daily Operating Hours						
Operation on Sea Ice	Yes / No		Yes / No		Yes / No	

***Operations using equipment with a nozzle intake of 6" or less, 23 HP or less and solely operating in open waters are not required to have an APDES number. ***

An owners authorization is required for any operators or businesses that are not the listed as the mineral property owner. This must be notarized with dates of operation that do no exceed the life of the permit.

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DEC Alaska Pollutant Discharge Elimination System (APDES) Application

Mineral Property Owner (s): _____ APMA #: _____

Lease Tract or Mining Claim Number (s): _____

Operator Name: _____

WASTEWATER DISCHARGE PERMIT APPLICATION

Operations wishing to discharge under the APDES Small Suction Dredge General Permit (dredges with intake diameters of 6" or less, or highbankers) may skip this section but must complete annual online registrations, including \$25 fee payments at <https://dec.alaska.gov/water/edms>.

Do you want this supplement to act as an application or renewal for the following APDES general permit (GPs):

Small-Size Suction Dredge GP (nozzle diameter of 6" or less): Yes No

Medium-Size Suction Dredge GP (nozzle diameter greater than 6" to 10"): Yes No

Norton Sound Large Dredge GP (nozzle diameter greater than 10" or mechanical dredge): Yes / No

Waterbody the discharge flows directly into: _____

Approximate coordinates of mine site:

Latitude: _____ Longitude: _____

Source (e.g., DNR - Alaska Mapper): _____ Datum: _____

****Please attach a drawing of the operation.****

Certification Statement – Applicable Only to Information Required for DEC Authorizations (required for all DEC permit or mixing zone applicants)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Party (Operator/Vessel Owner): _____

Responsible Party Name (First Last, Position) - Printed: _____

Business Name (if applicable) - Printed: _____

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Operation Sketch

Mineral Property Owner (s): _____ APMA #: _____

Lease Tract or Mining Claim Number (s): _____

Operator Name: _____



NOTICE OF OPERATOR AUTHORIZATION -- MINERAL LOCATIONS

All operators or lease holders submitting APMAs for operations on mineral locations must submit a "Notice of Authorization" from the owner of record. This notice of authorization must name the operator and leaseholder (if different), the mineral properties by their designation (e.g.; ADL, AKFF, USMS, MTRS) and the time frame (beginning and ending dates) for which the authorization remains in effect. The Division of Mining, Land & Water will only issue a mining authorization for private land, per 11 AAC 97.310.(7), after notarized receipt of this Notice. **Please include it with your APMA.**

OPERATOR AUTHORIZATION

APMA# _____

I, _____, OWNER of mineral property(s):	Check Type of Mineral Property(s) State ADL Federal AKFF/AKAA USMS MTRS (Native Lands)
List all mineral properties by their casefile number (ADL/AKFF/USMS) or legal description (MTRS). _____ _____	
(Attach additional sheet if necessary)	
Have authorized _____.	
Address of Operator _____.	
to operate on these claims from ____ / ____ / ____ to ____ / ____ / ____	
Owner's Signature _____	Date _____

NOTARY
Subscribed and sworn to before me this ____ day of _____, 20___.
For (owner)

(Signature of Notary) _____.
My commission expires:

OR (If the LESSEE and OPERATOR are not the same, both sections must be completed)

I, _____, LESSEE of mineral property(s) :	Check Type of Mineral Property(s) State ADL Federal AKFF/AKAA USMS MTRS (Native Lands)
List all mineral properties by their casefile number (ADL/AKFF/USMS) or legal description (MTRS). _____ _____	
(Attach additional sheet if necessary)	
have authorized _____ to operate on these claims from ____ / ____ / ____ to ____ / ____ / ____.	
Lessee's Signature _____	Date _____
Lessee's Address _____.	

NOTARY:
Subscribed and sworn to before me this ____ day of _____, 20___.
For (Lessee)

(Signature of Notary) _____.
My commission expires: