



# STATE OF ALASKA

## DEPARTMENT OF NATURAL RESOURCES

### Division of Mining, Land and Water

Northern Region  
3700 Airport Way  
Fairbanks, AK 99709-4699  
907-451-2740  
[nro.lands@alaska.gov](mailto:nro.lands@alaska.gov)

Southcentral Region  
550 W. 7<sup>th</sup> Ave, Suite 900C  
Anchorage, AK 99501-3577  
907-269-8503  
[dnr.pic@alaska.gov](mailto:dnr.pic@alaska.gov)

Southeast Region  
P. O. Box 111020  
Juneau, AK 99811-1020  
907-465-3400  
[sero@alaska.gov](mailto:sero@alaska.gov)

Statewide TTY – 771 for Alaska Relay or 1-800-770-8973

### APPLICANT ENVIRONMENTAL RISK QUESTIONNAIRE

ADL # \_\_\_\_\_ (assigned by DNR) Date \_\_\_\_\_

Applicant (should match business license) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Does the applicant have a current Alaska business license? ☐ Yes ☐ No License # \_\_\_\_\_

Type of license (partnership, LLC, corporation, etc.)? \_\_\_\_\_

Describe the proposed use of and activity on the state land:

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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.

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ADL # \_\_\_\_\_

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?

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b) What will be stored in the tank?

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

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d) What will the tank be used for? (Commercial or residential purposes?)

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e) Will the tank be tested for leaks? ☐ Yes ☐ No

f) Will the tank be equipped with secondary containment? ☐ Yes ☐ No. If yes, describe:

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g) Will the tank be equipped with leak detection devices? ☐ Yes ☐ No. If yes, describe:

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Do you know or have any reason to suspect that the site may have been previously contaminated? ☐ Yes ☐ No.

If yes, please explain:

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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.

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Applicant Name

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Applicant Signature

Date

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Agency, Municipality, or Organization and Position Title (if applicable)

**In submitting this form, the applicant certifies that no changes have been made to the original text of the form or any attached documents provided by the Division.**

**AS 38.05.035(a) authorizes the director to decide what information is needed to process an application for the 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, or qualifies for confidentiality under AS 43.05.230, AS 45.48, or other state or federal laws. Public information is open to inspection by you or any other member of the public. A person who is the subject of the personal information may challenge its accuracy or completeness under AS 40.25.310, 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.**