

The Public burden for this collection of information is estimated to average 10 hours per response, although the majority of applications should require 5 hours or less. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Service Directorate of Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, Paperwork Reduction Project (0710-0003), Washington, DC 20503. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to either of those addresses. Completed applications must be submitted to the District Engineer having jurisdiction over the location of the proposed activity.

PRIVACY ACT STATEMENT

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research and Sanctuaries Act, 33 USC 1413, Section 103. Principal Purpose: Information provided on this form will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies. Submission of requested information is voluntary, however, if information is not provided the permit application cannot be evaluated nor can a permit be issued.

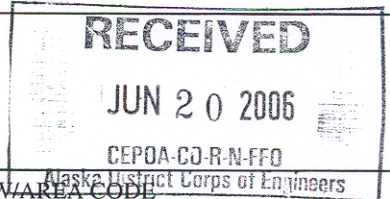
One set of original drawings or good reproducible copies which show the location and character of the proposed activity must be attached to this application (see sample drawings and instructions) and be submitted to the District Engineer having jurisdiction over the location of the proposed activity. An application that is not completed in full will be returned.

(ITEMS 1 THRU 4 TO BE FILLED BY THE CORPS)

1. APPLICATION NO.	2. FIELD OFFICE CODE	3. DATE RECEIVED	4. DATE APPLICATION COMPLETED
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(ITEMS BELOW TO BE FILLED BY APPLICANT)

5. APPLICANT'S NAME Fairbanks Gold Mining, Inc. Robert Taylor, Vice-President and General Manager		8. AUTHORIZED AGENT'S NAME AND TITLE <i>(an agent is not required)</i>	
6. APPLICANT'S ADDRESS #1 Fort Knox Road P.O. Box 73726 Fairbanks, AK 99707-3726		7. AGENT'S ADDRESS	
7. APPLICANT'S PHONE NOS. W/AREA CODE a. Residence b. Business (907) 490-2206		10. AGENT'S PHONE NOS. W/AREA CODE a. Residence b. Business	



11. STATEMENT OF AUTHORIZATION

I hereby authorize \_\_\_\_\_ to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

APPLICANT'S SIGNATURE

DATE

NAME, LOCATION AND DESCRIPTION OF PROJECT OR ACTIVITY

12. PROJECT NAME OR TITLE <i>(see instructions)</i> Fort Knox Reclamation and Closure Plan	
13. NAME OF WATERBODY, IF KNOWN <i>(if applicable)</i> Walter Creek Drainage	14. PROJECT STREET ADDRESS <i>(if applicable)</i>
15. LOCATION OF PROJECT _____ North Star Borough COUNTY      Alaska STATE	
16. OTHER LOCATION DESCRIPTIONS, IF KNOWN <i>(see instructions)</i> See Fort Knox Reclamation & Closure Plan	

17. DIRECTIONS TO THE SITE  
From Fairbanks, take Steese Highway north. Turn right at Twin Creek Road. Follow signs to Fort Knox Mine.

18. Nature of Activity (Description of project, include all features)

See Fort Knox Reclamation & Closure Plan

19. Project Purpose (Describe the reason or purpose of the project, see instructions)

Update and renewal of Fort Knox Reclamation & Closure Plan

USE BLOCKS 20-22 IF DREDGED AND/OR FILL MATERIAL IS TO BE DISCHARGED

20. Reason(s) for Discharge

See Fort Knox Reclamation & Closure Plan

21. Type(s) of Material Being Discharged and the Amount of Each Type in Cubic Yards

See Fort Knox Reclamation & Closure Plan

22. Surface Area in Acres of Wetlands or Other Waters Filled (see instructions)

See Fort Knox Reclamation & Closure Plan

23. Is Any Portion of the Work Already Complete? Yes  No  IF YES, DESCRIBE THE COMPLETED WORK

See Fort Knox Reclamation & Closure Plan

24. Addresses of Adjoining Property Owners, Lessees, Etc., Whose Property Adjoins the Waterbody (if more than can be entered here, please attach a supplemental list).

Alaska Mental Health Trust Authority  
718 L Street, Suite 202  
Anchorage, Alaska 99501

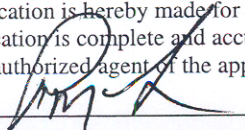
U.S. Department of Commerce  
NOAA, FCDAS  
13000 Eisele Road  
Fairbanks, AK 99712-1725

25. List of Other Certifications or Approvals/Denials Received from other Federal, State, or Local Agencies for Work Described in This Application

AGENCY	TYPE APPROVAL*	IDENTIFICATION NUMBER	DATE APPLIED	DATE APPROVED	DATE DENIED

\*Would include but is not restricted to zoning, building and flood plain permits

26. Application is hereby made for a permit or permits to authorize the work described in this application. I certify that the information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant.

  
SIGNATURE OF APPLICANT

June 20, 2006  
DATE

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE

The application must be signed by the person who desires to undertake the proposed activity (applicant) or it may be signed by a duly