

MATERIAL SALES SUPPLEMENTAL QUESTIONNAIRE FOR USE OF EXPLOSIVES

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Statewide TTY - 711 for Alaska Relay or 1-800-770-8973

This Supplemental Questionnaire is required if the proposed activity includes use of explosives.			
Designated Material Site ADL:	Material Sale ADL:	Date:	
I. Certified Explosives Handler Info	rmation		
Explosives Handler Name:	osives Handler Name: Phone Number:		
Trade Name or Business Name, if any: _			
Mailing Address:			
A certified explosives handler must be authorized under all applicable federal, state and local laws or regulations to possess, transport, store and use explosives of the type used on the Project. Please provide all applicable certification or license number(s):			
Will the certified blaster be on site and \square YES \square NO	responsible for all aspects of explosive t	ransport, storage, and blasting activities?	
II. Location Information			
Where is the material site located?			
A sketch of the material site and approx supplement? \square YES \square NO	kimate location of blasting area is require	ed. Has a sketch been included with this	
III. Local Infrastructure			
Notice must be provided at least 30 day	rs prior to blasting to all occupied structo	ures within one mile of the blast location.	
Are there any occupied structures within	n one mile of the blast area? $\ \square$ YES $\ \square$	NO	
Is the blasting area within 1,000 feet of any active or abandoned underground	· ·	al or public building or within 500 feet of	

Are there any waterbodies or anadromous waterb	podies within one-half mile of the blast area? $\ \square$ YES $\ \square$ NO
If yes, consult the Alaska Department of Fish and	Game, Habitat Section to determine if a habitat permit is necessary.
V. Blasting Plan	
Attach a blasting plan that includes	
 airblast, flyrock, and ground vibration star Indicate blasting schedule including opera per day, and specific areas. Describe plan for providing photos of blas Describe plan for providing 30-day and 24 mile of the blast area. Submit a Safety Plan that includes descrip affected local, state, and federal agencies 	be used. rotected. escribe how these will protect the public and meet all applicable ndards. ting hours for blasting, hours per day, times per day, number of blasts
Applicant's Signature	Date

Note: Please attach this completed supplemental questionnaire to your material sales application, which apprises the applicant of rights and requirements under state laws. The completed questionnaire will become part of your application.

IV.

Local Waterbodies