## DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

OMB No. 1660-0009 Expires March 31,2016

## REQUEST FOR PRESIDENTIAL DISASTER DECLARATION MAJOR DISASTER OR EMERGENCY

1. Request Date Jan 25, 2018

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Public reporting burden for this form is estimated to average 9 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain a benefit. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send

comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (1660-0009). NOTE: Do not send your completed form to this address. Completion of this form including applicable attachments satisfies legal requirements for emergency and major disaster declaration requests under 42 U.S.C. §§ 5170 and 5191, respectively, as implemented at 44 C.F.R.. §§ 206.35 and 206.36. Fallure to use this form may result in a failure to meet these requirements and/or a delay in processing the request. 2b. Population (as reported by 2010 2a. Name of State (as defined in Stafford Act 102, 42 U.S.C. § 5122) or Indian tribal Census) or estimated population of government requesting declaration. Indian tribal government's damaged State of Alaska area(s). 55,400 4. Designation of State or Tribal Coordinating Officer upon declaration (if available) and phone 3. Governor's or Tribal Chief Executive's Name number Rill Walker Samuel Walton (ph. 907-428-7039) 5. Designation of Governor's Authorized Representative or Tribal Chief Executive Representative upon declaration (if available) and phone number Michael Sutton (ph. 907-428-7066) Major Disaster (Stafford Act Sec. 401) Emergency (Stafford Act Sec. 501(a)) Declaration Request For: 7. Incident Period: **End Date Beginning Date** If requesting a "continuing" incident period, enclose an official statement from a qualified Federal Government agency or Continuing Dec 4, 2017 Dec 4, 2017 Dec 4, 2017 acknowledged as a national authority in a specific incident field (e.g., United States Geological Survey for seismic incidents, the National Weather Service for flooding). 7b. Type of incident (Check all that apply) ☐ Fire ☐ Flood Landslide Mudslide Drought Earthquake Explosion ☐ Hurricane Snowstorm Severe Storm Straight-Line Winds (rain, high water, wind-driven rain, hall, lightning) (Must include Enclosure D: Historic and Current Snowfall Data) Tropical Tidal Wave Tornado ☐ Tropical Storm ☐ Tsunami ☐ Volcanic Eruption Depression Other (please specify) 8, Description of damages (Short description of impacts of disaster on affected area and population). Include additional details in enclosed Governor's or Tribal Chief Executive's cover letter. On December 4, 2017 a fast moving storm system moving northward out of the Gulf of Alaska brought widespread high winds to coastal areas on both the east and west sides of the Kenai Peninsula. These high winds, gusting 30-40 mph, produced 3-4 foot waves that lasted for 4-8 hours in Seward, coinciding almost perfectly with the highest astronomical tide of the year, causing significant wave action damage to occur. Resurrection Bay in Seward experienced a 13.4 foot-high tide in conjunction with high southerly winds on December 4. This combination of events caused serious erosion to the Lowell Point Road that connects South Seward with the community of Lowell Point and the Lowell Point State Recreation Area (SRA). In the Lower Cook Injet area, this storm system created high winds gusting 30-40 mph, reaching a maximum wind speed of 58 mph, producing 7-10 foot waves that impacted the Cook Injet coastline from Homer to Kenai. Two SRAs, the Anchor River SRA and the Deep Creek SRA, each sustained extensive damages to campgrounds, parking areas, boat launches, and beach areas. 9. Description of the nature and amount of State and local or Indian tribal government resources which have been or will be committed. Include additional details in enclosed Governor's or Tribal Chief Executive's cover letter. The State of Alaska will cover the full 25% cost share and will work with the Kenai Peninsula Borough to cover any expenses not included in the federal declaration.

FEMA Form 010-0-13, (3/13)

10. Joint Preliminary Damage Assessment*					
individual Assistan	Dates Performed	Requested	Start	End	
Individual Assistance	Accessibility Problems (/	Areas that could not b	e accessed, and why)	<del></del>	
Public Assistance	Dates Performed	Requested Jan 12,	, 2018 Start Jan 18	8, 20 <u>18</u> End Jan 19, 2018	
Public Assistance Acc No accessibility issu	essibility Problems (Area	as that could not be ac	ccessed, and why)		
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		·-	ns and Areas Requested	<u> </u>	
Individual Assistance	N/A Individual Program	ials and Households n	Crisis Counseling Pro	ogram Disaster Unemployment Assistance	
		r Case Management	Disaster Legal Servic		
	lictions, specify program anal space is needed, pla			es; for Indian tribal government, list tribe(s) and/or	
For States, identify Fed	derally-recognized Tribe	s in the requested cou	ınties (if applicable).		
Please see Enclosure	A: Supplemental Inform	nation for individual	Assistance for additional in	information in support of this request*.	

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Public Assistance	□ N/A	Debris Rem	ioval (Category A)	Emergency Protective Measures (Category B	
tribal area(s)). If addition.	tional space	is needed or you	r request includes	s different categories of work	s; for Indian tribal government, list tribe(s) and/or for different jurisdictions; please enclose additional
Categories A, C, D	, and G are	requested for	the Kenai Penir	nsula Borough.	
· · · · · · · · · · · · · · · · · · ·	-	-		uested counties (if applicable ge, Native VIIIage of Port G	o). Graham, Native Village of Tyonek, Village of
Please see Enclosus	e B: Supple	mental informat		ssistance for additional infor	mation in support of this request*,
			Maemmineacion	TOF Debris Removal Activit	у
☐ I do not anticipa	ite the need i	for debris remova	ai,		
of the Stafford A	Act, 42 U.S.C ica for any cla oris removal f	i. §§ 5170b & 51 aims arising from	73, the State or Ir the removal of de	ndian tribal government agree ebris or wreckage for this dis-	ealth and safety. Pursuant to Sections 403 and 407 es to indemnify and hold harmless the United aster. The State or Indian tribal government er signs an unconditional authorization for the
			Request for I	Direct Federal Assistance	
☑ I do not roquest	direct Feder	al assistance at ti	his time		
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i request direct in a. I request the following in the fol	Federal assis ring type(s) o	tance for work al f assistance: ocal or Indian trib	nd services to sav	annot perform, or contract for,	required work and services.
i request direct i  a. I request the follow  b. List of reasons why  c. In accordance with Provide without cost to United States free fror  (3) Provide reimburses	ring type(s) or y State and k	f assistance:  cal or Indian trib  cal or Indian trib  states all lands, lue to the reques	nd services to sav	annot perform, or contract for, bal government agrees that rights-of-ways necessary to a sall indemnify the Federal Gov	required work and services.  It will, with respect to direct Federal assistance: (1) accomplish the approved work; (2) Hold and save the vernment against any claims arising from such work; ance with the provisions of the FEMA-State or FEMA-
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i request direct i  a. I request the follow  b. List of reasons why  c. In accordance with Provide without cost to United States free fror (3) Provide reimbursel Tribe Agreement; and	y State and k  y State and k  o the United sometion to FEM.  (4) Assist the	f assistance:  pocal or Indian trib  scal or Indian trib	nd services to save tate or Indian trit easements, and is sted work, and sh deral share of the deral agency in al Request	annot perform, or contract for, bal government agrees that rights-of-ways necessary to a sall indemnify the Federal Go o cost of such work in accorda il support and local jurisdiction	required work and services.  It will, with respect to direct Federal assistance: (1) accomplish the approved work; (2) Hold and save the vernment against any claims arising from such work; ance with the provisions of the FEMA-State or FEMA-nal matters.

	11. Prog	grams and Areas	Requested (C	ontinued)	
Hazard Mitigation*	Statewide	OR			
For the following specific co	ounties, parishes, independent o	cities or tribes ar	id/or tribal area	LS.	
		12, Mitigation Pl	lan Information	*	
a. Mitigation Plan Expiration	Date October 17, 2018	b. Type o	f Plan	Enhanced	Standard Standard
	13	3. Other Federal	Agency Progra	ims	
I do not anticipate req	quirements from Other Federal A	Agencies	I do anticipate	requirements from (	Other Federal Agencies
Please see Enclosure C: Re	equirements for Other Federal A	Agency Program	s for additional	l information in supp	ort of this request*.
		14. Findings an	d Certifications	3	
I certify the following:					
	this incident is of such severity a or Indian tribal government and				ne capabilities of the State and the ry.
b. In response to this incide Emergency Plan on Dec				nd have directed the	e execution of the State or Tribal
c. The State and local gove Act.	ernments, or Indian tribal gover	nment will assur	me all applicabl	le non-Federal share	e of costs required by the Stafford
	15. List of I	Enclosures and	Supporting Do	cumentation	
Cover Letter 🔲 En	nclosure A (Individual Assistanc	ж)* <u> </u>	] Enclosure B	(Public Assistance)*	,
Enclosure C (Requiren	ments for Other Federal Agency	/ Programs)	] Enclosure D	(Historic and Curren	nt Snowfall Data)
Additional Supporting [	Documentation				
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DW.	Walher				1/27/14
Governor's or	Tribal Chief Executive's Signature				Date
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	or or I ribal Chief Executive sign on behalf of the Governor or Tr			18 ING GOCUMENIAUO	on that establishes that this individual
*Not Required for Emagnes					