## Iowa Department of Natural Resources Section 401 Water Quality Pre-Filing Meeting and Certification Request Form Pre-Filing Meeting Request Form

la. Property Owner/Project Propon	ent (aka Applicant) Name:		
Company Name (if applicable):			
Mailing Address:			
Phone numbers (with area code): Ho	ome:	Cell:	Business:
b. Authorized Agent's Name (if app	licable):		
Mailing Address:			
Phone numbers (with area code): Bu			
. Identify the Proposed Project:			
3. Project Location:	l atitudo:		Longitude:
Receiving Water(s):			
Jischarge:			
request. This request must b  I have included the following  Map/diagram of the	and the following statemer pletes the requirement of t ion request until at least 30 e signed by the Property O materials in the applicatio proposed project area (requoroposed project area (requor	the pre-filing meeti O calendar days afto wner/Applicant an on: quired)	
Property Owner/Applicant's Name (p	orinted):		
Property Owner/Applicant's Signatur	re:		Date:
f applicable: Authorized Agent's Nar			
Authorized Agent's Signature:			Date:

## Iowa Department of Natural Resources Section 401 Water Quality Pre-Filing Meeting and Certification Request Form Certification Request Form

5. Corps Project Manager*:								
Email Address:								
Phone numbers (with area code *The corps project manager must		ion request email.	Cell:					
6. Federal Permit / License Re	quiring Section 401 Wa	ater Quality Certifi	cate and its Proj	ect Number*				
Permit/License Number:		Federal Agency:	Corps of Engi	_				
,	_	<i>5</i> ,	Other:					
*A copy of the federal permit of	or license application is	required to be sub		rtification request				
7. Include a description of any methods and means proposed to monitor the discharge and the equipment or measures planned to treat, control, or manage the discharge. (Please provide a description of the best management practices you will use to protect water quality as well as any methods and means proposed to monitor the discharge/equipment or measures planned to treat or control the discharge.)								
8. Dates*								
Planned Start Date of Proposed Project:								
Planned End Date of Proposed Project:								
Approximate date(s) of dischar	rge(s) (if known):							
*In normal situations, the DNR iss mandatory public comment perio Be advised that the DNR is entitle	d. If your project is sched	uled to start sooner,	please contact us					
9. List all other federal (not listed in #6), interstate, tribal, state, territorial, or local agency authorizations required for the proposed project, including all approvals or denials already received:								
Agency T	ype of Authorization	Agency Number	Date Applied	Date Approved	Date Denied			
10. Date Pre-filing Meeting Re	quest was submitted		1	<u> </u>				

## 11. Certification Request Verification This request is hereby made for the activities described herein. I hereby certify that all information contained herein is true, accurate, and complete to the best of my knowledge and belief. I have completed the following tasks, as required for the certification request: Cc'ed the Corps contact associated with the proposed project Attached a copy of the federal permit or license application Submitted a complete pre-filing meeting request at least 30 days ago I further certify that I possess the authority to undertake the proposed activities. I hereby request that the certifying authority review and take action on this CWA 401 certification request within the applicable reasonable period of time. This application must be signed by the Property Owner/Applicant and the Authorized Agent, if applicable. Property Owner/Applicant's Name (printed): Property Owner/Applicant's Signature: Date: If applicable: Authorized Agent's Name (printed): Date: Date: