

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

1a. Property Owner/Project Proponent (aka Applicant) Name: _____

Company Name (if applicable): _____

Mailing Address: _____

Email Address: _____

Phone numbers (with area code): Home: _____ Cell: _____ Business: _____

1b. Authorized Agent's Name (if applicable): _____

Company Name: _____

Mailing Address: _____

Email Address: _____

Phone numbers (with area code): Business: _____ Cell: _____

2. Identify the Proposed Project:

3. Project Location:

County: _____ Latitude: _____ Longitude: _____

Receiving Water(s): _____

Discharge: _____

4. Pre-filing Meeting Request Verification:

I certify that I have read and understand the following statements per the Clean Water Act Section 401 Certification Rule:

- Submission of this form completes the requirement of the pre-filing meeting request.
 - I cannot submit my certification request until at least 30 calendar days after submitting this pre-filing meeting request. This request must be signed by the Property Owner/Applicant and the Authorized Agent, if applicable.
 - I have included the following materials in the application:
 - Map/diagram of the proposed project area (required)
 - Photographs of the proposed project area (required)
 - Relevant site data (if applicable)
- This information is available in the attached Environmental Assessment.

Property Owner/Applicant's Name (printed): _____

Property Owner/Applicant's Signature: _____ Date: _____

If applicable: Authorized Agent's Name (printed): _____

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): Business: _____ Cell: _____

*The corps project manager must be cc'ed on the certification request email.

6. Federal Permit / License Requiring Section 401 Water Quality Certificate and its Project Number*

Permit/License Number: _____ Federal Agency: Corps of Engineers FERC
 Other: _____

*A copy of the federal permit or license application is **required** to be submitted with a certification 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 discharge(s) (if known): _____

*In normal situations, the DNR issues certifications within 90 days. This period of time accommodates internal review and the mandatory public comment period. If your project is scheduled to start sooner, please contact us at Section401WQC@dnr.iowa.gov. Be advised that the DNR is entitled up to six months by law to review certification requests.

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	Type of Authorization	Agency Number	Date Applied	Date Approved	Date Denied

10. Date Pre-filing Meeting Request was submitted _____

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): _____

Authorized Agent's Signature: _____ Date: _____