

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

1. Type of Request: ☒ Pre-Filing Meeting Request ☐ Certification Request

2a. Property Owner/Project Proponent (aka Applicant) Name: Pete Tulipana

Company Name (if applicable): Southwest Iowa Nonprofit for Collective Impact (SINC)

Mailing Address: 18502 Vinton Street, Omaha, NE 68130

Email Address: ptulipana@sincia.org

Phone numbers (with area code): Home: _____ Cell: _____ Business: 402-690-8000

2b. Authorized Agent's Name (if applicable): Quinn Damgaard

Company Name: HDR

Mailing Address: 1917 S. 67th Street, Omaha, NE 68106

Email Address: Quinn.Damgaard@hdrinc.com

Phone numbers (with area code): Business: 402-399-1041 Cell: _____

3. Identify the Proposed Project:

Council Bluffs Riverfront Project Amenities at River's Edge Park

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

Permit/License Number: NWO-2020-01742-WEH 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.

5. Project Location: Section: 28,29,32,33 Township: 75N Range: 44W

County: Pottawattamie Latitude: 41.265947 Longitude: -95.919427

Receiving Water(s): Missouri River

Discharge: Fill material associated with recreational development and ancillary features, including emergency access road

FOR PRE-FILING MEETING REQUEST ONLY

6. 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.

Property Owner/Applicant's Name (printed): Pete Tulipana

Property Owner/Applicant's Signature: 

Date: 12/1/23

If applicable: Authorized Agent's Name (printed): Quinn Damgaard

Authorized Agent's Signature: Damgaard, Quinn V. Digitally signed by Damgaard, Quinn V.
Date: 2023.11.29 16:37:53 -06'00'

Date: _____

FOR CERTIFICATION REQUEST ONLY

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. List all other federal (not listed in #4), 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

9. Date Pre-filing Meeting Request was submitted _____ ☐ Attach documentation of request

10. 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 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: _____