

INVOICE DATE	ACCOUNT#	ACCOUNT NAME	LINES	TIMES
1/27/21	2995	HALL & HALL ENGINEERS	1.00 x 35 Li	1
DESCRIPTION legals- SWD Eagle Bend				

PROOF OF PUBLICATION

I, Zack Kucharski, do state that I am the publisher of THE GAZETTE, a daily newspaper of general circulation in Linn and Johnson, in Iowa. A digital copy is provided for the notice that was published in THE GAZETTE in the issue(s) of 1/27/2021

The reasonable fee for publishing said notice is \$18.33

STATE OF IOWA,

Counties of Linn and Johnson

This instrument was acknowledged by Zack Kucharski before me this 27th day of January, 2021

Notary Public in and for the State of Iowa

VICTORIA NEY Commission Number 826486 My Commission Expires September 8, 2023

TOTAL NOTICES

LICAL NOTICES

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IOWA DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL SERVICES DIVISION NOTICE OF INTENT FOR NPDES COVERAGE UNDER GENERAL PERMIT

CASHIER'S USE ONLY 0253-542-SW08-0581

Name

No. 1 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY"

or

No. 2 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIA	L ACTIVITY FOR CONSTRUCTION ACTIVITIES"
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or

No. 3 FOR "STORM WATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY FOR ASPHALT PLANTS, CONCRETE BATCH PLANTS, ROCK CRUSHING PLANTS, AND CONSTRUCTION SAND AND GRAVEL FACILITIES."

PERMIT INFORMATION				
Has this storm water discharge been previously permitted? Yes No				
If yes, please list authorization number				
Under what General Permit are you applying for coverage?				
General Permit No. 1 General Permit No. 2 General Permit No. 3 General Permit No. 3				
PERMIT FEE OPTIONS				
For coverage under the NPDES General Permit the following fees apply:				
Annual Permit Fee \$175 (per year) Maximum coverage is one year. 3-year Permit Fee \$350 Maximum coverage is three years. 4-year Permit Fee \$525 Maximum coverage is four years. 5-year Permit Fee \$700 Maximum coverage is five years.				
Checks should be made payable to: Iowa Department of Natural Resources.				
FACILITY OR PROJECT INFORMATION Enter the name and full address/location (not mailing address) of the facility or project for which permit coverage is requested.				
NAME: Eagle Bend at Clear Creek - Part 1 COUNTY: Johnson				
STREET ADDRESS OF SITE: North of Kennedy Pkwy and West of Camp Cardinal Blvd				
CITY: Coralville STATE: lowa ZIP CODE: 52241				
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional information on separate pages as needed). This will be the address to which all correspondence will be sent and to which all questions regarding your application and compliance with the permit will be directed.				
NAME: Josh Entler, P.E. PHONE: (319) 499-8836				
COMPANY NAME (if applicable): Crossing Land, LLC				
STREET ADDRESS: _755 Mormon Trek Blvd				
CITY: lowa City STATE: lowa ZIP CODE: 52246				
E-mail address (if available): jentler@southgateco.com				
Check the appropriate box to indicate the legal status of the operator of the facility.				
☐ Federal ☐ State ☐ Public ☐ Private ☐ Other (specify)				
SIC CODE (General Permit No. 1 & 3 Applicants Only) SIC code refers to Standard Industrial Classification code number used to classify establishments by type of economic activity.				

FACILITY LOCATION OR LOCATION OF CONSTRUCTION SITE

Give the location by ¼ section, section, township, range, (e.g., NW, 7, T78N, R3W).

1/4 SECTION	SECTION	TOWNSHIP	RANGE
SW and SE	1	79	7
NW and NE	12	79	7

MAIL TO: STORM WATER COORDINATOR **IOWA DNR** $502 E 9^{TH} ST$

NVV and NE	12	79	/	DES MOINES	IA 50319-0034	
OWNER INFORMATION Enter the name and full address of the owner of the facility.						
NAME: _ Crossing La	and, LLC			PHONE:	(319) 899-499-883	36
STREET ADDRESS:	755 Mormon Trek Blvd	0				
CITY: lowa City		STA ⁻	TE: <u>Iowa</u>	ZIP CODE:	52246	
Owner E-mail addres	ss (if available):jentle	er@southgateco.com				
OUTFALL INFORMATI	ION					
Discharge start date,	i.e., when did/will the s	site begin operation or	10/1/92, whichever is	later: April 202	21	
Is any storm water me	onitoring information a	vailable describing the	concentration of pollu	tants in storm wa	iter discharges?	
☐ Yes ☒ No						
	any storm water monite					
Receiving water(s) to the first uniquely named waterway in Iowa (e.g., road ditch to unnamed tributary to Mud Creek to South Skunk River):					h Skunk	
	Clear Creek to the Iowa	River			Vac	No
Compliance With The Following Conditions: Yes Has the Storm Water Pollution Proportion Plan been developed prior to the submitted of this Nation of Intent and						No
Has the Storm Water Pollution Prevention Plan been developed prior to the submittal of this Notice of Intent and does the plan meet the requirements of the applicable General Permit? (do not submit the SWPPP with the application)						
Will the Storm Water Pollution Prevention Plan comply with approved State (Section 161A.64, Code of Iowa) or						п
local sediment and erosion plans? (for General Permit 2 only) Has a public notice been published for at least one day, in the newspaper with the largest circulation in the area					_	
where the discharge is located, and is the proof of notice attached? (new applications only)						
GENERAL PERMIT NO). 2 AND GENERAL PERI	MIT NO. 3 APPLICANT	S COMPLETE THIS SECT	ION.		
	(describe in one sente	•	•			
This project is a residential development with associated underground utilites and roadways						
For General Permit No	o. 3 - Is this facility to be	e moved this year?	☐ Yes 🔀 No			
Number of Acres of D		cres struction Activities Only)				
Estimated Timetable f	For Activities / Projects,	, i.e., approximately wl	nen did/will the project	begin and end:		
April 2021 to April 203						
CERTIFICATION – ALL APPLICATIONS MUST BE SIGNED Only the following individuals may sign the certification: owner of site, principal executive officer of at least the level of vice-						
president of the company owning the site, a general partner of the company owning the site, principal executive officer or ranking elected official of the public entity owning the site, any of the above of the general contracting company for construction sites.						
I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system						
designed to assure that qualified people properly gathered and evaluated the information submitted. Based on my inquiry of the						

I certify under penalty of law that this document was prepared und	ler my direction or supervision in accordance with a system
designed to assure that qualified people properly gathered and eva	lluated the information submitted. Based on my inquiry of the
person or persons who manage the system, or those persons direct	tly responsible for gathering the information, this information is to
the best of my knowledge and belief, true, accurate, and complete.	I further certify that the terms and conditions of the general
permit will be met. I am aware that there are significant penalties f	or submitting false information, including the possibility of fine
and imprisonment for knowing violations.	
JOSH ENTLESS P.E.	MANAGER CROSSING LAND 44
NAME (print or type)	TITLE AND COMPANY NAME OF SIGNATORY
SIGNATURE:	DATE: 2/17/21
11/2018 cmc Be sure to complete b	oth sides of this form DNR Form 542-1415