Coulthard Levee District
Iowa Flood Mitigation Program (FMP)
Flood Recovery Project Application

I. Applicant Information

<table>
<thead>
<tr>
<th>A. Applicant/Community Name</th>
<th>B. Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coulthard Levee District</td>
<td>111 N 2nd Ave</td>
<td>Logan, IA 51546</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Point of Contact (POC) Name for Project</th>
<th>POC Title</th>
<th>POC Agency</th>
<th>POC Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walter Ulman</td>
<td>Supervisor Trustee</td>
<td>Coulthard</td>
<td><a href="mailto:wulman@loganet.net">wulman@loganet.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POC PO Box and Zip Code</th>
<th>POC Street Address</th>
<th>POC City, State, Zip Code</th>
<th>POC Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>same as above</td>
<td></td>
<td>402-651-3884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate POC Name or Authorized Representative</th>
<th>Alt POC Title</th>
<th>Alt POC Agency</th>
<th>Alternate POC Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liz Lenz</td>
<td>Drainage Clerk</td>
<td>Harrison County</td>
<td><a href="mailto:lenz@harrisoncountyia.org">lenz@harrisoncountyia.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alt POC PO Box and Zip Code</th>
<th>Alt POC Street Address</th>
<th>Alt POC City, State, Zip Code</th>
<th>Alt POC Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>111 N 2nd Ave</td>
<td>Logan, IA 51546</td>
<td>712-644-2401</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Federal Tax ID # / FEIN</th>
<th>E. County Name</th>
<th>F. US Congressional District(s)</th>
<th>State Legislative Districts</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Harrison</td>
<td>4</td>
<td>Senate 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>House 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?</th>
<th>Community's CID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>190143</td>
</tr>
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</table>
II. Project Cost Information

A. Identify the requested funding source:

B. Project Budget Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land rights acquisition</td>
<td>$20,050.00</td>
</tr>
<tr>
<td>Construction</td>
<td>$4,176,315.00</td>
</tr>
<tr>
<td>Engineering</td>
<td>$2,216,000.00</td>
</tr>
<tr>
<td>Legal</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>*note - this total reflects corrections to engineer report math error</td>
<td>-</td>
</tr>
<tr>
<td>Total Project Budget Summary</td>
<td>$4,427,965.00</td>
</tr>
</tbody>
</table>

C. Project Funding Source

Identify all anticipated funding sources for the project and the amounts.
State that you have applied for and/or received approved federal, state and/or local financial assistance.

<table>
<thead>
<tr>
<th>Identify source</th>
<th>Federal $</th>
<th>State $</th>
<th>Local $</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRF Funding - Coulthard Levee</td>
<td>$4,427,965.00</td>
<td>-</td>
<td>-</td>
<td>$4,427,965.00</td>
</tr>
<tr>
<td></td>
<td>$ -</td>
<td>-</td>
<td>-</td>
<td>$ -</td>
</tr>
<tr>
<td></td>
<td>$ -</td>
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</tr>
<tr>
<td></td>
<td>$ -</td>
<td>-</td>
<td>-</td>
<td>$ -</td>
</tr>
<tr>
<td>Total Project Funding Source</td>
<td>$ -</td>
<td>$4,427,965.00</td>
<td>-</td>
<td>$4,427,965.00</td>
</tr>
</tbody>
</table>
III. Project Plan Summary

A. Provide a brief description of the project and how the project supported flood response or will support future flood recovery and flood mitigation activities. This is a summary of Tab B - Project Plan.

This project calls for the repair of a major and complete breach on the Coulthard Levee residing within DeSoto Bend National Wildlife Refuge. This significant breach, if unchecked prior to new onset and anticipated spring flooding, will continue to allow unobstructed Missouri River inflows during highwater and flood level events into the county and the refuge, impacting the agricultural sector, county transportation infrastructure (including critical farm-to-market roads), the federal refuge, and initiate a chain of cascading events that damage other levee and drainage protection structures south of the existing site. This impact ultimately leads to closures at or around Interstate 29. This repair will help contain floodwater while significantly mitigating risks to the levee, property, the adjoining Vanman Levee and critical state and local transportation infrastructure within (2) counties. The project will also contribute to increased public safety.

B. Provide a brief description of the financial assistance need through the Flood Recovery Fund.

Many levee and drainage districts in the area are still paying off debt incurred by the 2011 Missouri River flooding. Local funding capacity is not available to make these critical repairs without further burdening property owners. Additionally, the existing repair plans along the Vanman Levee to the south will be completely at risk if this levee breach cannot receive the required funding to repair. As this breach site rests within DeSoto Band, difficulties have been encountered - identical to the Vanman Levee in dealing with access authorization by federal authorities to address issues resulting from the 2011 flood events and continuing. With this in mind and the obstacles encountered by the adjoining Vanman, there is a significant likelihood for denial of FEMA public assistance funding this year to make repairs due to a technical "pre-existing and unmaintained damages" condition, that is of no fault of the district. Since access to the levee areas within the refuge for Vanman and Coulthard have been historically denied. Without this funding it is more than likely that the levee breaches will remain, due to a lack of funding and the next high water or even minor flooding event will inundate the southwest and northwest sectors of Harrison and Pottawattamie counties, respectively.

C. Explain how financial assistance through the Flood Recovery Fund is essential to meet the necessary expenses or serious needs of the applicant related to flood response, flood recovery, and flood mitigation.

The approval of funding from the FRF is beyond essential for this project. First, and foremost, as the situation caused by access denial of the federal government prior to and after 2011, the damages cannot be solely attributed to this 2019 disaster rendering it ineligible for FEMA assistance, per their program policy. The proposed project in this application will decrease emergency response requirements during future flood events, lessen recovery costs of future flood events, thus mitigating a significant risk to private and public property and critical infrastructure of local, county, and state governments.

D. Provide details of any additional funds that can be applied to the project.

None unless FEMA approves a policy exception along with the Vanman Levee.

E. Description of Project Location (i.e. Latitude and Longitude (minimum 6 digits after the decimal), Neighborhood, Subdivision, Geographic Boundaries, Driving Directions, etc.)

41.517796, -95.988099
41.502000, -95.998134
IV. Work Schedule

A. List the major milestones for this project.

<table>
<thead>
<tr>
<th>Task</th>
<th>Months/Year from Award</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start</td>
<td>Complete</td>
</tr>
<tr>
<td>Entire scope of project</td>
<td>3/1/2020</td>
<td>6/1/2020</td>
</tr>
</tbody>
</table>

Total Project Duration: 4

V. Certifications

To the best of my knowledge and belief, I certify that all data in this application packet is complete, true and correct. The governing body of the applicant has duly authorized this document and hereby applies for assistance as documented in this application. The applicant understands that the project shall not proceed until Flood Mitigation Board approval is granted.

[Signature]
Walter Utman
Name of the Chief Executive Officer
Supervisor Trustee

[Signature]
Liz Lenz
Name of Authorized Representative
Drainage Clerk
Harrison County, Iowa
Organization

February 3, 2020
Date

111 N 2nd Ave
PO Box / Street Address
Logan, IA 51546
City, State and Zip Code

712-644-2401
Phone Number
lenz@harrisoncounty.og
Email Address
Project Plan

Applicant: **Coulthard**

Political subdivision shall attach to the Flood Recovery Project Application the project plan.

Project plan shall include:

1. a. A detailed description of the project Scope of Work.
   i. How the project supported flood response or will support future flood recovery and flood mitigation activities.
   This project will provide funding to repair a large and significant breach to the levee segment located within the USFWS DeSoto Bend National Wildlife Refuge. This repair site is critical to the future protection of agricultural infrastructure of Harrison County, the federal refuge, and to the integrity of the Vanman Levee, agricultural, residential, and critical transportation infrastructure of both local and state government jurisdiction within Harrison and Pottawattamie Counties.
   
   ii. Map(s) identifying project area.  See attached maps.
   See attached maps showing the properties and locational area within Pottawattamie County

2. a. An estimated cost of the project (detailed budget):
   i. A detailed description of the amount of funds expended to date and the funding source.
   None.

3. a. If available: A copy of the application(s) from other funding sources and subsequent approval letter(s).
   Available via FEMA Grants Portal.
STATE OF IOWA
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Liz Lenz
(Name of Representative)

Coulthard Levee District
(Applicant Entity)
is hereby authorized to execute on behalf of
this mitigation project and to file it with
Iowa Homeland Security and Emergency Management (HSEMD) for the purpose of obtaining financial assistance under the Flood Mitigation Bill, Senate File 2217.

Signed
2/3/2020
(Date)

Walter Utman
Chief Executive Officer
(Title)

(Signature)

Liz Lenz, Drainage Clerk
(Applicant's Authorized Representative)

(Signature)

Attested: Doug Reed, PCEMA Director
(Print Name and Title)

(Signature)
In order for the State of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. Failure to provide this information will result in withholding of payment.

**BOX A**

<table>
<thead>
<tr>
<th>Are you/your business:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual [I]</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sole Proprietorship [S]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the answer to both was no, please complete Box B.

If you answered yes to either item, please provide Your Social Security number:

____  _____  _____  

AND

Complete the Name and Address below:

**Last Name:**  
**First Name:** MI

**Doing Business As:**

**Address:**

**City:**  
**State** Zip

**BOX B**

<table>
<thead>
<tr>
<th>Is your business:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation [C]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnership [P]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estate of Trust [E]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Service Corp [U]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government [G]</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Other [O]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Explain:  

Please provide us with your Federal Employer Identification number:

[Redacted]

AND

Complete the Name and Address below:

**Last Name:** Utman  
**First Name:** Walter

**Doing Business As:** Coulthard Levee District

**Address:**  
111 N 2nd Ave

**City:**  
**State** Zip

LOGAN, IA 51546

**CERTIFICATION MUST BE SIGNED BY VENDOR**

Certification - Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividend, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature:  

Date: 2/3/2020

FOR OFFICE USE ONLY (Refer to Procedure 270.450 for more details)

<table>
<thead>
<tr>
<th>From:</th>
<th>Dept.</th>
</tr>
</thead>
</table>

| Contact: |

Added For Purchasing:  

| Yes | No |

Reason:
Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all funding applications submitted to the State of Iowa shall include a Minority Impact Statement. This is the state's mechanism to require applicants to consider the potential impact of the project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this application. Complete all the information requested for the chosen statement(s).

- [ ] The proposed project programs or policies could have a disproportionate or unique positive impact on minority persons.
  
  Describe the positive impact expected from this project

  Indicate which group is impacted:
  - [ ] Women
  - [ ] Persons with a Disability
  - [ ] Blacks
  - [ ] Latinos
  - [ ] Asians
  - [ ] Pacific Islanders
  - [ ] American Indians
  - [ ] Alaskan Native Americans
  - [ ] Other

- [ ] The proposed project programs or policies could have a disproportionate or unique negative impact on minority persons.
  
  Describe the negative impact expected from this project

  Present the rationale for the existence of the proposed program or policy.

  Provide evidence of consultation of representatives of the minority groups impacted.

  Indicate which group is impacted:
  - [ ] Women
  - [ ] Persons with a Disability
  - [ ] Blacks
The proposed project programs or policies are not expected to have a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.
The restoration of drainage and levee district structures and facilities will protect persons of all classes of persons regardless of their demographic.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Walter Ulman
Printed Name

Supervisor Trustee

Title

2/3/2020
Date

Definitions

"Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1): b. As used in this subsection:

(1) "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

(a) Homosexual or bisexuality.
(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
(c) Compulsive gambling, kleptomania, or pyromania
(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.
# 2019 Flood Repairs

## Coulthard Levee District

**Harrison & Pottawattamie Counties, Iowa**

## Opinion of Probable Construction Costs

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Code</th>
<th>Item</th>
<th>Unit</th>
<th>Total</th>
<th>Unit Price</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2101-0860001</td>
<td>Clearing and Grubbing</td>
<td>Acre</td>
<td>37.5</td>
<td>$5,000.00</td>
<td>$187,500.00</td>
</tr>
<tr>
<td>2</td>
<td>2102-2625001</td>
<td>Embankment-in-Place, Contractor Furnished</td>
<td>Cubic Yard</td>
<td>153676</td>
<td>20.00</td>
<td>3,871,520.00</td>
</tr>
<tr>
<td>3</td>
<td>2105-9425016</td>
<td>Topsoil, Strip, Salvage and Spread</td>
<td>Cubic Yard</td>
<td>1331.4</td>
<td>7.00</td>
<td>12,819.80</td>
</tr>
<tr>
<td>4</td>
<td>2533-4980005</td>
<td>Mobilization</td>
<td>Labor</td>
<td>1</td>
<td>80,000.00</td>
<td>80,000.00</td>
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<tr>
<td>5</td>
<td>2599-9999006</td>
<td>Levee Access Gate</td>
<td>Each</td>
<td>2</td>
<td>5,000.00</td>
<td>10,000.00</td>
</tr>
<tr>
<td>6</td>
<td>2601-2634100</td>
<td>Mulching</td>
<td>Acre</td>
<td>3.1</td>
<td>600.00</td>
<td>1,860.00</td>
</tr>
<tr>
<td>7</td>
<td>2601-2636043</td>
<td>Seeding and Fertilizing (Rural)</td>
<td>Acre</td>
<td>3.1</td>
<td>150.00</td>
<td>465.00</td>
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<tr>
<td>8</td>
<td>2602-0000020</td>
<td>Silt Fence</td>
<td>Linear Foot</td>
<td>4050</td>
<td>3.00</td>
<td>12,150.00</td>
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<tr>
<td></td>
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<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$4,176,314.80</strong></td>
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2019 FLOOD REPAIRS  
COULTHARD LEVEE DISTRICT  
HARRISON & POTTAWATTAMIE COUNTIES, IOWA

OPINION OF PROBABLE PROJECT COSTS

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAND RIGHTS ACQUISITION</td>
<td>$20,050.00</td>
</tr>
<tr>
<td>CONSTRUCTION</td>
<td>4,176,000.00</td>
</tr>
<tr>
<td>ENGINEERING</td>
<td>221,600.00</td>
</tr>
<tr>
<td>LEGAL</td>
<td>10,000.00</td>
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<tr>
<td><strong>TOTAL PROJECT COST</strong></td>
<td><strong>$4,427,650.00</strong></td>
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CONSTRUCTION PLANS FOR:

2019 FLOOD REPAIRS
COULTHARD LEVEE DISTRICT
HARRISON & POTTAWATTAMIE COUNTIES, IOWA

Scales: As Noted

TYPICAL CROSS SECTION
NOT TO SCALE

INDEX OF SHEETS

<table>
<thead>
<tr>
<th>NO.</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>TITLE SHEET</td>
</tr>
<tr>
<td>02</td>
<td>LEVEE PLAN &amp; PROFILE</td>
</tr>
<tr>
<td>03</td>
<td>POLLUTION PREVENTION PLAN</td>
</tr>
</tbody>
</table>

I hereby certify that this engineering document was prepared by me as an duly licensed professional engineer under the laws of the state of Iowa.

[Signature]

[License Number]

[License Expiration Date]

My license renewal date is December 31, 2021.

[Page or Sheets Covered by this Seal]
V. INSPECTION REQUIREMENTS
A. Inspections shall be made jointly by the Contractor and the Contracting Authority at least once every seven calendar days. Storm water monitoring inspections will include:
1. Date of the inspection.
2. Summary of the scope of the inspection.
3. Name and qualifications of the personnel making the inspection.
4. Date and location of any additional or follow-up inspections.
5. Any other observations related to the implementation of the PPP.
B. Identification of corrective actions required to maintain or modify erosion and sediment control measures. This includes corrective actions in the amended PPP. The contractor shall be informed, in writing, within 72 hours after the inspection if any corrective actions are required.
C. Certification that the inspection is complete.
D. Identification of corrective actions required to maintain or modify erosion and sediment control measures.
E. Identification of corrective actions required to maintain or modify erosion and sediment control measures determined as a result of the inspection. This includes corrective actions in the amended PPP. The contractor shall be informed, in writing, within 72 hours after the inspection if any corrective actions are required.
F. Certification that the inspection is complete.

VI. NON-STORM WATER DISCHARGES
This includes subsurface drains (i.e., leach lines) and standard septic systems. The efficacy of the discharge from these features may be controlled by the use of vegetation or barriers, Class A stone, erosion control or other appropriate materials. This also includes uncontrolled groundwater from development operations, which will be cataloged as discussed in Section III of the PPP.

VII. POTENTIAL SOURCES OF OFF-RIGHT-OF-WAY (ROW) POLLUTION
Silts, sediment, and other forms of pollution may be transported onto roadway right-of-way (ROW) as a result of a storm event. Potential sources of pollution located outside highway ROW are beyond the control of this PPP. Pollution within highway ROW will be conveyed and controlled by this PPP.

VIII. DEFINITIONS
A. Base PPP — Initial Pollution Prevention Plan.
B. Amended PPP — May include Plan Revisions or Contract Modifications for new items, storm water monitoring inspection reports, and feedback entries made by the inspector.
C. DCR — Inspector's Daily Report — This contains the inspector's daily diary and log item postings.
D. Controls — Methods, practices, or measures to minimize or prevent erosion, sedimentation, or other forms of pollution.
E. Signature Authority — Representative authorized to sign various storm water documents.

CERTIFICATION STATEMENT
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system that assures that qualified personnel prepared and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature
Printed or Typed Name