State of Wisconsin
Department of Natural Resources
Bureau of Water Quality
PO Box 7921, Madison, WI 53707-7921
dnr.wi.gov

Checklist to Evaluate MDV Applications

Form XXXX-XXX

Notice: This checklist is meant to be a tool to help DNR staff review municipal and industrial multi-discharger variance (MDV) applications (Forms XXXX-XXX and XXXX-XXX). Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

Section 1. General Information

Permittee Name	
WPDES Permit Number	
County	
This operation is (check one):	☐ New or relocated outfall. *STOP- facility not eligible.* ☐ Existing outfall
The point source is located in an MDV eligible area (see Appendix H):	☐ Yes ☐ No. *STOP- facility not eligible.*

Section 2. Variance Requirements

1. A major facility upgrade is required to comply with phosphorus limits:
   ☐ Yes
   ☐ No. *STOP- facility not eligible.*

2. List the months where phosphorus limits cannot be achieved during the permit term:
   Note: If this does not match information in application, the application should be updated prior to approval.

☐ All			
☐ Jan	☐ Apr	☐ July	☐ Oct
☐ Feb	☐ May	☐ Aug	☐ Nov
☐ Mar	☐ June	☐ Sep	☐ Dec

3. What is the current effluent level achievable?

Method for calculation:	☐ 30-day P99 ☐ Other, specify:

Note: If this does not match information in application, the application should be updated prior to approval.

4. Has this facility optimized?
   ☐ Yes
   ☐ No

5. Describe the appropriate interim limitation for the permit term:
   Provide Rationale:

Note: See description in Section 2.02 of the MDV implementation guidance. As a general rule of thumb, if the Effluent TP > 0.6 mg/L then interim limit = 0.8 mg/L; If 0.6 mg/L ≥ Effluent TP > 0.5 mg/L then interim limit = 0.6 mg/L; If 0.5 mg/L ≥ Effluent TP > 0.3 mg/L then interim limit = 0.5 mg/L.

6. Has a facility plan for phosphorus been completed for the facility?
   ☐ Yes
   ☐ No

7. Has the facility considered adaptive management and water quality trading?
   ☐ Yes
   ☐ No
   Comments:

8. Are changes needed to any of the following information provided in the application:

☐ Water supply	Comment:
☐ Process and operation information	Comment:
☐ Sludge management	Comment:
☐ Projected compliance costs	Comment:

Note: if any of the boxes are checked above, the MDV application should be updated prior to approval.

State of Wisconsin
Department of Natural Resources
Bureau of Water Quality
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Checklist to Evaluate MDV Applications
Form XXXX-XXX

Section 3. Verify MDV Eligibility		
9. What is the projected cost for complying with phosphorus? Source:		$
10. Has the point source met the appropriate primary screener: *Note: For municipal discharges, the MHI must exceed 1%. For industries, the point source must meet at least one screener provided in Appendix G.*		☐ Yes ☐ No. *STOP- facility not eligible.*
11. What is the secondary indicator score for the county (counties) the discharge is located? *See Appendix A-F of the MDV Implementation Guidance for details.*		
12. Is the secondary score sufficient to confirm that the point source discharger has a substantial economic impact: *See Section 2.01 of the MDV Implementation Guidance for details.*	☐ Yes ☐ No. *STOP- facility not eligible.*	Comments:
13. What watershed option was selected?		
☐ County project option. *Complete Section 5.*		
☐ Binding, written agreement with the DNR to construct a project or implement a watershed plan. *Complete Section 4.*		
☐ Binding, written agreement with another person that is approved by the DNR to construct a project or implement a watershed plan. *Complete Section 4.*		

Section 4. Watershed Plan Review	
14. MDV Plan Number: *Note: This is for tracking purposes. Contact Statewide Phosphorus Implementation Coordinator for the plan number.*	
15. Did the point source complete Form XXXX-XXX?	☐ Yes ☐ No
16. Is the project area in the same HUC 8 watershed as the point of discharge?	☐ Yes ☐ No. *STOP- Watershed plan must be updated.*
17. Are the actions of the plan occurring on the direct receiving water?	☐ Yes ☐ No
18. What is the annual offset required? *See Section 2.03 of the MDV implementation guidance. If this value is different from the offset target provided in form XXXX-XXX, the watershed plan should be amended.*	
19. Does the plan ensure that the annual load is offset annually?	☐ Yes ☐ No. *STOP- Watershed plan must be updated.*
20. Are projects occurring on land owned/operated by a CAFO or within a permitted MS4 boundary? ☐ Yes. *Work with appropriate DNR staff to ensure projects are not working towards other permit compliance.* ☐ No.	
21. Are other funding sources being used as part of the MDV watershed project? ☐ Yes. *Work with appropriate DNR staff to ensure that funding sources can be appropriately used in the plan area.* ☐ No.	
22. Do you have any concerns about the watershed project: *Note: Coordinate with other DNR staff as appropriate.*	☐ Yes. *STOP- Watershed plan must be updated.* ☐ No

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Department of Natural Resources
Bureau of Water Quality
PO Box 7921, Madison, WI 53707-7921
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Comments:

Section 5. Payment to the County(ies)	
23. At this time, the appropriate per pound payment is: *See "Payment Calculator" document at \\central\water\WQWT_PROJECTS\WY_CW_Phosphorus\MDV.*	

Section 6. Determination
Based on the available information, the MDV application is: ☐ Approved ☐ Conditionally Approved ☐ Denied
Additional Justification (if needed):

Preparer Name	Title
Signature of Preparer	Date

A copy of this completed checklist should be saved in SWAMP, and a notification of the final determination should be sent to the Phosphorus Implementation Coordinator.

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

County Application for Phosphorus Multi-Discharger Variance Participation
Form XXXX-XXX

Participant Information		
Name of County Participating		
Street Address		
City	State	Zip Code
Contact Name	Title	
Email	Phone Number	
Address (if different than above)		
City	State	Zip Code
List the HUC 8 Watershed(s) in which the County wishes to receive funding:		
Name	HUC-8	
Has the county board, land conservation committee or other authorized county representative (e.g. county executive or administrator) been notified of the county's participation in the MDV? (Attach meeting minutes or other supporting documentation)		Yes ☐ No ☐
Has the county board, land conservation committee or other authorized county representative approved the county's participation in the MDV? (Attach resolutions and other supporting documentation)		Yes ☐ No ☐
Based on the information provided, I believe that the County is eligible to receive funds generated from the multi-discharger phosphorus variance pursuant to s. 283.16, Wis. Stats. I understand that by receiving these funds, I commit to submit a watershed plan on March 1st of this calendar year and completed annual report to the Department no later than May 1st of the second year after receiving a payment. I certify that this information provided is true, accurate, and complete.		
Individual Submitting Request (Individual must be an Authorized Representative)	Title	Date

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

County Watershed Plan Submittal for Phosphorus Multi-Discharger Variance

Form XXXX-XXX

Notice: This form was created by the Wisconsin Department of Natural Resources. This watershed plan is required pursuant to Wis. Stat. s. 283.16(8)(b)2m. Personal information collected will be used for administrative purposed and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31 - 19.39, Wis. Stats.].

Please read the instructions prior to completion of this form. Instructions can be found in the Multi-Discharger Variance (MDV) implementation guidance. Complete all sections as applicable. To view the Web sites included in this application, please copy and paste them into your Web browser address line.

Section 1. Applicant Information			
Plan Name			
Name of County Applying			
Street Address			
City		State	Zip Code
Contact Name		Title	
Email		Phone Number	
Address (if different than above)			
City		State	Zip Code

Section 2. Plan Information	
This plan is a: ☐ Small-scale plan ☐ Large-scale plan *(Complete sections 5 and 6)*	
Are you collaborating with other counties in this plan?	☐ Yes, specify: ☐ No
8-digit Hydrologic Unit Code (HUC 8) *Note: May only have one per form.*	
Name of HUC 8	
Targeted 12-digit Hydrologic Unit Codes (HUC 12)	

Surface Waters Targeted for This Plan:			
Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP
Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP
Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP
Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP

Maps and Photographs:
☐ An 8.5” X 11” map from the DNR data/map viewers, showing the plan area, is attached.
☐ Aerial photo maps and project area photos are included of known individual project locations.

Does the plan area have the greatest potential to reduce the amount of phosphorus per acre entering waters of the state compared to other HUC 12(s) in the County?	
☐ Yes	☐ No

Describe analyses of land use and land management practices that were used to make this determination (check all that apply and provide date of analyses; please attach supporting materials as appropriate):		
☐ Water Quality Modeling – SWAT, STEPL, Other Specify:	DATE:	Page Number/Section:
☐ EVAAL	DATE:	Page Number/Section:
☐ EPA-Approved TMDL Report	DATE:	Page Number/Section:

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

County Watershed Plan Submittal for Phosphorus Multi-Discharger Variance
Form XXXX-XXX

☐ DNR-Approved 9 Element Watershed Plan ☐ TMDL Implementation Plan	DATE:	Page Number/Section:
☐ DATCP-Approved County Land and Water Resource Management Plan	DATE:	Page Number/Section:
☐ WQ Monitoring and/or Habitat Evaluation	DATE:	Page Number/Section:
☐ SNAP-Plus	DATE:	Page Number/Section:
☐ Surveys of cropland and/or animal feeding operations	DATE:	Page Number/Section:
☐ Other, Describe:		

This watershed project plan is consistent with the following existing plans: (Check all that apply)

☐ DATCP-Approved County Land and Water Resource Management Plan	Expiration Date:
☐ Approved 9-Key Element Plan	Expiration Date:
☐ DNR-Approved TMDL Implementation Plan	Expiration Date:
☐ EPA-Approved TMDL Report	Expiration Date:
☐ Previous MDV Watershed Plan	Expiration Date:
☐ Other, Specify:	Expiration Date:

General Plan Summary. For small-scale plans, include description of current and future land uses, outreach activities to occur during plan, and other pertinent information.

☐ Letters of support from affected landowners/land operators or survey results for the plan area are attached.

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

Section 3. Agricultural Nonpoint Source Projects
Note: See Section 8 for applicable MDV funding restrictions.

What are the agricultural performance standards & prohibitions to be addressed in the plan area? (check all that apply)

Performance Number		Performance standard & prohibition to be addressed
1	☐	Sheet, rill, and wind erosion. (NR 151.02)
2	☐	Tillage setback. (NR 151.03)
3	☐	Phosphorus index. (NR 151.04)
4	☐	Manure storage facilities-new/significant alterations. (NR 151.05(2))
5	☐	Manure storage facilities-closure. (NR 151.05(3))
6	☐	Manure storage facilities-existing failing/leaking. (NR 151.05(4))
7	☐	Process wastewater handling. (NR 151.055)
8	☐	Clean water diversions. (NR 151.06)
9	☐	Nutrient management. (NR 151.07)
10	☐	Prohibition: Prevention of overflow from manure storage facilities. (NR 151.08(2))
11	☐	Prohibition: Prevention of unconfined manure piles in water quality management areas (within 300 feet of a stream, 1000 feet. of a lake, or areas where the groundwater is susceptible to contamination). (NR 151.08(3))
12	☐	Prohibition: Prevention of direct runoff from a feedlot or stored manure into waters of the state. (NR 151.08(4))
13	☐	Prohibition: Prevention of unlimited livestock access to waters of the state where high concentrations of animals prevent the maintenance of adequate sod cover or self-sustaining vegetation. (NR 151.08(5))
14	☐	Other, specify:

What are the agricultural best management practices (BMPs) to be implemented? (check all that apply)

	Practice	*Wis. Adm. Code*	*Performance Standards to Be Addressed* *Note: Insert performance number(s) listed above*	*Method to Quantify Phosphorus Reduction*	*Priority Ranking of Practices (High, Medium, Low)*
☐	Manure Storage Systems	NR 154.04(3)			
☐	Manure Storage System Closure	NR 154.04(4)			
☐	Barnyard Runoff Control Systems	NR 154.04(5)			
☐	Access Roads & Cattle Crossings	NR 154.04(6)			
☐	Animal Trails and Walkways	NR 154.04(7)			
☐	Critical Area Stabilization	NR 154.04(10)			
☐	Diversions	NR 154.04(11)			
☐	Field Windbreaks	NR 154.04(12)			
☐	Filter Strips	NR 154.04(13)			

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

☐	Grade Stabilization	NR 154.04(14)			
☐	Heavy Use Area Protection	NR 154.04(15)			
☐	Lake Sediment Treatment	NR 154.04(16)			
☐	Livestock Fencing	NR 154.04(17)			
☐	Livestock Watering Facilities	NR 154.04(18)			
☐	Prescribed Grazing	NR 154.04(22)			
☐	Relocating or Abandoning Animal Feeding Operations	NR 154.04(23)			
☐	Riparian Buffers	NR 154.04(25)			
☐	Roofs	NR 154.04(26)			
☐	Roof Runoff Systems	NR 154.04(27)			
☐	Sediment Basins	NR 154.04(28)			
☐	Sinkhole Treatment	NR 154.04(30)			
☐	Subsurface Drains	NR 154.04(33)			
☐	Terrace Systems	NR 154.04(34)			
☐	Underground Outlets	NR 154.04(35)			
☐	Waste Transfer Systems	NR 154.04(36)			
☐	Wastewater Treatment Strips	NR 154.04(37)			
☐	Water and Sediment Control Basins	NR 154.04(38)			
☐	Waterway Systems	NR 154.04(39)			
☐	Well Decommissioning	NR 154.04(40)			
☐	Wetland Development or Restoration	NR 154.04(41)			
Process Wastewater Handling: NR 154.04(29) & NRCS 629					
☐	Milking Center Waste Control Systems				
☐	Feed Storage Leachate				
Streambank and Shoreline Protection: NR 154.04(31) (includes associated fencing)					
☐	Stream Crossing				
☐	Streambank/Shoreline Rip-rapping				
☐	Streambank/Shoreline Shaping & Seeding				
Cropping Practices					
☐	Contour Farming	NR 154.04(8)			
☐	Cover & Green Manure Crop	NR 154.04(9)			
☐	Nutrient Management	NR 154.04(20)			
☐	Pesticide Management	NR 154.04(21)			
☐	Residue Management	NR 154.04(24)			

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

☐	Strip-Cropping	NR 154.04(32)			
☐	Other (specify practice and method of quantification)				

Section 4. Financial Budget

Project Activity	**Planned quantity/units**	***Estimated Total Cost***	***Estimated MDV amount to be spent this calendar year***	***Estimated MDV amount to be spent next calendar year***
Structural BMPs:				
Construction Subtotal	--	$	$	$
Cropping and Other BMPs:				
Other BMP Subtotal	--	$	$	$
Monitoring:				
Monitoring Subtotal	--	$	$	$

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

Staffing:	--			
	--			
	--			
Staffing Subtotal	--	$	$	$
Other:	--			
	--			
	--			
	--			
Grand Total	--	**$**	**$**	**$**

Describe all other funds that will compliment MDV funds in plan:

Section 5. Other Plan Components

Method for verifying practices remain implemented and/or maintained over time: (Check all that apply)

- ☐ Written agreements/contracts
- ☐ Visual inspections and inspection reports
- ☐ Photography
- ☐ Surveys of participating landowners/land operators
- ☐ Other; Specify:

Monitoring

Note: It is strongly recommended that all large-scale plans have or develop a monitoring strategy and complete this section.

☐ A monitoring strategy has been developed | Page number(s)/section:

Type of monitoring:
☐ In-stream monitoring
☐ Edge-of-field monitoring

Check all pollutants to be monitored:
☐ Total Phosphorus ☐ Total Nitrogen ☐ Total Suspended Solids ☐ Other, Specify:

Describe location and protocols and persons/organizations that will be used to gather monitoring data: (include map of sample sites and locations). *Note: May include section/page number information if included in a separate approved plan.*

Section 6. Extended Plans

It is strongly recommended that large-scale MDV plan areas develop a 9 key element plan or already have a DNR-approved 9 key element plan.

☐ The county is developing a 9 key element plan. Anticipated completion date:

☐ A DNR-approved 9-key element plan already exists.

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

County Watershed Plan Submittal for Phosphorus Multi-Discharger Variance
Form XXXX-XXX

Title of Plan: Web Link to Plan:	
Please provide the page numbers/sections where the following 9-key elements are in the approved plan:	
Element:	*Page Number/Section:*
Outreach/education activities	
Schedule for implementing management measures	
Criteria to determine whether load reductions are or are not being achieved over time	
Estimate the load reductions expected from the management measures described under Section 3:	*Method for approximation:*
Total Phosphorus:	
Total Nitrogen:	
Sediment:	

Section 7. Certifications

Note: This section applies to all plans. Please check all applicable boxes. As the authorized representative of the county, I agree to the following requirements. Counties must certify all of the following by checking each box. DNR understands that this section will be completed based on currently available information at the time this plan was completed.

☐	MDV funding will not be used to implement or maintain practices that were previously funded or implemented via another local, state, or federal program.
☐	MDV payments will not be made for practices to maintain or restore compliance with a performance standard on farmland if a local or state agency has previously determined that the farmland has achieved compliance with that performance standard.
☐	For plans outside a TMDL area, MDV funds will only be used toward NR 151 compliance; OR For plans within a TMDL area, MDV funds will only be used towards NR 151 compliance and/or compliance with load allocations specified in an EPA-approved TMDL.
☐	MDV funding will not be used to fund activities and practices required to comply with a MS4 or CAFO WPDES permit.
☐	At least 65% of the MDV funds received will be spent on practices identified in Section 3.
☐	MDV funds will be placed in an interest bearing account prior to use. Interest will be used to implement additional NPS practices in accordance with this plan.
☐	MDV funds provided for this annual watershed plan will be used within 24 months of submitting this plan to DNR unless a request is granted for an additional 12-month extension.

Based on the information provided, I believe that the County is eligible to receive funding generated from the multi-discharger phosphorus variance pursuant to Wis. Stat. s. 283.16, I understand that by receiving these funds, the County will submit a completed annual report in accordance with Wis. Stat. s. 283.16(8)(b)(2m)3. to the Department no later than May 1 of the 2nd year following the year the county received payments under s. 283.16. To the best of my knowledge, I certify that the information provided in this plan is true, accurate, and complete.

Individual Submitting Request (Individual must be an Authorized Representative)	Title	Date

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

Multi-Discharger Variance Watershed Plan Checklist

Notice: This form was created by the Wisconsin Department of Natural Resources. This watershed plan is hereby made to the Wisconsin Department of Natural Resources pursuant to ss. 283.16(8)(b)2 and 3, Wis. Stats. This checklist is not meant to cover watershed plans developed by Counties under the $50/lb watershed project option pursuant to s. 283.16(8)(b)1, Wis. Stats. Personal information collected will be used for administrative purposed and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31 - 19.39, Wis. Stats.].

Please read the instructions prior to completion of this form. Instructions can be found in the Multi-Discharger Variance (MDV) implementation guidance. Complete all sections as applicable. To view the Web sites included in this application, please copy and paste them into your Web browser address line.

Section 1. Applicant Information

Permittee Name	Permit Number	
Facility Street Address		
City	State	Zip Code
Contact Name	Title	
Email	Phone Number	
Address (if different than above)		
City	State	Zip Code

Section 2. Project Information

The plan was developed by:

- ☐ The permittee pursuant to s. 283.16(8)(b)2, Wis. Stat.
- ☐ The permittee and a third party pursuant to s. 283.16(8)(b)3, Wis. Stats. Specify and provide contact information (if different from Section 1):

Project County(ies)	
8-digit Hydrologic Unit Code (HUC 8)	
12-digit Hydrologic Unit Codes (HUC 12)	

Maps and Photographs:

- ☐ An 8.5" X 11" map from the DNR data/map viewers, showing the plan area, is attached.
- ☐ Aerial photo maps and project area photos are included of known individual project locations.

Surface Waters Targeted for This Project:

Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP
Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP
Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP
Name:	WBIC:	☐ TP Impaired Water	☐ EPA-Approved TMDL for TP

Section 3. Agricultural Nonpoint Source Projects

Note: See Section 6 for applicable MDV funding restrictions.

What are the agricultural performance standards & prohibitions to be addressed in the plan area? (check all that apply)

☐	Sheet, rill, and wind erosion. (NR 151.02)
☐	Tillage setback. (NR 151.03)
☐	Phosphorus index. (NR 151.04)

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

☐	Manure storage facilities-new/significant alterations. (NR 151.05(2))
☐	Manure storage facilities-closure. (NR 151.05(3))
☐	Manure storage facilities-existing failing/leaking. (NR 151.05(4))
☐	Process wastewater handling. (NR 151.055)
☐	Clean water diversions. (NR 151.06)
☐	Nutrient management. (NR 151.07)
☐	Prohibition: Prevention of overflow from manure storage facilities. (NR 151.08(2))
☐	Prohibition: Prevention of unconfined manure piles in water quality management areas (within 300 feet of a stream, 1000 feet. of a lake, or areas where the groundwater is susceptible to contamination). (NR 151.08(3))
☐	Prohibition: Prevention of direct runoff from a feedlot or stored manure into waters of the state. (NR 151.08(4))
☐	Prohibition: Prevention of unlimited livestock access to waters of the state where high concentrations of animals prevent the maintenance of adequate sod cover or self-sustaining vegetation. (NR 151.08(5))
☐	Other, specify:

What are the agricultural best management practices (BMPs) to be implemented? (check all that apply)

	Practice	*Wis. Adm. Code*	*Estimated/Calculated Offset Generated*	*Method to Quantify Phosphorus Reduction*
☐	Manure Storage Systems	NR 154.04(3)		
☐	Manure Storage System Closure	NR 154.04(4)		
☐	Barnyard Runoff Control Systems	NR 154.04(5)		
☐	Access Roads & Cattle Crossings	NR 154.04(6)		
☐	Animal Trails and Walkways	NR 154.04(7)		
☐	Critical Area Stabilization	NR 154.04(10)		
☐	Diversions	NR 154.04(11)		
☐	Field Windbreaks	NR 154.04(12)		
☐	Filter Strips	NR 154.04(13)		
☐	Grade Stabilization	NR 154.04(14)		
☐	Heavy Use Area Protection	NR 154.04(15)		
☐	Lake Sediment Treatment	NR 154.04(16)		
☐	Livestock Fencing	NR 154.04(17)		
☐	Livestock Watering Facilities	NR 154.04(18)		
☐	Prescribed Grazing	NR 154.04(22)		
☐	Relocating or Abandoning Animal Feeding Operations	NR 154.04(23)		
☐	Riparian Buffers	NR 154.04(25)		
☐	Roofs	NR 154.04(26)		

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

Multi-Discharger Variance Watershed Plan Checklist

Form XXXX-XXX

	Practice	*Wis. Adm. Code*	*Estimated/Calculated Offset Generated*	*Method to Quantify Phosphorus Reduction*
☐	Roof Runoff Systems	NR 154.04(27)		
☐	Sediment Basins	NR 154.04(28)		
☐	Sinkhole Treatment	NR 154.04(30)		
☐	Subsurface Drains	NR 154.04(33)		
☐	Terrace Systems	NR 154.04(34)		
☐	Underground Outlets	NR 154.04(35)		
☐	Waste Transfer Systems	NR 154.04(36)		
☐	Wastewater Treatment Strips	NR 154.04(37)		
☐	Water and Sediment Control Basins	NR 154.04(38)		
☐	Waterway Systems	NR 154.04(39)		
☐	Well Decommissioning	NR 154.04(40)		
☐	Wetland Development or Restoration	NR 154.04(41)		
Process Wastewater Handling: NR 154.04(29) & NRCS 629				
☐	Milking Center Waste Control Systems			
☐	Feed Storage Leachate			
Streambank and Shoreline Protection: NR 154.04(31) (includes associated fencing)				
☐	Stream Crossing			
☐	Streambank/Shoreline Rip-rapping			
☐	Streambank/Shoreline Shaping & Seeding			
Cropping Practices				
☐	Contour Farming	NR 154.04(8)		
☐	Cover & Green Manure Crop	NR 154.04(9)		
☐	Nutrient Management	NR 154.04(20)		
☐	Pesticide Management	NR 154.04(21)		
☐	Residue Management	NR 154.04(24)		
☐	Strip-Cropping	NR 154.04(32)		
☐	Other (specify practice and method of quantification)			

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

Multi-Discharger Variance Watershed Plan Checklist

Section 4. Urban Nonpoint Source Projects

What are the urban best management practices (BMPs) to be implemented? (check all that apply)
Note: See Section 6 for applicable MDV funding restrictions.

	Practice	*Estimated/Calculated Offset Generated*	*Method to Quantify Phosphorus Reduction*
☐	Bioretention for Infiltration		
☐	Infiltration Basin		
☐	Infiltration Trench		
☐	Vegetated Infiltration Swale		
☐	Permeable Pavement		
☐	Wet Detention Pond		
☐	Proprietary Storm Water Sedimentation Device		
☐	Constructed Wetland Basin		
☐	Grassed Swale		
☐	Vegetated Filter Strip		
☐	Filtration Device		
☐	Proprietary Filtration Device		
☐	Accelerated/High Efficiency Street Sweeper		
☐	Other Structural Urban Best Management Practice; Specify:		
☐	Shoreline Habitat Restoration for Developed Area NR 154.04(29); Specify:		
☐	Other Projects/Practices; Specify:		

Section 5. Other Plan Components

	Total Pounds of TP Per Year
a. Estimated annual offset needed:	
b. Estimated total offset generated (sum of estimated/calculated offsets in Sections 3-5):	
Difference (a-b):	

If additional offsets are needed the plan should describe how these offsets will be achieved.
Page Number/Section:

Describe all other funds that will compliment MDV funds in project:

State of Wisconsin
Runoff Management Section-WT/3
Department of Natural Resources
101 South Webster Street
Madison, WI 53703

Multi-Discharger Variance Watershed Plan Checklist

Does the plan have a narrative that describes:		Page Number/Section:
a. Description of existing land uses	☐ Yes ☐No	
b. Location where offsets will be generated	☐ Yes ☐No	
c. Timeline for installation and maintenance of offsets	☐ Yes ☐No	
d. Tracking procedures	☐ Yes ☐No	
e. Verification procedures	☐ Yes ☐No	
f. History of project site(s)	☐ Yes ☐No	
g. Monitoring	☐ Yes ☐No	

Section 6. Certifications

Note: This section applies to all scale plans. By checking each box, the County certifies the following.

☐	MDV funding will not be used to implement or maintain practices that were previously funded or implemented via another local, state, or federal program.
☐	MDV payments will not be made for practices to maintain or restore compliance with a performance standard on farmland if a local or state agency has previously determined that the farmland has achieved compliance with that performance standard.
☐	MDV funding will not be used to fund activities and practices required to comply with a MS4 or CAFO WPDES permit.

Based on the information provided, I believe that coverage under the multi-discharger phosphorus variance is justified based on s. 283.16, Wis. Stats. I understand that this plan, upon approval, will be reflected in the WPDES permit issued to this facility. I certify that this information provided is true, accurate, and complete.

Individual Submitting Request (Individual must be an Authorized Representative)	Title	Date

State of Wisconsin
Department of Natural Resources
Bureau of Water Quality
PO Box 7921, Madison, WI 53707-7921
dnr.wi.gov

Phosphorus Multi-Discharger Variance Application for Industrial Facilities - s. 283.16, Wis. Stats.

Form XXXX-XXX

Notice: Pursuant to s. 283.16, Wis. Stats, an owner of an existing permitted wastewater treatment system may apply for a variance to a phosphorus water quality based effluent limits (WQBEL). This form should be completed and submitted to the Department to request coverage under the multi-discharger variance for phosphorus. Personally identifiable information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

Facility and Permit Information			**Facility Contact Information**		
WPDES Permit No.			Contact Name		
Facility Name			Title		
Facility Street Address			Address		
City	State	Zip Code	City	State	Zip Code
Receiving Water			Phone Number	Fax Number	
Source of Water Supply	Actual Discharge Flow Rate		Email Address		

Variance Request Schedule

1. This variance is being requested at the time of application for permit reissuance pursuant to s. 283.16(4)(b)1.	☐
2. This variance is being requested within 60 days after the department reissues or modifies the permit to include a phosphorus WQBEL pursuant to s. 283.16(4)(b)2.	☐
3. This variance is being requested from a current WPDES Permit pursuant to 283.16(4)(b)3. Date of Current Permit Issuance: *Note: WPDES permit must be issued prior to April 2014.*	☐
4. Has the MDV been included in previously issued WPDES Permits? Yes ☐ How many permits has the MDV been approved for? No ☐	

Variance Requirements

5. Has this point source discharge been authorized by a WPDES permit prior to December 1, 2010? *Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP.*	Yes ☐ No ☐
6. Has this point source relocated its outfall location since December 1, 2010?	Yes ☐ No ☐
7. Does this limit require a major facility upgrade in order to achieve compliance? Justify: *Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP.A major facility upgrade means that a facility needs to install new equipment and a new process such as installing filtration or equivalent technology.*	Yes ☐ No ☐

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8. Phosphorus Water Quality-Based Effluent Limitation from which variance is sought:
   - ☐ Concentration-based WQBEL pursuant to s. NR 217.13
   - ☐ TMDL mass-based WQBEL pursuant to s. NR 217.16

   Check all months requesting variance for:

☐ Jan	☐ Apr	☐ July	☐ Oct
☐ Feb	☐ May	☐ Aug	☐ Nov
☐ Mar	☐ June	☐ Sep	☐ Dec

9. Do you believe these limits could be achieved during the term of the permit? ☐ Yes ☐ No

10. Effluent level currently achievable (30-day P99): _____ mg/L
    Provide the number of samples results and sampling time period used:

Note: Requires a minimum of 11 sample results.

11. Are applicable phosphorus limits currently effective in the WPDES permit more restrictive then the applicable MDV interim limitation (s. 283.16(6)(a))? ☐ Yes ☐ No

Note: The initial interim limitation is set at 0.8 mg/L for the first permit term upon MDV approval.

If yes, provide information to justify the increase in accordance with ch. NR 207, Wis. Adm. Code. Otherwise, a more restrictive interim limitation will be included in the WPDES permit.

12. Do you believe a less restrictive (higher) interim phosphorus limitation is needed compared to the limits specified in s. 283.16(6)(a)? ☐ Yes ☐ No

If yes, please provide a certification statement that your facility cannot achieve compliance with the applicable interim limitation in s. 283.16(6)(a) without a major facility upgrade and and explain why the higher interim limitation is necessary:

Note: The highest limitation that may be provided pursuant to Wis. Stat. 283.16(6)(am) is 1.0 mg/L.

Facility Information (provide attachments as necessary)

13. Describe the wastewater treatment facility processes and operations and the means of treating phosphorus, including any chemicals used. Attach a flow schematic which shows the point(s) of chemical addition for total phosphorus (TP) control including both liquid and solids treatment trains. Identify all internal waste streams in a water balance schematic diagram.

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Department of Natural Resources
Bureau of Water Quality
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14. What are the average phosphorus levels within your influent TP concentration?		mg/L

15. What is the water supply source?
- ☐ 100% directly from a surface water
- ☐ 100% directly from a well(s)
- ☐ Mix of well water and surface water
- ☐ 100% from municipal water supply or mix of municipal water and either well or surface water;
  Name of water supply:
  Does the water utility add phosphorus for corrosion control or for iron or manganese sequestration?
  ☐ Yes ☐ No

16. Has the facility optimized to treat for phosphorus?	Yes ☐ Completion date: No ☐

Describe optimization measures:

17. Phosphorus-Containing Additives- Does the facility use phosphorus-containing additives?
- ☐ Yes
  Can the facility discontinue the use of the phosphorus-containing products or can the product be substituted to eliminate or reduce the introduction of phosphorus? ☐ Yes ☐ No
- ☐ No

18. Internal Waste Streams- Can the facility segregate the internal waste streams containing phosphorus and cost effectively treat this portion of the effluent?
- ☐ Yes
- ☐ No
- ☐ Not applicable

19. *Sludge management*- Provide the most recent three (3) years of phosphorus sludge testing, along with volumes disposed of so as to perform an approximate mass balance of phosphorus entering and leaving the plant.

20. Reference or attach any facility planning or evaluation study for phosphorus that evaluated facility performance capabilities (Note- only include studies that are recent or otherwise applicable for the evaluation of the existing facility and current conditions).	
Projected Compliance Costs	
21. Has a facility plan for phosphorus been completed for the facility?	Yes ☐ No ☐
If yes, what was the date this plan was completed?	
Briefly describe the technology that would need to be added to comply with phosphorus:	
22. Has the facility evaluated the feasibility of water quality trading or adaptive management?	Yes ☐ No ☐
23. Is the facility eligible for adaptive management or water quality trading?	Yes ☐ No ☐
24. What is the needed offset to comply with AM/WQT?	lbs/year ☐ Unknown at this time
25. Is adaptive management or water quality trading a viable compliance option? Describe:	Yes ☐ No ☐
26. What is the projected cost for complying with the phosphorus WQBELs? Source: *Note: If projected phosphorus costs provided in the final Economic Impact Analysis (EIA) are used, the point source must certify all of the following applies to the facility:* ☐ *Chemical precipitation followed by filtration is the preferred technology, not biological phosphorus removal or other treatment technologies*	$

☐ *Technology needed is consistent with the assumptions made to derive the cost curves* ☐ *Design and actual flows used in EIA are accurate of current conditions* ☐ *Effluent TP concentration is >0.6 mg/L*	
Affordability to Industrial Dischargers	
27. Do you believe phosphorus compliance costs will cause a substantial economic or social impact to the facility? ☐ Yes, such as (check all that apply) ☐ Reduction of employment ☐ Decrease/loss of investment ☐ Inability to compete ☐ Potential relocation or facility closing ☐ Other; Describe: ☐ No	
28. Do you also send waste to a municipal wastewater treatment facility? ☐ Yes, Name: ☐ No	
29. If yes, are your sewer rates expected to increase due to phosphorus compliance at the municipal wastewater treatment facility? ☐ Yes ☐ No ☐ Unknown	
30. What is the secondary indicator score for the county (counties) the service area is located in? See Appendix A-F of the MDV Implementation Guidance for details. *Note: If the service area is located in multiple counties, provide the weighted average value.*	
Watershed Project	
31. Select one of the following watershed project options:	
I choose the $50/lb watershed project option.	☐
I choose to enter into a binding, written agreement with the DNR to construct a project or implement a watershed plan. *Submit Form 3200-XXX with MDV application.*	☐
I choose to enter into a binding, written agreement with another person that is approved by the DNR to construct a project or implement a watershed plan. *Submit Form 3200-XXX with MDV application.*	☐

State of Wisconsin
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Bureau of Water Quality
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Certification		
Based on the information provided, I believe that my permitted facility qualifies for coverage under the multi-discharger phosphorus variance based on the requirements in s. Wis. Stat. 283.16 (4), Wis. Stat. I understand that as a condition of the variance, the Department will impose interim limitations and require a watershed project or plan to be completed as part of the source reduction measures for phosphorus during the term of the variance in accordance with s. Wis. Stat. 283.16(6). I understand that these conditions will be included in the WPDES permit issued to this facility and I agree to comply with these requirements. I hereby certify that the determination in Wis. Stat. 283.16(2)(a) applies to my permitted facility and that my permitted facility cannot comply with the phosphorus water quality based effluent limitations without a major facility upgrade. To the best of my knowledge, the information in this application is true, accurate, and complete.		
Individual Submitting Request (Individual must be an Authorized Representative)	Title	Date

State of Wisconsin
Department of Natural Resources
Bureau of Water Quality
PO Box 7921, Madison, WI 53707-7921
dnr.wi.gov

Phosphorus Multi-Discharger Variance Application for Municipal Facilities - s. 283.16, Wis. Stats.

Form XXXX-XXX

Notice: Pursuant to s. 283.16, Wis. Stats, an owner of an existing permitted wastewater treatment system may apply for a variance to a phosphorus water quality based effluent limits (WQBEL). This form should be completed and submitted to the Department to request coverage under the multi-discharger variance for phosphorus. Personally identifiable information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

Facility and Permit Information			**Facility Contact Information**		
WPDES Permit No.			Contact Name		
Facility Name			Title		
Facility Street Address			Address		
City	State	Zip Code	City	State	Zip Code
Receiving Water			Phone Number	Fax Number	
Source of Water Supply	Average Discharge Flow Rate		Email Address		

Variance Request Schedule	*Check all that apply:*
1. This variance is being requested at the time of application for permit reissuance pursuant to s. 283.16(4)(b)1, Wis. Stat.	☐
2. This variance is being requested within 60 days after the department reissues or modifies the permit to include a phosphorus WQBEL pursuant to s. 283.16(4)(b)2, Wis. Stat.	☐
3. This variance is being requested from a current WPDES Permit pursuant to 283.16(4)(b)3, Wis. Stat. Date of Current Permit Issuance: *Note: WPDES permit must be issued prior to April 2014.*	☐
4. Has the MDV been included in previously issued WPDES Permits? Yes ☐ How many permits has the MDV been approved for? No ☐	
Variance Requirements	
5. Has this point source discharge been authorized by a WPDES permit prior to December 1, 2010? *Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP.*	Yes ☐ No ☐
6. Has this point source relocated its outfall location since December 1, 2010?	Yes ☐ No ☐
7. Does this limit require a major facility upgrade in order to achieve compliance? Provide justification here (cell will expand for text):	Yes ☐ No ☐

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Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP. A major facility upgrade means that a facility needs to install new equipment and a new process such as installing filtration or equivalent technology.	

8. Phosphorus Water Quality-Based Effluent Limitation from which variance is sought:
   - ☐ Concentration-based WQBEL pursuant to s. NR 217.13, Wis. Adm. Code
   - ☐ TMDL mass-based WQBEL pursuant to s. NR 217.16, Wis. Adm. Code

   Check all months for which variance is requested:

☐ Jan	☐ Apr	☐ July	☐ Oct
☐ Feb	☐ May	☐ Aug	☐ Nov
☐ Mar	☐ June	☐ Sep	☐ Dec

9. Do you believe these limits could be achieved during the term of the permit?	Yes ☐ No ☐	
10. Effluent level currently achievable (30-day P99): Provide the number of samples results and sampling time period used: *Note: Requires a minimum of 11 sample results.*		mg/L
11. Are applicable phosphorus limits currently effective in the WPDES permit more restrictive than the applicable MDV interim limitation (s. 283.16(6)(a))? *Note: The initial interim limitation is set at 0.8 mg/L for the first permit term following MDV approval.*	Yes ☐ No ☐	

If yes, attach additional information to justify the increase in accordance with ch. NR 207, Wis. Adm. Code. If additional justification is not provided, a more restrictive interim limitation will be included in the WPDES permit.

12. Do you believe a less restrictive (higher) interim phosphorus limitation is needed compared to the limits specified in s. 283.16(6)(a)?	Yes ☐ No ☐

Provide justification why a higher interim limitation is necessary:

Note: The highest limitation that may be provided pursuant to Wis. Stat. 283.16(6)(am) is 1.0 mg/L.

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Department of Natural Resources
Bureau of Water Quality
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dnr.wi.gov

Facility Information (provide attachments as necessary)

13. Describe the wastewater treatment facility processes and operations and the means of treating phosphorus, including any chemicals used. Attach a flow schematic which shows the point(s) of chemical addition for total phosphorus (TP) control including both liquid and solids treatment trains.

14. What are the average phosphorus levels within your influent TP concentration?		mg/L

15. What is the source of the water supply?
- ☐ 100% directly from a surface water
- ☐ 100% directly from a well(s)
- ☐ Mix of well water and surface water
- ☐ 100% from municipal water supply or mix of municipal water and either well or surface water;
  Name of water supply:
  Does the water utility add phosphorus for corrosion control or for iron or manganese sequestration?
  ☐ Yes ☐ No

16. Has the facility been optimized to treat for phosphorus?	Yes ☐ Completion date: No ☐

Describe optimization measures:

17. *Sludge management*- Attach results from the most recent three (3) years of phosphorus sludge testing, along with volumes disposed of so as to perform an approximate mass balance of phosphorus entering and leaving the plant.

18. Reference or attach any facility planning or evaluation study for phosphorus that evaluated facility performance capabilities (Note- only include studies that are recent or otherwise applicable for the evaluation of the existing facility and current conditions).

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Service Area Information- Provide the following information for each municipality included in the wastewater facility service area.

Municipality Name	County	Population Served	Customer Households Served	Median Household Income (MHI)

Non-Residential Customers: Percent of wastewater flow attributed to commercial industrial, large institutional and any other special customer category:		%

Describe types of non-domestic wastewater contributions that constitute a significant phosphorus contribution or that significantly affect the capabilities of the treatment facility. Examples include: large food processors, dairies, or industries with unique wastewater.

Projected Compliance Costs

19. Has a facility plan for phosphorus been completed for the facility?	Yes ☐ No ☐
If yes, on what was the date this plan was completed?	
Briefly describe the technology that would need to be added to comply with phosphorus limits in your permit:	
20. Has the feasibility of water quality trading or adaptive management been evaluated for the facility?	Yes ☐ No ☐
21. Is the facility eligible for adaptive management or water quality trading?	Yes ☐ No ☐

22. What is the needed offset to comply with AM/WQT?	lbs/year ☐ Unknown at this time
23. Is adaptive management or water quality trading a viable compliance option? Describe:	Yes ☐ No ☐
24. What is the projected cost for complying with the phosphorus WQBELs? Source of cost projection: *Note: If projected phosphorus costs provided in the final Economic Impact Analysis (EIA) are used, the point source must certify all of the following applies to the facility:* ☐ *Chemical precipitation followed by filtration is the preferred technology, not biological phosphorus removal or other treatment technologies* ☐ *Technology needed is consistent with the assumptions made to derive the cost curves* ☐ *Design and actual flows used in EIA are accurate for current conditions* ☐ *Effluent TP concentration is >0.6 mg/L*	$
Affordability to Municipal Dischargers	
25. What is the projected household user charge, expressed as a percent of MHI, once phosphorus compliance costs are factored in? *Attach supporting information on a separate attachment to this form. The applicant may also provide additional information on impacts to commercial, industrial, or other special customers or any other information regarding affordability.*	%
26. What is the secondary indicator score for the county (counties) in which the service area is located in? See Appendix A-F of the MDV Implementation Guidance for details. *Note: If the service area is located in multiple counties, provide the weighted average value.*	
Watershed Project. Select one of the following watershed project options:	
Option A. County payment contribution	☐

Option B. Binding, written agreement with the DNR to construct a project or implement a watershed plan. *Submit Form 3200-XXX with MDV application.*	☐
Option C. Binding, written agreement with another entity that is approved by the DNR to construct a project or implement a watershed plan. *Submit Form 3200-XXX with MDV application.*	☐

Certification

Based on the information provided, I believe that my permitted facility qualifies for coverage under the multi-discharger phosphorus variance based on the requirements of s. Wis. Stat. 283.16 (4), Wis. Stat. I understand that as a condition of the variance, the Department will impose interim limitations and require a watershed project or plan to be completed as part of the phosphorus reduction measures for phosphorus during the term of the variance in accordance with s. Wis. Stat. 283.16(6). I understand that these conditions will be included in the WPDES permit issued to this facility and I agree to comply with all applicable permit conditions for this variance. I hereby certify that the determination in Wis. Stat. 283.16(2)(a) applies to my permitted facility and that my permitted facility cannot otherwise comply with its phosphorus water quality based effluent limitations without a major facility upgrade. To the best of my knowledge, the information in this application is true, accurate, and complete.

Individual Submitting Request (Individual must be an Authorized Representative)	Title	Date

State of Wisconsin
Department of Natural Resources
Bureau of Water Quality
PO Box 7921, Madison, WI 53707-7921
dnr.wi.gov

Phosphorus Multi-Discharger Variance Payment Verification Form
Form XXXX-XXX

Participant Information			
Permittee Name		Permit Number	
Facility Street Address			
City		State	Zip Code
Contact Name		Title	
Email		Phone Number	
Address (if different than above)			
City		State	Zip Code
List the County Name and Payments Made to Each Participating County			
County Name	Payment	Date Payment Was Distributed	
	Total:		
I certify that this information provided is true, accurate, and complete. I understand that incorrect payments or payments made after March 1st constitute a WPDES permit violation is and subject to potential enforcement.			
Individual Submitting Request (Individual must be an Authorized Representative)		Title	Date