

Notice: Pursuant to s. 283.84, Wis. Stats., and ch. NR 217 Wis. Adm. Code, this form must be completed by any WPDES permittee that is using water quality trading as a method of complying with a permit limitation. Failure to complete this form would not result in penalties. 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.).

Applicant Information				
Permittee Name Village of Belmont		Permit Number WI- 0020419-10-0	Facility Site Number	
Facility Address 222 S. Mound Ave. P.O. Box 6			City Belmont	State WI
Project Contact Name (if applicable) Daniel DRESSENS (Delta 3 Eng.)			Address 875 South Chestnut Street	City Platteville
			State WI	ZIP Code 53818
Project Name Belmont WQT Plan				
Receiving Water Name Bonner Branch		Parameter(s) being traded Total Phosphorus	HUC 12(s) 070900030301	

Is the permittee in a point or nonpoint source dominated watershed?
 (See PRESTO results - <http://dnr.wi.gov/topic/surfacewater/presto.html>)

Point source dominated
 Nonpoint source dominated

Credit Generator Information

Credit generator type (select all that apply):

<input type="checkbox"/> Permitted Discharge (non-MS4/CAFO)	<input type="checkbox"/> Urban nonpoint source discharge
<input type="checkbox"/> Permitted MS4	<input checked="" type="checkbox"/> Agricultural nonpoint source discharge
<input type="checkbox"/> Permitted CAFO	<input type="checkbox"/> Other - Specify: _____

Are any of the credit generators in a different HUC 12 than the applicant? Yes; HUC 12: _____
 No
 Unsure

Are any of the credit generators downstream of the applicant? Yes
 No
 Unsure

Will a broker/exchange be used to facilitate trade? Yes; Name: _____
 No
 Unsure

Point to Point Trades (Traditional Municipal / Industrial Discharge, MS4, CAFO)

Discharge Type	Permit Number	Name	Contact Address	Is the point source credit generator currently in compliance with their permit requirements?
<input type="radio"/> Traditional <input type="radio"/> MS4 <input type="radio"/> CAFO				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<input type="radio"/> Traditional <input type="radio"/> MS4 <input type="radio"/> CAFO				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<input type="radio"/> Traditional <input type="radio"/> MS4 <input type="radio"/> CAFO				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<input type="radio"/> Traditional <input type="radio"/> MS4 <input type="radio"/> CAFO				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<input type="radio"/> Traditional <input type="radio"/> MS4 <input type="radio"/> CAFO				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

Point to Nonpoint Trades (Non-permitted Agricultural, Non-Permitted Urban, etc.)

List the practices that will be used to generate credits:

Practices to generate credits will be streambank repair including the grading of banks (with restoration being erosion matting and vegetation) and the use of riprap in the areas that are affected by erosion along the streambank. Areas that are being targeted for this plan are areas that are in severe to extremely severe condition. The streambank is near several trails and streets, which will make them safer.

Method for quantifying credits generated: Monitoring
 Modeling, Names: NRCS Stream bank Modeling
 Other: _____

Projected date credits will be available: 11/30/2020

The preparer certifies all of the following:

- I am familiar with the specifications submitted for this application, and I believe all applicable items in this checklist have been addressed.
- I have completed this document to the best of my knowledge and have not excluded pertinent information.

Signature of Preparer	Date Signed
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Authorized Representative Signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering and entering the information, the information is, to the best of my knowledge and belief, 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 of Authorized Representative	Date Signed
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