

**Notice:** Pursuant to s. NR 217.18, Wis. Adm. Code, this form must be completed and submitted to the Department at the time of the reissuance of an existing WPDES (Wisconsin pollutant discharge elimination system) permit to request adaptive management for phosphorus water quality based effluent limits (WQBEL). Failure to provide all requested information may result in denial of your request. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin Open Records law [ss. 19.31-19.39, Wis. Stats.].

Type of Request:

- This is the formal adaptive management request as required in s. NR 217.18(2)  
 This is a preliminary adaptive management request (to be submitted as part of facility planning.)

| Facility and Permit Information   |                             |   |  |
|---|-----------------------------|---|--|
| Facility Name<br><i>City of Cuba City</i>   |                             | WPDES Permit No.<br><i>WI - 0022217-091-0</i> |  |
| Facility Address<br><i>100 S. Splinter St.</i>  | City<br><i>Cuba city</i>    | State<br><i>WI</i>                            | ZIP Code<br><i>53807</i>                             |
| Receiving Water<br><i>Coon Branch (Galena [Fever] River Watershed, GPOI - Grant - Platte River Basin)</i> |                             |   |  |
| Owner Contact Information   |                             |   |  |
| Last Name<br><i>Morrissey</i>   | First Name<br><i>George</i> | MI  | Phone No. (incl. area code)<br><i>(608) 744-2152</i> |
| Street Address<br><i>108 N. main st</i>   |                             | FAX Number<br><i>(608) 744-2151</i>           |  |
| City<br><i>Cuba city</i>  | State<br><i>WI</i>          | ZIP Code<br><i>53807</i>                      | Email address  |

| Facility Information                                     |                                    |  |  |
|--|------------------------------------|--|--|
| Provide listed information for each lagoon or pond basin |                                    |  |  |
| Required for AM Request                                  | Wis. Administrative Code Reference | Conclusion   | Evidence/Source of Information (attach as needed)    |
| 1. NPS contribute at least 50% of total P contribution   | s. NR 217.18(2)(b)                 | <input checked="" type="checkbox"/> NPS contributes at least 50%<br><input type="checkbox"/> NPS DOES NOT contribute at least 50%  | <i>Presto-Lite Report.<br/>See attached WAM Plan</i> |
| 2. WQBEL Requires Filtration                             | s. NR 217.18(2)(c)                 | <input checked="" type="checkbox"/> Filtration required<br><input type="checkbox"/> Filtration NOT required  | <i>See Sept. 2017 Compliance Alternatives Plan</i>   |
| 3. AM Plan   | s. NR 217.18(2)(d)                 | <input checked="" type="checkbox"/> Plan is Included - Page 3<br><input type="checkbox"/> Plan is NOT Included<br><i>For a preliminary adaptive management request, AM plan not required</i> |  |

**Facility Operation and Performance**

1. **Current P removal capability** - If the facility is currently required by a WPDES permit to monitor effluent phosphorus (P) provide a summary of the influent and effluent annual average P concentrations for each of the past three (3) years. If permit required P data is not available, the applicant should provide any other P data that may be applicable and available. If no data is available, the Department may estimate the P effluent concentration by based on data from other similar facilities.

*See attached watershed adaptive management (WAM) Plan. Annual effluent P concentrations ranged from 3.52 to 4.16 mg/L, when averaged annually, in 2016-2018.*

**Watershed Adaptive Management Request**

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2. **Facility Operation** – Provide a summary description of overall facility operation. If not a continuously discharging facility, describe storage procedures and the time periods when effluent discharge occurs.

See attached Watershed Adaptive Management Plan.

Treatment is provided with preliminary and secondary processes, including a mechanical bar screen, single oxidation ditch, and final clarifiers.

3. **Previous Studies** – Reference or attach any facility planning or evaluation study that evaluated facility performance capabilities (Note – Only include studies that are recent, within 5 years, or otherwise applicable for the evaluation of the existing facility and current conditions).

See the September 2017 Compliance Alternatives Plan.

**Adaptive Management Plan (s. NR 217.18(d))**

This section should summarize the Adaptive Management Plan for internal and external review. A complete Adaptive Management Plan should be attached. Note: If this is a preliminary adaptive management request, this section is not required.

Watershed

Coon Branch Watershed

Percent Contribution of Applicant Discharge

9.35% (see attached WAM plan)

Action Area (include map)

Coon Branch Watershed (see attached WAM plan)

Watershed Characteristics and Timeline Justification

See attached WAM plan

Key Proposed Actions

Nutrient Management Planning, taking land out of production, streambank stabilization. See attached WAM plan for more details.

Key Goals and Measures for Determining Effectiveness

Target at least 280 lbs of phosphorus reduction per year for the first permit term. Verify initial establishment/installation of management measures, and confirm every permit term. Perform in-stream phosphorus monitoring May - October. Submit annual reports to DNR, and adjust actions as needed. See attached WAM plan for more details.

Partner(s)

**Watershed Adaptive Management Request**

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Funding Sources

**Adaptive Management Request and Certification**

Based on the information provided, I am requesting the Watershed Adaptive Management option to achieve compliance with phosphorus water quality standards in accordance with s. NR 217.19, Wis. Adm. Code. I certify that the information provided with this request is true, accurate and complete to the best of my knowledge.

|  |                                 |
|--|---------------------------------|
| Print or type name of person submitting request* | Title                           |
| <i>George Morrissey</i>                          | <i>Director of Public Works</i> |
| Signature of Official                            | Date Signed                     |
| <i>George Morrissey</i>                          | <i>March 1, 2019</i>            |

\*Must be an Authorized Representative for the treatment facility