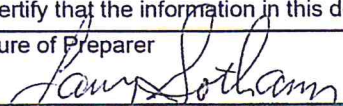


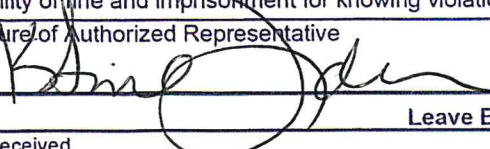
Notice: Pursuant to s. 283.84, Wis. Stats., this form must be completed by any WPDES permittee that is using water quality trading as a method of complying with a permit limitation. Failure to complete this form would not result in penalties. Personal information collected will be used for administrative 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 Weyerhaeuser		Permit Number WI- 0020761-08-0		Facility Site Number
Facility Address Historic Road			City Weyerhaeuser	State WI
Project Contact Name (if applicable) Kris Snyder			Address PO Box 168	City Weyerhaeuser
			State WI	ZIP Code 54895
Project Name WWTF Upgrade				

Broker/Exchange Information (if applicable)		
Was a broker/exchange be used to facilitate trade? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Broker/Exchange Organization Name		Contact Name
Address		Phone Number
		Email

Trade Registration Information (Use a separate form for each trade agreement)					
Type	Trade Agreement Number	Practices Used to Generate Credits	Anticipated Load Reduction	Trade Ratio	Method of Quantification
<input type="radio"/> Urban NPS <input checked="" type="radio"/> Agricultural NPS <input type="radio"/> Other		Conservation easement/ perennial vegetation	200	1.2:1	SnapPlus
County Rusk	Closest Receiving Water Name Soft Maple Creek		Land Parcel ID(s) See Attached Map	Parameter(s) being traded Phosphorous	

The preparer certifies all of the following:	
<ul style="list-style-type: none"> <li>I have completed this document to the best of my knowledge and have not excluded pertinent information.</li> <li>I certify that the information in this document is true to the best of my knowledge.</li> </ul>	
Signature of Preparer 	Date Signed 8-6-18

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 8-6-18

Leave Blank – For Department Use Only		
Date Received	Trade Docket Number	
Entered in Tracking System <input type="checkbox"/> Yes	Date Entered	Name of Department Reviewer