

**WETLAND RESTORATION—TRACKING SHEET**

**\* SIGNIFIES IT'S A REQUIRED FIELD**

\*Informal name of project: \_\_\_\_\_ DNR Contact: \_\_\_\_\_

Landownership: Private  Public

\*Landowner last name, first name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

\*Project completion (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Project manager: \_\_\_\_\_

Person filling out the form, if different than project manager \_\_\_\_\_

*When applicable:* DNR project ID#: \_\_\_\_\_ FWS project name: \_\_\_\_\_

NRCS project ID#: \_\_\_\_\_ Other ID# (specify): \_\_\_\_\_

Project Location Information:

Please attach to this submittal a map that identifies the project boundaries.

\*County: \_\_\_\_\_ Town: \_\_\_\_\_ \*Range: \_\_\_\_\_ \*Section: \_\_\_\_\_ \*Quarter: \_\_\_\_\_ \*QuarterQuarter: \_\_\_\_\_

*Use additional lines, if it crosses a boundary*

Section: \_\_\_\_\_ Quarter: \_\_\_\_\_ QuarterQuarter: \_\_\_\_\_

Section: \_\_\_\_\_ Quarter: \_\_\_\_\_ QuarterQuarter: \_\_\_\_\_

Section: \_\_\_\_\_ Quarter: \_\_\_\_\_ QuarterQuarter: \_\_\_\_\_

What is the source of your base map? (check one):  FSA wetland map,  air photo,  topo (USGS quad) map,  plat map,  mapping website,  gazeteer,  other \_\_\_\_\_

Description of Restoration efforts and Techniques:

\*1. How much of the project area results in... Acres

A. Alteration of currently existing wetlands? \_\_\_\_\_

B. New wetlands, where former wetlands once existed? \_\_\_\_\_

C. New wetlands, where wetlands never existed? \_\_\_\_\_

TOTAL, project wetland acres: \_\_\_\_\_

*On Associated Uplands....*

D. Establishment of native grassland? \_\_\_\_\_

E. Enhancement of native grassland? \_\_\_\_\_

Number of Basins or Sites in the project: \_\_\_\_\_

\*2. Wetland Design

If A was selected for Question 1 above, put a check next to the initial cover type and then write the initial acreage	Intended Cover Types (check all that apply):	Acres, best estimate
<b>WETLAND:</b> <input type="checkbox"/> Wet meadow (saturated soil) _____ <input type="checkbox"/> Emergent (temporary to semi-permanent) _____ <input type="checkbox"/> Open water (permanent) _____ <input type="checkbox"/> Shrub _____ <input type="checkbox"/> Forested _____ <input type="checkbox"/> Other wetland type: _____	<b>WETLAND:</b> <input type="checkbox"/> Wet meadow (saturated soil) _____ <input type="checkbox"/> Emergent (temporary to semi-permanent) _____ <input type="checkbox"/> Open water (permanent) _____ <input type="checkbox"/> Shrub _____ <input type="checkbox"/> Forested _____ <input type="checkbox"/> Other wetland type: _____	

Restoration techniques (check all that apply):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Ditchplug   | <input type="checkbox"/> Recontour               |
| <input type="checkbox"/> Ditchfill   | <input type="checkbox"/> Water control structure |
| <input type="checkbox"/> Scrape      | <input type="checkbox"/> Dike/berm               |
| <input type="checkbox"/> Break Tiles | Other _____                                      |

**To be completed by WDNR  
Central Office**

Unified Restoration ID# \_\_\_\_\_

Descriptive comments: \_\_\_\_\_

Project Administration:

<p><b>*1. Lead agency/organization:</b> _____</p> <p>*Funding program: _____</p> <p>*Restoration Cost \$\$ _____</p> <p><b>*Agreement, lead agency/org:</b> _____</p> <p><b>TYPE</b></p> <p><input type="checkbox"/> Landowner</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> MOU</p> <p><input type="checkbox"/> MOA</p> <p><input type="checkbox"/> Purchase Order</p> <p>Other: _____</p> <p style="text-align: right;"><b>Length of Agreement</b></p> <p style="text-align: right;">_____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"><p>If this project was done on Public land, please skip the questions on Agreement Type and Length of Agreement for Lead agency.</p></div>
<p><b>2. Partner agency/organization:</b> _____</p> <p>Funding program: _____</p> <p>Restoration Cost \$\$ _____</p> <p><b>Agreement, partner (2):</b> _____</p> <p><b>TYPE</b></p> <p><input type="checkbox"/> Landowner</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> MOU</p> <p><input type="checkbox"/> MOA</p> <p><input type="checkbox"/> Purchase Order</p> <p>Other: _____</p> <p style="text-align: right;"><b>Length of Agreement</b></p> <p style="text-align: right;">_____</p>
<p><b>3. Partner agency/organization:</b> _____</p> <p>Funding program: _____</p> <p>Restoration Cost \$\$ _____</p> <p><b>Agreement, partner (3):</b> _____</p> <p><b>TYPE</b></p> <p><input type="checkbox"/> Landowner</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> MOU</p> <p><input type="checkbox"/> MOA</p> <p><input type="checkbox"/> Purchase Order</p> <p>Other: _____</p> <p style="text-align: right;"><b>Length of Agreement</b></p> <p style="text-align: right;">_____</p>

Other project comments (list any other partners): \_\_\_\_\_

\*Contract signing date: \_\_\_\_\_(If on Public land, please skip this question.)

\*Current Protection Type at time of Project (fee ownership, easement, other) \_\_\_\_\_

\*Protection Duration (perpetual, 10-yr, 15-yr, 30-yr, other) \_\_\_\_\_

TOTAL RESTORATION COST \$ \_\_\_\_\_

Mail Completed Form and Map to:

Assistant Wetland Specialist WM/6  
Wisconsin Dept. of Natural Resources  
PO Box 7921  
Madison WI 53707-7921