State of Wisconsin
Department of Natural Resources
101 South Webster Street
Madison WI 53707-7921
dnr.wi.gov

Water Quality Trading Management Practice Registration

Form 3400-207 (R 1/14)

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	Permit Number	Facility Site Number
Cambrian Innovation	WI- 0067041-01-0	Not assigned

Facility Address	City	State	ZIP Code
1052 6th St	Almena	WI	54805

Project Contact Name (if applicable)	Address	City	State	ZIP Code
Jainish Patel	15 Main Street, Suite 318	Watertown	MA	02472

Project Name
Cambrian Almena Project, LLC

Broker/Exchange Information (if applicable)

Was a broker/exchange be used to facilitate trade? ◯ Yes ◉ 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
◯ Urban NPS ◉ Agricultural NPS ◯ Other	Not Assigned Internally Trade Agreement #1 Fields G & H	Conversion of Row Crops to Perennial Vegetation (Harvested)	Varies Refer to Attachment L of Approved WQT Plan	1.2	SnapPlus

County	Closest Receiving Water Name	Land Parcel ID(s)	Parameter(s) being traded
Barron	Unnamed Trib. to The Hay River	Field H: 048120004000	Phosphorus

The preparer certifies all of the following:

- I have completed this document to the best of my knowledge and have not excluded pertinent information.
- I certify that the information in this document is true to the best of my knowledge.

Signature of Preparer	Date Signed
Alex Ciessau	1/15/2025

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
Jainish Patel	1/15/2025

Leave Blank – For Department Use Only

Date Received		Trade Docket Number
Entered in Tracking System ☐ Yes	Date Entered	Name of Department Reviewer