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 |
|---|---|---|
| City of Monroe | WI- 0020362-08-0 | 31428 |

| Facility Address | City | State | ZIP Code |
|---|---|---|---|
| 1110 18th Ave | Monroe | WI | 53566 |

| Project Contact Name (if applicable) | Address | City | State | ZIP Code |
|---|---|---|---|---|
| Jennifer Buholzer | 1107 16th Ave | Monroe | WI | 53566 |

Project Name
Honey Creek Streambank Restoration Project

## 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<br>○ Agricultural NPS<br>○ Other | WQT-2022-0005 | Streambank Restoration | 308.73 | 3:1 | NRCS Stream bank Erosion Calculator |

| County | Closest Receiving Water Name | Land Parcel ID(s) | Parameter(s) being traded |
|---|---|---|---|
| | Honey Creek | 2354.11 | 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 |
|---|---|
| Jennifer B Buholzer | 1/1/2025 |

## 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 |
|---|---|
| Alan E Arber OPW | 1-20-2025 |

**Leave Blank – For Department Use Only**

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