

**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 Seneca Foods Mayville		Permit Number WI- 0050822-08		Facility Site Number 114007520	
Facility Address 500 S Clark St.			City Mayville	State WI	ZIP Code 53050
Project Contact Name (if applicable) Robert Wendt		Address 2901 Perry St		City Madison	State WI
Project Name Seneca Foods Mayville TP/TSS					

**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
<input type="radio"/> Urban NPS <input checked="" type="radio"/> Agricultural NPS <input type="radio"/> Other					
County Dodge	Closest Receiving Water Name East Branch of Rock River		Land Parcel ID(s)	Parameter(s) being traded TP & TSS	

**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 <i>Robert C. Wendt</i>	Date Signed 10-20-2020
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**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 <i>Miss [Signature]</i>	Date Signed 10/22/20
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**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	