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
Village of Readstown	WI- 0021661	

Facility Address	City	State	ZIP Code
623 S. Maiben St.	Readstown	WI	54652

Project Contact Name (if applicable)	Address	City	State	ZIP Code
Jordan Fure	875 South Chestnut St.	Platteville	WI	53818

Project Name
Readstown Water Quality Trading

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	1	Streambank Stabilization	391	(See Trading Plan)	NRCS Streambank Erosion Model

County	Closest Receiving Water Name	Land Parcel ID(s)	Parameter(s) being traded
Vernon	Kickapoo River	See Trading Plan	Total 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
Jordan Fure	12-29-2025

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
Chelsey Hoffman Clerk/Treasurer	12/29/2025

Leave Blank – For Department Use Only

Date Received	Trade Docket Number

Entered in Tracking System ☐ Yes	Date Entered	Name of Department Reviewer