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
Waumandee Sanitary District #1	WI- 0061646-04-1	

Facility Address	City	State	ZIP Code
S1991 County Road U	Waumandee	WI	54622

Project Contact Name (if applicable)	Address	City	State	ZIP Code
Greg Mueller	S1991 County Road U	Waumandee	WI	45622

Project Name
Waumandee SD #1 WQT Projects - Reuter, Reglin, Brommer

Broker/Exchange Information (if applicable)

Was a broker/exchange be used to facilitate trade? (●) Yes ( ) No

Broker/Exchange Organization Name	Contact Name	
Buffalo County Land Management Department	Cale Severson	
Address	**Phone Number**	**Email**
407 S. 2nd St., Alma, WI 54610	(608) 685-6262	cale.severson@buffalocountywi.gov

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	0061646-01 0061646-02	Streambank Stabilization	71	2.0	NRCS Streambank Erosion Estimator Spreadsheet

County	Closest Receiving Water Name	Land Parcel ID(s)	Parameter(s) being traded
Buffalo	Waumandee Creek	034004260000	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
[signature]	10-10-2024

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
[signature]	10-10-2024

Leave Blank – For Department Use Only

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