State of Wisconsin Department of Natural Resources Bureau of Watershed Management PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Watershed Adaptive Management Request

Form 3200-139 (1/12)

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Notice: Pursuant to s. NR 217.18, Wis. Adm. Code, this form must be completed and submitted to the Department at the time of the reissuance of an existing WPDES (Wisconsin pollutant discharge elimination system) permit to request adaptive management for phosphorus water quality based effluent limits (WQBEL). Failure to provide all requested information may result in denial of your request. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin Open Records law [ss. 19.31-19.39, Wis. Stats.].

Type of Request:

This is the formal adaptive management request as required in s. NR 217.18(2)

This is a preliminary adaptive management request (to be submitted as part of facility planning.)

Facility and Permit Infor Facility Name	imation					WDDES	Pormit No.		
City of Burlington Water Pollution Control F						1	VPDES Permit No. NI ~0022926-10		
Facility Address		Contro		City			State	ZIP Code	
2100 S. Pine Street				Burlington			WI	53105	
Receiving Water									
Fox River Owner Contact Informat	lion								
Last Name	15-246	First Nam	ie	MI		Phone N	Phone No. (incl. area code)		
Hefty		Donal	d		Т	262-53	9-3646		
Street Address					•	FAX Nun	nber		
2100 S. Pine Street			N++++	r			9-3648		
City			State	ZIP Code		address			
Burlington			<u>MI</u>	53105	<u>∣ dhe</u>	fty@bui	<u>lington-\</u>	wi.gov	
Facility Information Provide listed information for ea	ab logoop o	r nond ho	aín						
Required for AM Request	Wis. Admi	•		Conclusion	1	I	Fviden	ce/Source of	
······································	Code Reference				inf		attach as needed)		
1. NPS contribute at least	s. NR 217.	18(2)(b)	X	NPS contributes at	least 5	0%			
50% of total P contribution				NPS DOES NOT c	ontribu	te at			
				least 50%					
2. WQBEL Requires Filtration	s. NR 217.	18(2)(c)	X	Filtration required					
				Filtration NOT requ	ired				
3. AM Plan	s. NR 217.18(2)(d)			Plan is Included – Page 3					
				For a preliminary a management reque					
				plan not required	, 71VI				
Facility Operation and P	erforman	ce							

Current P removal capability – If the facility is currently required by a WPDES permit to monitor effluent phosphorus (P) provide a summary of the influent and effluent annual average P concentrations for each of the past three (3) years. If permit required P data is not available, the applicant should provide any other P data that may be applicable and available. If no data is available, the Department may estimate the P effluent concentration by based on data from other similar facilities.

See Attached.

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2. Facility Operation – Provide a summary description of overall facility operation. If not a continuously discharging facility, describe storage procedures and the time periods when effluent discharge occurs.

See Preliminary Compliance Alternatives Plan.

 Previous Studies – Reference or attach any facility planning or evaluation study that evaluated facility performance capabilities (Note – Only include studies that are recent, within 5 years, or otherwise applicable for the evaluation of the existing facility and current conditions).

See Preliminary Compliance Alternatives Plan.

Adaptive Management Plan (s. NR 217.18(d))

This section should summarize the Adaptive Management Plan for internal and external review. A complete Adaptive Management Plan should be attached. Note: If this is a preliminary adaptive management request, this section is not required.

Percent Contribution of Applicant Discharge

Action Area (include map)

Watershed Characteristics and Timeline Justification

Key Proposed Actions

Key Goals and Measures for Determining Effectiveness

Partner(s)

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Funding Sources

Adaptive Management Request and Certification

Based on the information provided, I am requesting the Watershed Adaptive Management option to achieve compliance with phosphorus water quality standards in accordance with s. NR 217.19, Wis. Adm. Code. I certify that the information provided with this request is true, accurate and complete to the best of my knowledge.

Print or type name of person submitting request*	Title
Donald T. Hefty	Utility Foreman
Signature of Official	Date Signed
Down J. HAL	12/20/2018
*Must he an Authorized Representative for the treatment facility	

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PO4 Influent Averages

	RAW SEWAGE PO4
Month	MG/L
Nov 2015	2.86
Dec 2015	2.64
Jan 2016	2.80
Feb 2016	2.65
Mar 2016	2.99
Apr 2016	2.75
May 2016	4.00
Jun 2016	3.55
Jul 2016	4.09
Aug 2016	3.63
Sep 2016	3.58
Oct 2016	3.59
Minimum. Maximum	2.64
Maximum	4.09
Average	3.26

	RAW
	SEWAGE PO4
	F04
Month	MG/L
Nov 2016	3.79
Dec 2016	3.64
Jan 2017	3.08
Feb 2017	3.03
Mar 2017	3.20
Apr 2017	2.69
May 2017	2.82
Jun 2017	3.01
Jul 2017	2.17
Aug 2017	2.79
Sep 2017	3.22
Oct 2017	2.98
Minimum	2.17
Maximum	3.79
Average	3.04

	RAW SEWAGE
	PO4
Month	MG/L
Nov 2017	4.59
Dec 2017	5.14
Jan 2018	3.38
Feb 2018	2.99
Mar 2018	3.38
Apr 2018	3.07
May 2018	2.89
Jun 2018	3.17
Jul 2018	2.81
Aug 2018	3.71
Sep 2018	3.24
Oct 2018	2.25
Minimum	2.25
Maximum	5.14
Average	3.38

Total Phosphorus Final Effluent Monthly Averages - Nov 2015 thru Oct 2018

	FINAL EFF PO4		FINAL EFF PO4		FINAL EFF PO4
Month	MG/L	Month	MG/L	Month	MG/L
Nov-15	0.53	Nov-16	0.6	Nov-17	0.463
Dec-15	0.538	Dec-16	0.578	Dec-17	
Jan-16	0.618	Jan-17	0.683	Jan-18	
Feb-16	0.558	Feb-17	0.401	Feb-18	
Mar-16	0.711	Mar-17	0.378	Mar-18	
Apr-16	0.653	Apr-17	0.487	Apr-18	
May-16	0.556	May-17	0.651	May-18	0.484
Jun-16	0.72	Jun-17	0.54	Jun-18	0.368
Jul-16	0.812	Jul-17	0.364	Jul-18	0.323
Aug-16	0.618	Aug-17	0.432	Aug-18	0.436
Sep-16	0.665	Sep-17	0.292	Sep-18	0.414
Oct-16	0.658	Oct-17	0.337	Oct-18	0.542
Minimum	0.53	Minimum	0.292	Minimum	0.323
Maximum	0.812	Maximum	0.683	Maximum	0.677
Total	7.637	Total	5.74	Total	5.682
Average	0.636	Average	0.478	Average	0.474