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	on a land					达到基础等的企业等的企业等	
Permittee Name Permit Number				Facility Site Number			
Springfield Clay Water LLC WI-0065889-01-0 Fadility Address City Istate IZIP Code							
	1 20			City	7 19	State ZIP Code	
Project Contact Name (if applicable) Address					deleton	WI 53562	
Project Contact Name (if applicable) Address						State ZIP Code	
Daniel Nemke 737 W. Glen Daks Ln. Meguan WI 57092							
Project Name							
Springfield Clean Water NCS Project							
Broker/Exchange Information (if applicable)							
Was a broker/exchange be used to facilitate trade?							
O No							
Broker/Exchange Organization Name Contact Name							
2				Kyle Minks			
Address				Phone Number Email			
5201 Fen Oak Drive, Room 208			11000000			Occuptiofdana com	
Trade Registration Information (Use a separate form for each trade agreement) [608] 224-3675 minks.kyle@countyofdane.com							
	Trade Agreemer			Anticipated Load			
Туре	Number	Credits		Reduction	Trade Ratio	Method of Quantification	
					1		
	1						
Urban NPS			Grassed Waterways		1		
Agricultural NPS	LWRM#6(201	6) Graced Waters			1.5:1	NRCS Gully Erosion	
Other	15 11 10111110(201	Grassed Waterw			1.5.1	Calculator	
Outlet				TSS = 218,600			
County	Clos	sest Receiving Water Nan		Land Parcel ID(٠,		
Dane					100	Parameter(s) being traded	
11 and 100						TP and 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					Date Signed		
David Medico					8/17/17		
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							
Ward Mante					8/17/17		
Leave Blank – For Department Use Only							
Date Received					Trade Docket Number		
Date Entered					Name of Department Reviewer		
Entered in Tracking System Yes				Transcot pebaigners Verlewei		Innerit Keylewet	
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