

**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 Information**

Facility Name <i>Lodi Wastewater Treatment Facility</i>		WPDES Permit No. <i>WI-0022918-08-0</i>	
Facility Address <i>707 Fair Street</i>	City <i>Lodi</i>	State <i>WI</i>	ZIP Code <i>53555</i>
Receiving Water <i>Spring Creek</i>			

**Owner Contact Information**

Last Name <i>Herwig</i>	First Name <i>Randy</i>	MI	Phone No. (incl. area code) <i>(608) 592-3247 ext. 207</i>
Street Address <i>130 South Main Street</i>			FAX Number
City <i>Lodi</i>	State <i>WI</i>	ZIP Code <i>53555</i>	Email address <i>rherwig@wppienergy.org</i>

**Facility Information**

Provide listed information for each lagoon or pond basin

Required for AM Request	Wis. Administrative Code Reference	Conclusion	Evidence/Source of information (attach as needed)
1. NPS contribute at least 50% of total P contribution	s. NR 217.18(2)(b)	<input checked="" type="checkbox"/> NPS contributes at least 50% <input type="checkbox"/> NPS DOES NOT contribute at least 50%	<i>PRESTO Model</i>
2. WQBEL Requires Filtration	s. NR 217.18(2)(c)	<input checked="" type="checkbox"/> Filtration required <input type="checkbox"/> Filtration NOT required	
3. AM Plan	s. NR 217.18(2)(d)	<input type="checkbox"/> Plan is Included – Page 3 <input checked="" type="checkbox"/> Plan is NOT Included <i>For a preliminary adaptive management request, AM plan not required</i>	

**Facility Operation and Performance**

1. **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 Lodi Preliminary Compliance Alternatives Plan - October 2014*

**Watershed Adaptive Management Request**

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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 Lodi Preliminary Compliance Alternatives Plan - October 2014

3. **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 Lodi Preliminary Compliance Alternatives Plan Appendix - October 2014

**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.

Watershed	Percent Contribution of Applicant Discharge
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Action Area (include map)

Watershed Characteristics and Timeline Justification

Key Proposed Actions

Key Goals and Measures for Determining Effectiveness

Partner(s)

**Watershed Adaptive Management Request**

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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\*

PATRICK S MORROW

Title

PROJECT MANAGER

Signature of Official

*Patrick S. Morrow*

PATRICK S. MORROW

Date Signed

10/22/14

\*Must be an Authorized Representative for the treatment facility