

State of Wisconsin
 Department of Natural Resources
 101 South Webster Street
 Madison, WI 53707

Water Quality Trading Checklist
 Form 8700-nnn (R10/12)

Applicant Information

Permittee Name	Permit Number WI-	Facility Site Number
----------------	----------------------	----------------------

Facility Address	City	State	ZIP Code
------------------	------	-------	----------

Project Contact Name(if applicable)	Address	City	State	Zip Code
-------------------------------------	---------	------	-------	----------

Project Name

Receiving Water Name	Parameter(s) being traded	HUC 12
----------------------	---------------------------	--------

Credit Generator Information

Credit generator type (check all that apply):

<input type="checkbox"/> Permitted Discharge (non-MS4)	<input type="checkbox"/> Non-permitted urban discharge
<input type="checkbox"/> Permitted MS4	<input type="checkbox"/> Agricultural nonpoint source discharge
<input type="checkbox"/> CAFOs	<input type="checkbox"/> Other- Specify: _____

Are any of the credit generators in a different HUC 12 than the applicant? Yes; HUC 12: _____
 No

Are any of the credit generators downstream of the applicant? Yes
 No

Was a broker/exchange be used to facilitate trade? Yes (include description and contact information in WQT plan)
 No

Permitted Discharge Information (Traditional Municipal/Industrial Discharge, MS4, CAFO):

Are each of the point sources identified in this section are in compliance with their WDPES permit requirements? Yes
 No

Discharge Type	Permit Number	Name	Contact Information	Trade Agreement Number
<input type="checkbox"/> Traditional <input type="checkbox"/> MS4 <input type="checkbox"/> CAFO				
<input type="checkbox"/> Traditional <input type="checkbox"/> MS4 <input type="checkbox"/> CAFO				
<input type="checkbox"/> Traditional <input type="checkbox"/> MS4 <input type="checkbox"/> CAFO				
<input type="checkbox"/> Traditional <input type="checkbox"/> MS4 <input type="checkbox"/> CAFO				
<input type="checkbox"/> Traditional <input type="checkbox"/> MS4 <input type="checkbox"/> CAFO				

Does plan have a narrative that describes:		Plan Section
a. Summary of discharge and existing treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Amount of credit being generated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Timeline for credits and agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Method for quantifying credits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Tracking and verification procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Location of credit generator in proximity to receiving water and credit user	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Permitted Discharge Information (Non-permitted urban, agricultural, other):

Type	Practices Used to Generate Credits	Method of Quantification	Trade Agreement Number	Have the practice(s) been formally registered?
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only in part

Does plan have a narrative that describes:		Plan Section
a. Description of existing land uses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Management practices used to generate credits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Amount of credit being generated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Description of applicable trade ratio per agreement/management practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Timeline for credits and agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Method for quantifying credits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Tracking procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Conditions under which the management practices may be inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Reporting requirements should the management practice fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j. Operation and maintenance plan for each management practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	
k. Location of credit generator in proximity to receiving water and credit user	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l. Practice registration documents, if available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m. History of project site(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
n. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The preparer and owner certify all of the following:

- I am familiar with the specifications submitted for this application, and I believe all applicable items in this checklist have been addressed.
- 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
-----------------------	-------------