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

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		WPDES Permit No. **WI -**		
Facility Address	City		State	ZIP Code
Receiving Water				

Owner Contact Information

Last Name	First Name	MI	Phone No. (incl. area code)
Street Address			FAX Number
City	State	ZIP Code	Email address

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)	☐ NPS contributes at least 50% ☐ NPS DOES NOT contribute at least 50%	
2. WQBEL Requires Filtration	s. NR 217.18(2)(c)	☐ Filtration required ☐ Filtration NOT required	
3. AM Plan	s. NR 217.18(2)(d)	☐ Plan is Included – Page 3 ☐ Plan is NOT Included *For a preliminary adaptive management request, AM plan not required*	

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.

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.

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).

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

Action Area (include map)

Watershed Characteristics and Timeline Justification

Key Proposed Actions

Key Goals and Measures for Determining Effectiveness

Partner(s)

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
Signature of Official	Date Signed

*Must be an Authorized Representative for the treatment facility