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:
- [x] 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: Village of Blue Mounds WWTP
WPDES Permit No.: WI - 0031658-07-0

Facility Address: 10961 CTH "ID", Blue Mounds, Wisconsin
City: Blue Mounds
State: WI
ZIP Code: 53517

Receiving Water: Williams Barneveld Creek (Upper East Branch Pecatonica River Watershed - SP06 - Sugar Pecatonica River Basin)

Owner Contact Information

Last Name: Foster
First Name: Dan
MI: Phone No. (incl. area code)
(608) 437-7530
FAX Number: (608) 437-7563
Street Address: 11011 Brigham Ave. PO Box 189
City: Blue Mounds
State: WI
ZIP Code: 53517
Email address: dpwvbm@mhtc.net

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) | [x] NPS contributes at least 50% | At compliance point downstream of WWTP effluent discharge. See Adaptive Management Plan
| | [ ] NPS DOES NOT contribute at least 50% | |
2. WQBEL Requires Filtration | s. NR 217.18(2)(c) | [x] Filtration required | See Adaptive Management Plan
| | [ ] Filtration NOT required | |
3. AM Plan | s. NR 217.18(2)(d) | [ ] Plan is Included – Page 3 | |
| | [x] 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.

See Adaptive Management Plan
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.

   Influent flows to the headworks of the treatment plant by gravity where it passes through a mechanical bar screen before being sent to the oxidation ditch. Air is supplied to the two ring ditch by a pair of surface disc aerators. Mixed liquor flows to the single clarifier in the center of the oxidation ditch. Clarified effluent flows to the splitter box and discharges to the creek. Centrifugal RAS and WAS pumps are located in the Main Service Building basement. RAS returns to the oxidation ditch and WAS is sent to the aerobic digester. After digestion, solids are thickened before being stored in the sludge storage tank. Class B sludge solids are land applied twice a year.

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 Adaptive Management Plan

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**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.

<table>
<thead>
<tr>
<th>Watershed Characteristic</th>
<th>Percent Contribution of Applicant Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Area (include map)</td>
<td></td>
</tr>
<tr>
<td>Watershed Characteristics and Timeline Justification</td>
<td></td>
</tr>
<tr>
<td>Key Proposed Actions</td>
<td></td>
</tr>
<tr>
<td>Key Goals and Measures for Determining Effectiveness</td>
<td></td>
</tr>
</tbody>
</table>

**Partner(s)**
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.

<table>
<thead>
<tr>
<th>Print or type name of person submitting request*</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Thompson</td>
<td>Project Engineer</td>
</tr>
</tbody>
</table>

Signature of Official

Date Signed

06/29/2018

*Must be an Authorized Representative for the treatment facility