

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				
Permittee Name		Permit Number		Facility Site Number
City of Brodhead		WI- 0021903		
Facility Address			City	State
1700 11th Street			Brodhead	WI
ZIP Code				
53520				
Project Contact Name (if applicable)		Address		City
Steven Apfelbaum		17921 Smith Rd, P.O. Box 256		Brodhead
State		ZIP Code		
WI		53520		
Project Name				
Brodhead Water Quality Trading - Decatur Lake Golf Course Front 9				

Broker/Exchange Information (if applicable)		
Was a broker/exchange be used to facilitate trade?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Broker/Exchange Organization Name		Contact Name
Address		Phone Number
		Email

Trade Registration Information (Use a separate form for each trade agreement)					
Type	Trade Agreement Number	Practices Used to Generate Credits	Anticipated Load Reduction	Trade Ratio	Method of Quantification
<input type="radio"/> Urban NPS <input type="radio"/> Agricultural NPS <input checked="" type="radio"/> Other	Landowner D (~57 acres)	Conservation Easement (Golf course lawn converted to perennial prairie vegetation with deed restriction.)	~27.5 lbs/yr	1.2:1	SnapPlus
County		Closest Receiving Water Name	Land Parcel ID(s)	Parameter(s) being traded	
Green		Sugar River (Decatur Lake)	23012-03790000	Total Phosphorus	

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 <i>Andrew Skasz</i>	Date Signed 10/10/2018
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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 <i>Richard Vogel</i>	Date Signed 10/11/2018
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Leave Blank - For Department Use Only		
Date Received	Trade Docket Number	
Entered in Tracking System <input type="checkbox"/> Yes	Date Entered	Name of Department Reviewer