

**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 Village of Montfort WWTP		Permit Number WI- 0024821		Facility Site Number
Facility Address 360 Route 66			City Montfort	State WI
Project Contact Name (if applicable) Todd Griffiths			Address 102 Park Street	City Montfort
			State WI	ZIP Code 53569
Project Name 2018 Blue River Streambank Restoration Project				

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 checked="" type="radio"/> Agricultural NPS <input type="radio"/> Other	Village of Montfort Water Quality Trade Agreement No. 2	Streambank Restoration	841	1	NRCS Streambank Erosion Estimator & soil testing for total phosphorus
County Grant	Closest Receiving Water Name Blue River		Land Parcel ID(s) 10-185/8, -190, -282/3/4	Parameter(s) being traded 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>Brett Schmitz</i>	Date Signed 6/26/18
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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>James Schmitz</i>	Date Signed 8/14/18
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Leave Blank – For Department Use Only	
Date Received	Trade Docket Number
Entered in Tracking System <input type="checkbox"/> Yes	Name of Department Reviewer