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

<table>
<thead>
<tr>
<th>Permittee Name</th>
<th>Village of Montfort WWTP</th>
<th>Permit Number</th>
<th>WI-0024821</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Address</td>
<td>360 Route 66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Contact Name</td>
<td>Todd Griffiths</td>
<td>Address</td>
<td>102 Park Street</td>
</tr>
</tbody>
</table>

### Facility Site Number

<table>
<thead>
<tr>
<th>City</th>
<th>Montfort</th>
</tr>
</thead>
</table>

### Project Name

2018 Blue River Streambank Restoration Project

### Broker/Exchange Information (if applicable)

- **Was a broker/exchange be used to facilitate trade?**
  - Yes
  - No

### Trade Registration Information (Use a separate form for each trade agreement)

<table>
<thead>
<tr>
<th>Type</th>
<th>Village of Montfort Water Quality Trade Agreement No. 2</th>
<th>Trade Agreement Number</th>
<th>Streambank Restoration</th>
<th>Practices Used to Generate Credits</th>
<th>Anticipated Load Reduction</th>
<th>Trade Ratio</th>
<th>Method of Quantification</th>
</tr>
</thead>
</table>

- **Type:**
  - Urban NPS
  - Agricultural NPS
  - Other

### 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**

Sign: [Signature]

**Date Signed**

6/26/18

Authorized Representative Signature

**Signature of Authorized Representative**

Sign: [Signature]

**Date Signed**

8/14/18

Leave Blank – For Department Use Only

**Date Received**

**Trade Docket Number**

**Entered In Tracking System**

**Yes**

**Date Entered**

**Name of Department Reviewer**