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Notice: This final report is authorized by ss. 281.65 and 281.66, Wis. Stats., and chs. NR 153 and NR 155, Wis. Adm. Code. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

**Instructions:** Your grant agreement requires you to submit a Final Report 60 days after the end date listed in the grant agreement. This Final Report form must be used in conjunction with the "FINAL REPORT INSTRUCTIONS." The instructions detail how to complete and submit the report to DNR. The DNR prefers that Final Reports be submitted in electronic format. If, however, printed copies of Final Reports are submitted, please submit three (3) complete originals to your regional Nonpoint Coordinator.

**1. Grant Type -- Please check one.**

- Targeted Runoff Management Grant -- Agricultural  
 Targeted Runoff Management Grant -- Urban  
 Urban Nonpoint Source & Storm Water Management Grant -- Construction  
 Urban Nonpoint Source & Storm Water Management Grant -- Planning

**2. Grantee & Project Information**

Project Name <b>Subsurface Stormwater Best Management Practices Design Study Report</b>	Grant Number <b>USP-MI01-41281-03</b>
Governmental Unit Name <b>City of St. Francis</b>	Primary Watershed Name and Watershed Code <b>Kinnickinnic River - MI01</b>
Nearest Water Body Name	Nearest Water Body Identification Code (WBIC) (if applicable) <b>RECEIVED</b>
DNR Water Management Unit (River System) Name	s. 303 (d) Listed Waterbody? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>APR 29 2009</b>

What pollutant(s) were addressed by the project (e.g., nitrogen, phosphorus, sediment, thermal control, etc.)?

**Sediment and heavy metals**

**BUREAU OF WATERSHED MGMT**

For **each** project site location provide the following: (attach additional sheets if necessary)

Location:		A	B	C	D	E
Minor Civil Division Name (City, Township, Village, etc.)		St. Francis	St. Francis			
PLSS	Town	6 North	6 North			
	Range	22 East	22 East			
	Section	21	21			
	Quarter	NE	SE			
	Quarter-Quarter	SE	NE			
Latitude (degrees, minutes, seconds North of Equator; use the DNR's Surface Water Data Viewer, SWDV)		42d 58m 11s N	42d 57m 58s W			
Longitude (degrees, minutes, seconds W of Prime Meridian, use the SWDV)		87d 53m 34s W	87d 53m 12s W			
Property Owner(s)	Name	City of St. Francis				
	Mailing address	4235 S. Nicholson Ave, 53235				

Site address (Not mailing address)	NA				
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**3. Summary of Results**

**A. Performance Standards and Prohibitions and Other Water Resources Management Priorities**

For grants issued in calendar year 2006 or later, complete Tables A and B (following) consistent with the entries on your grant application.

**TABLE A. PERFORMANCE STANDARDS AND PROHIBITIONS (per ch. NR 151, Wis. Adm. Code, effective October 1, 2002)**

Performance Standard or Prohibition	Units of Measure	Quantity	Measurement Method Used
Sheet, rill and wind erosion	Acres meeting T		
Manure Storage Facilities: New Construction/Alterations	Number of facilities		
	Number of animal units		
Manure Storage Facilities: Closure	Number of facilities		
Manure Storage Facilities: Failing/Leaking Facilities	Number of facilities		
	Number of animal units		
Clean Water Diversions in WQMA	Pollutant load reduction		
	Number of farms with diversions		
	Number animal units		
Nutrient Management on Agricultural Land	Acres planned		
Prohibition: Manure Storage Overflow	Number of facilities		
	Number of animal units		
Prohibition: Unconfined Manure Pile in WQMA	Number of farms		
Prohibition: Direct Runoff From Feedlot/Stored Manure	Pollutant load reduction		
	Number of facilities		
	Number of animal units		
Prohibition: Unlimited Livestock Access	Feet of bank protected		
	Number of farms		
Urban: 20-40% Reduction in Total Suspended Solids (TSS)	Pounds TSS reduced		
	% TSS reduction		

**TABLE B. OTHER WATER RESOURCES MANAGEMENT PRIORITIES**

I. Agricultural Areas	Units of Measure	Quantity	Measurement Method Used
Buffers	Feet of bank protected		
	Number of farms		
Streambank	Tons of bank erosion reduced		
	Feet of bank protected		
Other (specify)			
II. Developed Urban Areas	Units of Measure	Quantity	Measurement Method Used
Urban: 20-40% Reduction in TSS	Pounds TSS reduced		
	% TSS reduction		
Infiltration	% Pre-development stay-on volume		
	Cubic feet stay-on volume		
Peak flow discharge	Change in cubic feet per second		
Protective areas	Feet of bank protected		
Fueling & maintenance areas	Oily sheen presence		
Streambank	Tons of bank erosion reduced		
	Feet of bank protected		
Other (specify)			
III. Planning	Units of Measure	Quantity	Measurement Method Used
Quantify how implementation of the planning project decreased storm water impacts on state waters (i.e., storm water plan, I & E plan, etc.)	Municipalities planned for	1	NA
	Acres planned for	12	measure on map
Document/track progress made in implementing the planning product (i.e., ordinance, utility district evaluation/formation, storm water management plan information & education, etc.)	Municipalities planned for	1	NA
	Acres planned for	12	measure on map

Other (specify)			
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**B. Project Results Narrative**

A study was completed to determine which proprietary device would provide the most pollutant removal in areas of the City where it was believed the City could achieve the highest sediment removal rates. 5 locations were studied and 2 were chosen - one at S. Kansas Ave/E. Bolivar Ave and one on E. Waterford Ave just east of S. Clement Ave. These locations are in the City's industrial park. The study also reviewed the available data on the proprietary devices and recommended that the City utilize the Stormceptor or Vortechs device. However, after talking with other municipalities, further investigation into the site constraints and other studies being done, it was decided to implement the Baysaver device which was installed under another grant.

**4. Satisfaction of Notice Requirements (if applicable)**

If cost sharing for this project was offered under a formal notice to achieve compliance with performance standards or prohibitions, provide information for each notice in the table below.

Notice Information				Notice Satisfaction Information		
Notice Type	Issue Date	From (Name)	To (Name)	Satisfied?		Date Letter Sent
				Yes	No	
NA				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

**5. Summary of Project Challenges**

It was challenging to perform the study because these devices were newer to the market and there was not a lot of documentation on the devices at the time.

**6. Additional Information about the Project (optional)**

Please note that this was a study of a treatment device, not a ordinance or plan that was created. There were no documents for the City to adopt so B3 does not apply.

**7. Final Product(s) -- All Projects**

**A. Construction Projects**

A.1. Checking here indicates that a printed copy of project plans and specifications was sent to your DNR Regional Nonpoint Source Coordinator.

A.2. Checking here indicates that photo-documentation of the project's construction is attached.

**B. Planning Projects**

B.1. Checking here indicates that a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.

B.2. Checking here indicates that the Regional Nonpoint Source Coordinator has approved the final Planning Product(s).

B.3. Checking here indicates that your governmental unit has adopted the final Planning Product(s).

Name of Planning Document(s) <b>City of St. Francis Study of Proprietary Devices</b>	Date(s) effective	Date Submitted to NPS Coordinator
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**8. Grantee Certification:**

Checking here certifies that, to the best of your knowledge, the information contained in this report is correct and true.

Type or print Name and Title of Authorized Representative certifying here.

**Melinda K. Dejewski, PE, City Engineer/Director of Public Works**

Signature of Authorized Representative	Date
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**9. FOR DEPARTMENTAL USE ONLY**

REGIONAL NONPOINT COORDINATOR -- Please complete the following:

- Checking here indicates that you received either planning or construction plans and specifications from the project sponsor, as appropriate. Attach a copy of the approval.
- Checking here indicates that you approved the final construction. Attach a copy of the final construction approval.
- Checking here indicates that you have approved the final Planning Product(s).
- Check here if two (2) signed, original copies of the Final Report and attachments have been sent to Runoff Management Section Grants Coordinator. Note: Regional Nonpoint Source Coordinator may retain one (1) copy of the signed, original Final Report.

Type or print Name of Regional Nonpoint Coordinator

Signature of Regional Nonpoint Coordinator

Date