

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 City of Darlington		Permit Number WI- 0021016		Facility Site Number
Facility Address 14700 Spring Street			City Darlington	State WI
Project Contact Name (if applicable) Jordan Fure			Address 875 South Chestnut Street	City Platteville
			State WI	ZIP Code 53818

Project Name
 Proposed 2019 Stream Improvements - Pecatonica River

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	1	Streambank Stabilization	1,306	3:1	NRCS Streambank Erosion Model

County Lafayette	Closest Receiving Water Name Pecatonica River	Land Parcel ID(s) See WQT Plan	Parameter(s) being traded Total Phosphorus
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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>Jordan Fure</i>	Date Signed 4/29/2020
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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>Jay Wilbur</i>	Date Signed 4/29/2020
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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