

Watershed Adaptive Management Request

Form 3200-139 (1/12)

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Notice: Pursuant to s. NR 217.18, Wis. Adm. Code, this form must be completed and submitted to the Department at the time of the reissuance of an existing WPDES (Wisconsin pollutant discharge elimination system) permit to request adaptive management for phosphorus water quality based effluent limits (WQBEL). Failure to provide all requested information may result in denial of your request. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin Open Records law [ss. 19.31-19.39, Wis. Stats.].

Type of Request:

- This is the formal adaptive management request as required in s. NR 217.18(2)
- This is a preliminary adaptive management request (to be submitted as part of facility planning.)

Facility and Permit Information

Facility Name PLYMOUTH CITY UTILITIES COMMISSION		WPDES Permit No. WI - 0030031-07-0	
Facility Address COUNTY HWY PP	City PLYMOUTH	State WI	ZIP Code 53073
Receiving Water MULLET RIVER			

Owner Contact Information

Last Name AUSTIN	First Name CATHERINE	MI	Phone No. (incl. area code) 920-893-1471
Street Address 900 CTH PP, PO BOX 277			FAX Number
City PLYMOUTH	State WI	ZIP Code 53073	Email address CAUSTIN@PLYMOUTHUTILITIES.COM

Facility Information

Provide listed information for each lagoon or pond basin

Required for AM Request	Wis. Administrative Code Reference	Conclusion	Evidence/Source of information (attach as needed)
1. NPS contribute at least 50% of total P contribution	s. NR 217.18(2)(b)	<input checked="" type="checkbox"/> NPS contributes at least 50% <input type="checkbox"/> NPS DOES NOT contribute at least 50%	PRESTO MODEL
2. WQBEL Requires Filtration	s. NR 217.18(2)(c)	<input checked="" type="checkbox"/> Filtration required <input type="checkbox"/> Filtration NOT required	SEE PLAN
3. AM Plan	s. NR 217.18(2)(d)	<input checked="" type="checkbox"/> Plan is Included – Page 3 <input type="checkbox"/> Plan is NOT Included <i>For a preliminary adaptive management request, AM plan not required</i>	SEE PLAN

Facility Operation and Performance

- Current P removal capability** – If the facility is currently required by a WPDES permit to monitor effluent phosphorus (P) provide a summary of the influent and effluent annual average P concentrations for each of the past three (3) years. If permit required P data is not available, the applicant should provide any other P data that may be applicable and available. If no data is available, the Department may estimate the P effluent concentration by based on data from other similar facilities.

REFER TO PLYMOUTH FINAL COMPLIANCE ALTERNATIVES PLAN

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2. **Facility Operation** – Provide a summary description of overall facility operation. If not a continuously discharging facility, describe storage procedures and the time periods when effluent discharge occurs.

REFER TO PLYMOUTH FINAL COMPLIANCE
ALTERNATIVES PLAN

3. **Previous Studies** – Reference or attach any facility planning or evaluation study that evaluated facility performance capabilities (Note – Only include studies that are recent, within 5 years, or otherwise applicable for the evaluation of the existing facility and current conditions).

REFER TO PLYMOUTH FINAL COMPLIANCE
ALTERNATIVES PLAN

Adaptive Management Plan (s. NR 217.18(d))

This section should summarize the Adaptive Management Plan for internal and external review. A complete Adaptive Management Plan should be attached. Note: If this is a preliminary adaptive management request, this section is not required.

Watershed

MULLET RIVER

Percent Contribution of Applicant Discharge

SEE PLAN

Action Area (include map)

SEE PLAN

Watershed Characteristics and Timeline Justification

SEE PLAN

Key Proposed Actions

SEE PLAN

Key Goals and Measures for Determining Effectiveness

SEE PLAN

Partner(s)

SEE PLAN

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Funding Sources

Adaptive Management Request and Certification

Based on the information provided, I am requesting the Watershed Adaptive Management option to achieve compliance with phosphorus water quality standards in accordance with s. NR 217.19, Wis. Adm. Code. I certify that the information provided with this request is true, accurate and complete to the best of my knowledge.

Print or type name of person submitting request*	Title
CATHERINE AUSTIN	PUBLIC WORKS DIRECTOR
Signature of Official	Date Signed

*Must be an Authorized Representative for the treatment facility