Final Report Form 3400-189 (rev. 7/30/09)

- Targeted Runoff Management Grant Program (ch. NR 153)
- Notice of Discharge Program (ch. NR 153)
- Urban Nonpoint Source & Storm Water Management Grant Program (ch. NR 155)

NOTICE: This Final Report is authorized under ss. 281.65 and 281.66., Wis. Stats., and chs. NR 153 and NR 155, Wis. Admin. Code. Personally identified information collected will be used for program administration and may be made available to requesters as required under Wisconsin Open Records Law [ss. 19.31-19.39, Wis. Stats.].

INSTRUCTIONS: Your grant agreement requires you to submit a Final Report with your final reimbursement request. 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 as described in the instructions.

| DNR as described in the instruc | | | | | | | bille the report to |
|---|---|-------------------|----------|---------------------------------|--------------------------|---|--|
| IL GRANT TYPE, Check | the one that applies. | | | | | | |
| ☑ Targeted Runoff Manageme | nt Grant – Agricultural | | ☐ Ta | geted Runoff Manage | ment Gra | nt – Urban | |
| Urban Nonpoint Source & St Construction | orm Water Management | t Grant | Uri | oan Nonpoint Source & | Storm V | /ater Managem | ent Grant - Planning |
| ☐ Notice of Discharge Grant | | | | | | | |
| 2. PROJECT NAME & L | OCATION. | | | et de L'abres equivalent | o Par Agrae | rossarios resid | nienis aspis, lietas pri |
| 2.1. Project Name: | | | 2.2. G | rant Number: | | | |
| Erickson Farm Manure Storag | e | | TRC-W | /R09-44000-10A | | | |
| 2.3. Governmental Unit Name: | 1 | | 2.4. P | rimary Watershed Nan | 1e: | 2.5. Watershi | ed Code; |
| Outagamie County | | | | Branch & Mainstem rass River | | WR09 | |
| NOTE FOR SECTION 2.6 (which | h follows): | | | | | W. C. | |
| Section 2.6. includes five (5) co discrete project locations, attach Hydrologic Unit Code (HUC), us | additional columns for S | Rection 2.6 as de | escribed | in the instructions. If s | ations. If rour proje | your grant has r ct occurs in mo | nore than five (5) re than one 12-digit |
| 2.6 Site Location(s) | Engrave New A average as fire | 8.00 B .00 | | G G | andirit | Б D. — 🕸 | |
| Name of Cost-Share Recipient or Governmental Unit | Ranydy and Carol Erickson | | | | | | |
| Cost-Share Agreement Number (Agricultural only) | 2011-TRM-05 | | | | | | |
| 12-Digit Hydrologic Unit Code(s) (HUC) Where Work Was Completed | 040302021301 | | | | | | |
| Nearest Surface Receiving Water Affected | | | | | | | ent le des le de la delle |
| Name: | unnamed tributary to Embarrass River | | | | | ************************************** | |
| Waterbody Identification Code(s) (WBIC): | Embarrass River - 291900 | | · | | | | |
| Nearest Impaired Water Affected | | | | | | | |
| Name: | N/A | | | | v min seema | | |
| Waterbody Identification Code(s) (WBIC): | | | | | | | |
| Pollutants Reduced | | | | | | | - |
| Impairments/Impacts Addressed | | | | - | | - | |

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 Urban Nonpoint Source & Storm Water Management Grant Program (ch. NR 155)

| Project Location(s) (cont.) → | | | C | D. * * * * * | E. S. |
|---|-------------|---|---|--------------|-------|
| Project Coordinates: | | | | | |
| Town | 24N | | | | |
| Range | 15E | | | | |
| Section | 5 | - | | | |
| Quarter | NW | | | • | |
| Quarter-Quarter | sw | | A | | |
| Latitude (degrees, minutes, seconds North of Equator, use the DNR's Surface Water Data Viewer (SWDV)) | 44 35'9" N | | | | |
| Longitude (degrees, minutes, seconds W of Prime Meridian, use the SWDV) | 88 43' 0" W | | | | |

| 3 SUMMARY OF RESULTS. | | | |
|---|---------------------------------|---------------------------|---------------------------------------|
| Table A. Agricultural Projects.—Ch. NR | 151 Performance Standards a | nd Prohibitions and Other | Water Resources Management Priorities |
| A.1. Management Measures | Units of Measure | Quantity | Measurement Method Used |
| Sheet, rill and wind erosion | Acres meeting "T" | acres | |
| Manure Storage Facilities: | Number of facilities | 1 facilities | |
| New Construction/Alterations | Number of animal units | 560 animal units | ANIMAL UNIT CALCULATION SPREADSHEET |
| Manure Storage Facilities: Closure | Number of facilities | facilities | |
| Manure Storage Facilities: | Number of facilities | facilities | |
| Failing/Leaking Facilities | Number of animal units | animal units | |
| | Pollutant load reduction | lbs. | |
| Clean Water Diversions in WQMA | Number of farms with diversions | farms | |
| | Number animal units | animal units | |
| Nutrient Management on Agricultural Land | Acres planned | acres | |
| Prohibition: Manure Storage Overflow | Number of farms | farms | |
| 1 Totabilots. Manue Sturage Oversow | Number of animal units | animal units | |
| Prohibition: Unconfined Manure Pile in WQMA | Number of farms | farms | |
| | Pollutant load reduction | !bs. | · |
| Prohibition: Direct Runoff From Feedlot/Stored Manure | Number of facilities | facilities | |
| | Number of animal units | animal units | |
| Prohibition: Unlimited Livestock Access | Feet of bank protected | feet | |
| Frombition: Onlinited Livestock Access | Number of farms | farms | - |

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- Urban Nonpoint Source & Storm Water Management Grant Program (ch. NR 155)

| | FIGURE SERVICE INSURFACE OF TAKEN AND THE RESERVE | T | I was a second of the second o |
|--|--|--|--|
| Table A. Agricultural Projects. | | | |
| (continued). | Units of Measure | Quantity | Measurement Method Used |
| A.2. Other Management Measures | | . 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | Units (use feet, acres or number as applicable) | | • |
| Streambank & Shoreline Protection | Pollutant load reduction (if | | |
| | method available) | | 1 |
| | Units (use feet, acres or | | |
| ~ | number as applicable) | | |
| Other: | Pollutant load reduction (if | | |
| | method available) | | |
| | Units (use feet, acres or | | |
| Other: | number as applicable) | | |
| Outor. | Pollutant load reduction (if | | |
| | method available) | | |
| I | Units (use feet, acres or | | |
| Other: | number as applicable) | · | · |
| | Pollutant load reduction (if | | |
| | method available) | | <u> </u> |
| | | • | |
| to any first second | | range, making alumpangga bakas prompsy militingsis. | |
| Table B. Urban Construction Projects Se | arving Developed Areas. | | |
| B.1. Required Management Measures | Units of Measure | Quantity | Measurement Method Used |
| | | | |
| 20-40% Total Suspended Solids (TSS) Reduction for NR 216 communities | TSS reduced | lbs. | |
| | TSS reduction | % | |
| B.2. Other Management Measures | | | |
| 20-40% Reduction in TSS for | TSS reduced | lbs. | Tender to the second se |
| non-NR 216 communities | TSS reduction | % | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | Pre-development stay-on volume | % | |
| Inflitration | | | |
| | Stay-on volume | ft³/year | |
| Peak flow discharge for 2 year/24 hour | | ft³/sec | |
| design storm | second for design year | It 1000 | |
| Protective areas | Bank protected | feet | |
| Fueling & maintenance areas | Olly sheen presence reduced | □Yes □ No | |
| | Bank erosion reduced | tons | |
| Streambank & Shoreline Protection | Bank protected | feet | |
| | | 1000 | |
| | Pollutant load reduction (if method available) | | |
| Other: | | | |
| | Units (use feet, acres or number as applicable) | | |
| | unumer se abbilicable) | | |
| • | | | |
| | | | |
| Table C. Urban Planning Projects. | 0 号编码标题模型记录数据数 | ing a secondary | |
| C.1. Governmental unit(s) involved (list by r | ANGELERANDE DE LE LES DE LES D | ुर्विति विक्रियानी इस्तर्वाद्रकृतक मुक्तिक स्टिनिस्साम पृद्धक्रक | |
| C.T. Governmental unit(s) involved that by i | name): | | |
| | • | | |
| | | | |
| | · | | |
| - | | | · |
| | | | |
| | | | |
| C.2. Estimate total acres covered by the | | | Shansing dias a pagasangan sa |
| C.Z. Estimate lotal acres covered by the - | Evisting Devoluned Urban Area | | 等。在美国的第三大学的企业的企业,在1960年的企业的企业的企业的企业的企业。1960年的企业的企业的企业的企业的企业的企业。1960年的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业。1960年的企业 |

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- Urban Nonpoint Source & Storm Water Management Grant Program (ch. NR 155)

| addressed (check all that apply) Reduce TSS Maintain infilitation Control Peak Flow Protective Areas Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements. If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243, provide information Chs. NR 151 or 243 Notice Information Chs. NR 151 or 243 Notice Type Issue Date From (Name) To (Name) Date Letter Sent | planning product: | acres | acres | acres |
|--|--|--|-------------------------------------|--|
| Check all below that apply Storm Water Plan | | | | |
| Construction or Erosion Ordinances Post-construction Storm Water Ordinances | (check all below that apply) | and the second s | ntify Documents by Name (if applic | able) |
| Post-construction Storm Water Ordinances | Storm Water Plan | | · | |
| Ordinances Other Types of Storm Water Quality Ordinances Financing Methods: Identified and evaluated Financing Methods: developed or implemented I & E Plan I & E Plan I & E Plan Other: C.4. Identify the Storm Water goals addressed (check all that apply) Reduce TSS Maintain Infiltration Control Peak Flow Protective Areas Control Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 181 or 243 provide information for each notice in the table below. Notice Information Chs. NR 181 or 243 Notice Type I sure Date From (Name) To (Name) Satisfaction Other: | Construction or Erosion Ordinances | | | |
| Cridinancing Methods: Identified and evaluated Financing Methods: developed or implemented I & E Implementation Activities Other: C.4. Identify the Storm Water goals addressed (check all that apply) Reduce TSS Maintain infiltration Control Peak Flow Protective Areas Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243. Provide Information Chs. NR 151 or 243. Issue Date From (Name) From (Name) To (Name) Date Letter Sent. | | | | |
| evaluated Financing Methods: developed or implemented 1 & E Plan 1 & E Implementation Activities Other: | Other Types of Storm Water Quality Ordinances | | | - |
| implemented 1 & E Plan 1 & E Implementation Activities Other: | | | | |
| I & E Implementation Activities | Financing Methods: developed or implemented | | | |
| C.4. Identify the Storm Water goals addressed (check all that apply) Reduce TSS Maintain infiltration Control Peak Flow Protective Areas Control of Fueling & Maintenance Areas Notice Information for each notice in the table below. Notice Information for each notice in the table below. Notice Information for each notice in the table below. Notice Type From (Name) To (Name) To (Name) Date Letter Sent. | ☐ I & E Plan | - | , | |
| C.4. Identify the Storm Water goals addressed (check all that apply) Reduce TSS Maintain infilitation Control Peak Flow Protective Areas Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243 provide information for each notice in the table below. Notice Information Chs. NR 151 or 243 Notice Type Issue Date From (Name) To (Name) Date Letter Sent | ☐ I & E Implementation Activities | | | |
| addressed (check all that apply) Reduce TSS Maintain infilitation Control Peak Flow Protective Areas Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements. If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243, provide information Chs. NR 151 or 243 Notice Information Chs. NR 151 or 243 Notice Type Issue Date From (Name) To (Name) Date Letter Sent | Other: | | | |
| Maintain infiltration Control Peak Flow Protective Areas Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to clis. NR 151 or 243, provide information for each notice in the table below. Notice Information Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent. | C.4. Identify the Storm Water goals addressed (check all that apply) | | | |
| Maintain infiltration Control Peak Flow Protective Areas Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243, provide information for each notice in the table below. Notice Information Notice Satisfaction Information Satisfied? Date Letter Sent. Notice Type Issue Date From (Name) To (Name) Date Letter Sent. Other Date | Reduce TSS | Campania | | |
| Protective Areas Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR-151 or 243, provide information for each notice in the table below. Notice Information Chs. NR-151 or 243 Issue Date From (Name) To (Name) Satisfied? Yes No. Date Letter Sent Chs. Date Chs. Da | Maintain infiltration | Comments. | | |
| Control of Fueling & Maintenance Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243, provide information for each notice in the table below. Notice Information Chs. NR 151 or 243 Issue Date From (Name) To (Name) Satisfied? Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) Date Letter Sent Chs. NR 151 or 243 Issue Date From (Name) Date Letter Sent Chs. NR 151 or 243 Date Let | Control Peak Flow | | | |
| Areas Remove Illicit Discharges Other: 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243, provide information for each notice in the table below. Notice Information Notice Satisfaction Information Chs. NR 151 or 243 Issue Date From (Name) To (Name) Date Letter Sent | Protective Areas | | | |
| A: Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243, provide information for each notice in the table below. Notice Information Chs. NR 151 or 243 Notice Type Issue Date From (Name) To (Name) Date Letter Sent Date Date Letter Sent | | | • | · |
| 4. Satisfaction of Notice Requirements: If cost sharing for this project was offered under a formal notice pursuant to chs. NR 151 or 243, provide information for each notice in the table below. Notice Information Chs. NR 151 or 243 Issue Date From (Name) To (Name) Satisfied? Date Letter Sent. Yes. No. Date Letter Sent. Date Date | Remove Illicit Discharges | | | |
| Notice Information Chs. NR 151 or 243 Issue Date From (Name) To (Name) | Other: | | <u> </u> | |
| Notice Information Chs. NR 151 or 243 Issue Date From (Name) To (Name) | | | | |
| Notice Information Chs. NR 151 or 243 Ssue Date From (Name) To (Name) Satisfied? Date Letter Sent Notice Type Date Letter Sent Chamber C | 4. Satisfaction of Notice Requir | ements. If cost sharing for this pro | ject was offered under a formal not | ice pursuant to chs. NR 151 or 243 |
| Chs. NR:151 or 243 Issue Date From (Name) To (Name) Satisfied? Date Letter Sent Yes No. Characteristics Characteristics | | table below. | | |
| Notice Type Sale Date From (Name) To (Name) Yes No Date Letter Sent To (Name) To (Name) | | | | TO MANAGED A CONTRACTOR AND THE PROPERTY OF TH |
| | Notice Type ssue Date | From (Name) | To (Name) | Yes No Date Letter Sent |
| | | | | |
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 Notice of Discharge Program (ch. NR 153)

 Urban Nonpoint Source & Storm Water Management Grant Program (ch. NR 155)

| 5. Additional Information. (Space will expand to fit your text) | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| 6. Summary of Project Challenges. (Space will expand to fit ye | our text.) | |
| | And the state of t | <u> The first the later of the second transfer the second transfer to the second transfer transfer to the second tra</u> |
| | • | |
| | | |
| · | | (|
| | | |
| 7. Grantee Certification. | | |
| Checking here Courtifies that, to the best of your knowledge, the informat | ion contained in this report is correc | |
| | *** | · |
| Name of Authorized Representative (type or print) ↓ | Title of Authorized Representative | (type or print) ↓ |
| Quint Krueger | Technician | |
| Signature of Authorized Representative | - | Date |
| Charlena | | 11-1-11 |
| | 200 | |
| 8. For Departmental Use Only. | | |
| Regional NPS Coordinator: Please complete the following: | | The second secon |
| 8.A. Check here if you have received the following from the project spo | nsor: | |
| • one (1) printed, signed, original Final Report + attachment | | |
| one (1) electronic version of Final Report. Send the printed, signed original Final Report with attachments + electronic. | Version to the Community Financial | |
| Community Financial Assistance will forward to Runoff Management Section | Grants Coordinator. | Assistance Grams Wanager |
| 8:B. Comments about this project: | a de para de la composição de la composição En la composição de la co | |
| | Organisa de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del compo | |
| | G. M. C. (2012) (2012) (2012) (2014) (2014) (2014) (2014) | |
| | | |
| | | |
| 8.C. Type or print Name of Regional NPS Coordinator → | | |
| 8:D. Signature of Regional NPS/Coordinator | | 8.E. Date |
| | | AND THE STATE OF T |

V 11/9/05

For Wisconsin's NRCS 590 (September 2005) Nutrient Management Standard Requirements Date Plan Submitted: Maych 24 20M Growing season year NM plan is written for 20 11 County name O JTQQQW 14 Initial Planor Updated Pign (circle one) Township (T.__N., S.) - (R.__E, W.) Planner's business name, address, phone:
KNUTZEN CVOP CONSULTING
Name of farmer receiving nutrient management plan: Name of qualified nutrient management planner 920-982-9815 Yau Circle the planner's qualification: Cropland Acres 1-NAIGG-CPCC (owned & rented) 2 ASA-CCA)
3. ASA-Professional Agronomist 4. SSSA-Soil Scientist Circle relevant program requirement or regulation the plan was developed for. Ordinance, USDA, DATCP, DNR, NR 243 – NOD or WPDES 595,5A 5. DATCP approved training course 6. Other credentials approved by DATCP Yes No NA Are the following field features identified on maps or aerial photos in the plan? Field location, soil survey map unit(s), field boundary, and field identification number On Areas prohibited from receiving nutrient applications: Surface water, established concentrated flow channels with perennial cover, permanent non-harvested vegetative buffer, non-farmed wetlands, sinkholes, lands where established vegetation is not removed, nonmetallic mines, and fields eroding at a rate exceeding tolerable soil loss (T) X Areas within 50 feet of a potable drinking water well where mechanically-applied manure is prohibited Areas prohibited from receiving winter nutrient applications: Slopes > 9% (12% if contour-cropped); Surface Water Quality Management Area (SWQMA) defined as land within 1,000 ft of lakes and ponds or within 300 ft of perennial streams draining to these waters, unless manure is deposited through winter gleaning/pasturing of plant residue and not exceeding the N and P requirements of this standard; K Additional areas identified within a conservation plan as contributing runoff to surface or groundwater Areas where winter applications are restricted unless effectively incorporated within 72 hours: Land contributing runoff within 200 feet upslope of direct conduits to groundwater such as a well, sinkhole, fractured bedrock at the surface, tile inlet, or nonmetallic mine Sites vulnerable to N leaching: Areas within 1,000 feet of a municipal well, and soils listed in Appendix I of the Conservation Planning Technical Note WI-1 Are erosion controls implemented so the crop rotation will not exceed T on fields that receive nutrients according to the conservation plan or WIP Index model? Were soil samples collected and analyzed within the last 4 years according to UW Publication A2100 recommendations? Using the field's predominant soil series and realistic yield goals, are planned nutrient application rates, timing, and methods of all forms of N. P. and K listed in the plan and consistent with UW Publication A-2809, Soil Test Recommendations for Field, Vegetable and Fruit Crops, and the 590 standard? Do manure production and collection estimates correspond to the acreage needed in the plan? Are manure application rates realistic for the calibrated equipment used? Is a single phosphorus (P) assessment of either the P Index or soil test P management strategy uniformly applied to all fields within a tract? Are areas of concentrated flow, resulting in reoccurring gullies, planned to be protected with perennial vegetative cover? Will nutrient applications on non-frozen soil within the SWOMA comply with the following? Unincorporated liquid manure on unsaturated soils will be applied according to Table 1 of the 590 standard to minimize runoff One or more of the following practices will be used: 1) Install/maintain permanent vegetative buffers, or Maintain greater than 30% crop residue or vegetative coverage on the surface after nutrient application, or 3) Incorporate nutrients leaving adequate residue to meet tolerable soil loss, or 4) Establish fall cover crops promptly following application

I certify that the nutrient management plan represented by this checklist complies with Wisconsin's NRCS 590 nutrient management standard.

Paul Knutzer

l: he on TALKS 2009 Shap Plus Trubing 99 All landous Well los Checkles doe

Signature of qualified nutrient management planner

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 Notice of Discharge Program (ch. NR 153)

 Urban Nonpoint Source & Storm Water Management Grant Program (ch. NR 155)

| 5. Additional Information. (Space will expand to fit your text.) | |
|---|--|
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| | |
| 6. Summary of Project Challenges. (Space will expand to fit yo | our text) |
| | |
| | |
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| | |
| | |
| 7. Grantee Certification. | |
| Checking here 🔀 certifies that, to the best of your knowledge, the information | tion contained in this report is correct. |
| | |
| Name of Authorized Representative (type or print) ↓ | Title of Authorized Representative (type or print) ↓ |
| Quint Krueger | Technician |
| Signature of Authorized Representative | Date |
| Signature of Automach Representative | |
| Chroking | |
| | |
| 8. For Departmental Use Only. | - 1987年 - 19 |
| Regional NPS Coordinator - Please complete the following: | |
| 8.A. Check here A if you have received the following from the project spr | ONSOT: |
| one (1) printed, signed, original Final Report + attachmen | ·西拉斯,1994年1917年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年,1984年 |
| One (1) electronic version of Final Report. | |
| Send the printed, signed original Final Report with attachments + electronic Community Financial Assistance will forward to Runoff Management Section | c version to the Community Financial Assistance Grants Manager. |
| 8.B. Comments about this project: | Ar Claires Coordinator, |
| | |
| | |
| | |
| | |
| | |
| 8.C. Type or print Name of Regional NPS Coordinator → (2504) | 1 Li Jones |
| 8:D. Signature of Regional NPS Coordinator | 8.E. Date |
| (asy) Jones | |
| | |

 Targeted Runoff Management Grant Program
Cost-Share Agreement
Addendum 2 – Best Management Practice(s), Cost(s) and Installation Schedule

Page 5 of 5

Form 3400-069 (9/03)

| | | | | | | | | Installat | Installation Period | |
|--|---------------------------|--|-----------|--------------|-------------|-------------------------|---------------------------------|--|--|--------------------------------------|
| The cost-st | are recipient s | The cost-share recipient shall implement and maintain all best management practices listed in this Addendum, unless | practice | es listed in | this Addend | ım, unless | From (MM/YY) | (| To (MM/YY) | |
| otherwise a | mended in ac | otherwise amended in accordance with this agreement. | | | | | January 1, | , 2010 | December 31, | , 2011 |
| # P. C. C. T. C. | DNR Pode | Practice Name | (titrian) | Cnit | Unit Cost | Estimated Total Cost | State Cost-Share Rate (%) | Estimated State Cost- Share Amt. | Cost-Share Amt. From Other Programs* | Estimated Year to be Installed |
| 2 | R16 | Manure Storage Systems | 7 | EA | | \$157,142 | 70% | \$110,000 | | 2011 |
| | R18 | Nutrient Management | | AC | | 0\$ | | 0\$ | | 2011 |
| | R33 | Waste Transfer System | н | EA | | \$57,142 | 70% | \$40,000 | | 2011 |
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| | | | | | | | | | | |
| * Identify | Identify Program Name(s): | ne(s). | atsoc e | | Totals | \$214,284 | | 150,000 | | |
| 1/0 - | er M-05 | A Number Typed Name of Landowner/Operator Randal and Carol A Erickson | | | | | | Initials of La | Initials of Landowner/Operator Date | Date 7-26-11 |
| | | | | | | | | | | |







