

Wisconsin Department of Natural Resources
 Bureau of Watershed Management (WT/3)
 101 S. Webster St.
 Madison, WI 53703
 PO Box 7921
 Madison, WI 53707-7921



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.

1. GRANT TYPE. Check the one that applies.

| | |
|--|--|
| <input checked="" type="checkbox"/> Targeted Runoff Management Grant – Agricultural | <input type="checkbox"/> Targeted Runoff Management Grant – Urban |
| <input type="checkbox"/> Urban Nonpoint Source & Storm Water Management Grant – Construction | <input type="checkbox"/> Urban Nonpoint Source & Storm Water Management Grant – Planning |
| <input type="checkbox"/> Notice of Discharge Grant | |

2. PROJECT NAME & LOCATION.

| | | | |
|--|--|---|-------------------------------------|
| 2.1. Project Name: Shioc River Runoff Management (Steve Daniels) | | 2.2. Grant Number: TRC-WR13-44000-12 A | |
| 2.3. Governmental Unit Name: Outagamie County | | 2.4. Primary Watershed Name: Mink Creek-Shioc River | 2.5. Watershed Code: WR13 |

NOTE FOR SECTION 2.6 (which follows):

Section 2.6. includes five (5) columns (A. through E.) for recording data about five (5) discrete site locations. If your grant has more than five (5) discrete project locations, attach additional columns for Section 2.6 as described in the instructions. If your project occurs in more than one 12-digit Hydrologic Unit Code (HUC), use the space in adjacent columns to record other HUC numbers.

| 2.6 Site Location(s) → | A. | B. | C. | D. | E. |
|---|------------------------------------|------------------------|----|----|----|
| Name of Cost-Share Recipient or Governmental Unit | Steve & Denelle Daniels | | | | |
| Cost-Share Agreement Number (Agricultural only) | 2012-TRM-01 | | | | |
| 12-Digit Hydrologic Unit Code(s) (HUC) Where Work Was Completed | 040302020904 | 040302020807 2H | | | |
| Nearest Surface Receiving Water Affected | | | | | |
| Name: | | | | | |
| Waterbody Identification Code(s) (WBIC): | | | | | |
| Nearest Impaired Water Affected | | | | | |
| Name: | | | | | |
| Waterbody Identification Code(s) (WBIC): | | | | | |
| Pollutants Reduced | | | | | |
| Impairments/Impacts Addressed | | | | | |

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| Project Location(s) (cont.) → | A. | B. | C. | D. | E. |
|---|--------------|----|----|----|----|
| Project Coordinates: | | | | | |
| Town | 24 | | | | |
| Range | 16 | | | | |
| Section | 1 | | | | |
| Quarter | nw | | | | |
| Quarter-Quarter | nw | | | | |
| Latitude (degrees, minutes, seconds North of Equator; use the DNR's Surface Water Data Viewer (SWDV)) | N44 35' 5.1" | | | | |
| Longitude (degrees, minutes, seconds W of Prime Meridian, use the SWDV) | W88 30 25" | | | | |

3. SUMMARY OF RESULTS.

Table A. Agricultural Projects. – Ch. NR 151 Performance Standards and 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: New Construction/Alterations | Number of facilities | 1 facilities | |
| | Number of animal units | 320 animal units | |
| Manure Storage Facilities: Closure | Number of facilities | facilities | |
| Manure Storage Facilities: Failing/Leaking Facilities | Number of facilities | facilities | |
| | Number of animal units | animal units | |
| Clean Water Diversions in WQMA | Pollutant load reduction | lbs. | |
| | 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 | |
| | Number of animal units | animal units | |
| Prohibition: Unconfined Manure Pile in WQMA | Number of farms | farms | |
| Prohibition: Direct Runoff From Feedlot/Stored Manure | Pollutant load reduction | lbs. | |
| | Number of facilities | facilities | |
| | Number of animal units | animal units | |
| Prohibition: Unlimited Livestock Access | Feet of bank protected | feet | |
| | Number of farms | farms | |

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| Table A. Agricultural Projects. (continued) | | | |
|---|---|----------|-------------------------|
| A.2. Other Management Measures | | | |
| | Units of Measure | Quantity | Measurement Method Used |
| Streambank & Shoreline Protection | Units (use feet, acres or number as applicable) | | |
| | Pollutant load reduction (if method available) | | |
| Other: waste transfer | Units (use feet, acres or number as applicable) | 1 | |
| | Pollutant load reduction (if method available) | | |
| Other: heavy use protection | Units (use feet, acres or number as applicable) | 0 | |
| | Pollutant load reduction (if method available) | | |
| Other: | Units (use feet, acres or number as applicable) | | |
| | Pollutant load reduction (if method available) | | |

| Table B. Urban Construction Projects Serving 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 non-NR 216 communities | TSS reduced | lbs. | |
| | TSS reduction | % | |
| Infiltration | Pre-development stay-on volume | % | |
| | Stay-on volume | ft ³ /year | |
| Peak flow discharge for 2 year/24 hour design storm | Change in cubic feet per second for design year | ft ³ /sec | |
| Protective areas | Bank protected | feet | |
| Fueling & maintenance areas | Oily sheen presence reduced | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Streambank & Shoreline Protection | Bank erosion reduced | tons | |
| | Bank protected | feet | |
| Other: | Pollutant load reduction (if method available) | | |
| | Units (use feet, acres or number as applicable) | | |

| Table C. Urban Planning Projects. | | | |
|--|--------------------------------|-----------------|-------------|
| C.1. Governmental unit(s) involved (list by name): | | | |
| | | | |
| C.2. Estimate total acres covered by the | | | |
| | Existing Developed Urban Areas | New Development | Total Acres |

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| | | | |
|-------------------|-------|-------|-------|
| planning product: | acres | acres | acres |
|-------------------|-------|-------|-------|

| | |
|--|--|
| C.3. Products developed (check all below that apply) | Identify Documents by Name (if applicable) |
| <input type="checkbox"/> Storm Water Plan | |
| <input checked="" type="checkbox"/> Construction or Erosion Ordinances | county |
| <input type="checkbox"/> Post-construction Storm Water Ordinances | |
| <input type="checkbox"/> Other Types of Storm Water Quality Ordinances | |
| <input type="checkbox"/> Financing Methods: identified and evaluated | |
| <input type="checkbox"/> Financing Methods: developed or implemented | |
| <input type="checkbox"/> I & E Plan | |
| <input type="checkbox"/> I & E Implementation Activities | |
| <input type="checkbox"/> Other: | |
| C.4. Identify the Storm Water goals addressed (check all that apply) | |
| <input type="checkbox"/> Reduce TSS | Comments: |
| <input type="checkbox"/> Maintain infiltration | |
| <input type="checkbox"/> Control Peak Flow | |
| <input type="checkbox"/> Protective Areas | |
| <input type="checkbox"/> Control of Fueling & Maintenance Areas | |
| <input type="checkbox"/> Remove Illicit Discharges | |
| <input type="checkbox"/> 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 Notice Type | Issue Date | From (Name) | To (Name) | Satisfied? | | Date Letter Sent |
| | | | | Yes | No | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

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5. Additional Information. (Space will expand to fit your text.)

6. Summary of Project Challenges. (Space will expand to fit your text.)

7. Grantee Certification.

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

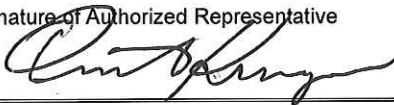
Name of Authorized Representative (type or print) ↓

Quint Krueger

Title of Authorized Representative (type or print) ↓

Technician

Signature of Authorized Representative



Date

10-22-13

8. For Departmental Use Only.

Regional NPS Coordinator – Please complete the following:

8.A. Check here if you have received the following from the project sponsor:

- one (1) printed, signed, original Final Report + attachments
- one (1) electronic version of Final Report.

Send the printed, signed original Final Report with attachments + electronic version to the Community Financial Assistance Grants Manager. Community Financial Assistance will forward to Runoff Management Section Grants Coordinator.

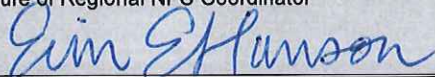
8.B. Comments about this project:

none

8.C. Type or print Name of Regional NPS Coordinator →

Erin E. Hanson

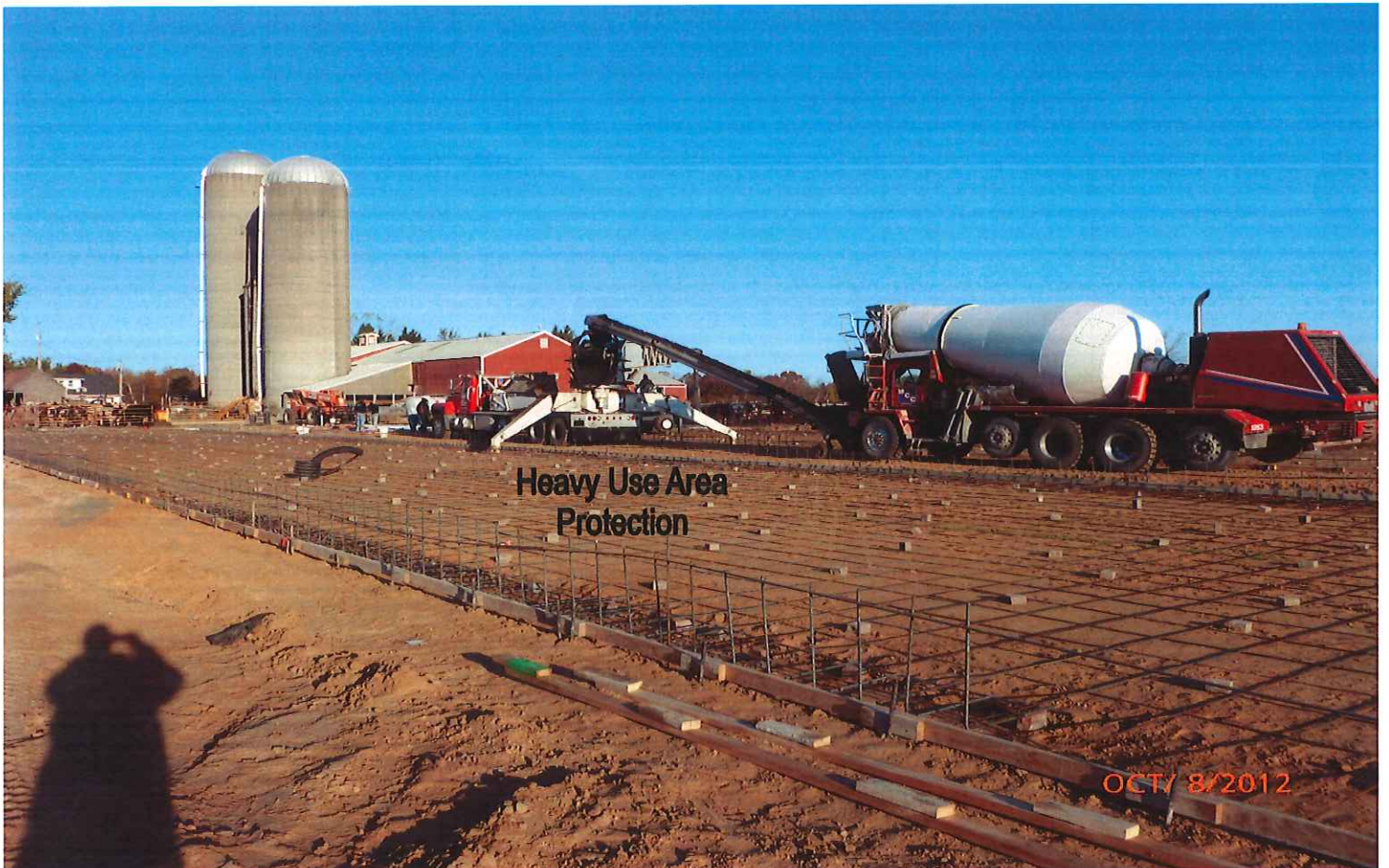
8.D. Signature of Regional NPS Coordinator



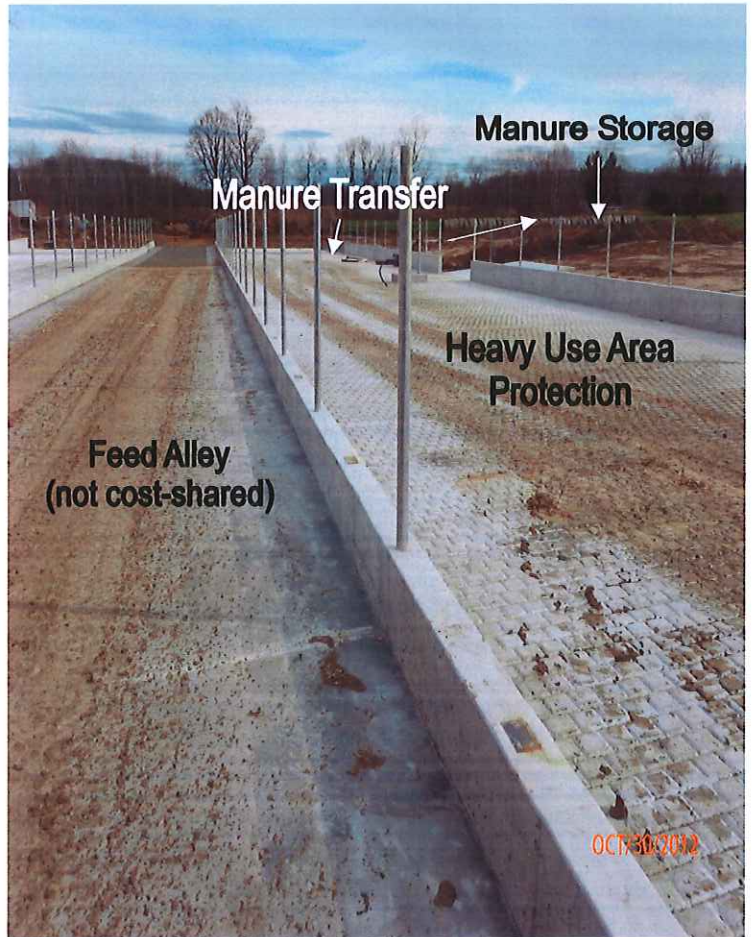
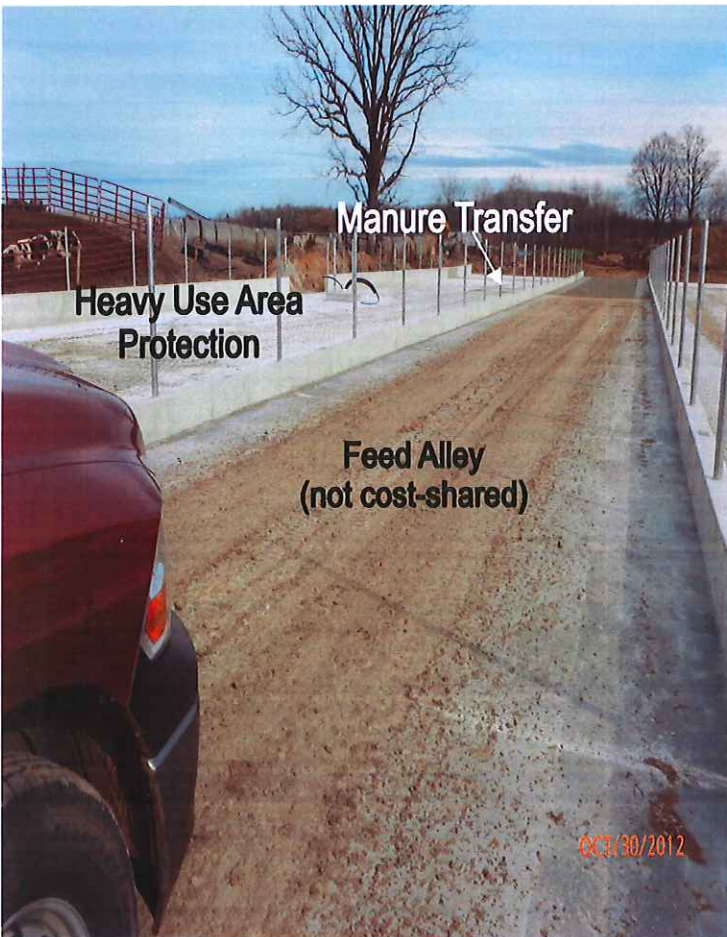
8.E. Date

12/5/13

Steve Daniels



Steve Daniels



Steve Daniels Manure Transfer



Steve Daniels - Manure Storage

