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State of Wisconsin Department of Natural Resources-WT/3 101 S. Webster St. Madison, WI 53707

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Final Report

Targeted Runoff Management Grant Program and Urban Nonpoint Source and Storm Water Management Grant Program

Form 3400-189 (R 6/08)

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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.

submitted, please submit three (3) complete originals to your regional N	onpoint Coordinator.	or remarkaports are
1. Grant Type – Please check one.		
Targeted Runoff Management Grant – Agricultural	Targeted Runoff Management Grant – L	Jrban
Urban Nonpoint Source & Storm Water Management Grant – Construction	Urban Nonpoint Source & Storm Water Planning	Management Grant
		RECENT
2. Grantee & Project Information		
Project Name	Grant Number	
Stormwater Plan & Funding	USP-CW12-49281-05	MAY - 5 2009
Governmental Unit Name	Primary Watershed Name and Watershe	ed Code
Stoyona Baint City of	Little Eau Claire River UW13-171	EAU OF WAILLISHED MGNT
Stevens Point, City of	Plover and Little Plover Rivers UW12-	171
Nearest Water Body Name Wisconsin River Flowage McDill Pond	Nearest Water Body Identification Code 1409400, 1403200	(WBIC) (if applicable)
DNR Water Management Unit (River System) Name	s. 303 (d) Listed Waterbody? Yes (
Cendral Wisconsin.		
What pollutant(s) were addressed by the project (e.g., nitrogen, phosphorus,	sediment, thermal control, etc.)?	
Total Suspended Solids/Sediment.		
For <u>each</u> project site location provide the following: (attach additional sheets	if necessary)	

	Location:	A A	В.	C	D	5. 28 E
	Division Name nship, Village, etc.)	City of Stevens Point				
PLSS	Town	24N				
	Range	8E				
	Section	22,23,27-30,31-34				
	Quarter	All				
	Quarter-Quarter	All				
seconds N	egrees, minutes, orth of Equator; use Surface Water Data VDV)	44 Degrees 31' 32" N				
Longitude seconds W use the SV	(degrees, minutes, f of Prime Meridian, VDV)	89 Degrees 34' 2" W				
Property Owner(s)	Name	City of Stevens Point				
	Mailing address	City of Stevens Point				
		1515 Strongs				

	Avenue, Stevens Point, WI 54481		
Site address (Not mailing address)	City of Stevens Point		
	1515 Strongs Avenue, Stevens Point, WI 54481		

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	38	•

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	-32	WinSLAMM Version 9.1.3
	% 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	Municipalities planned for	1	Visual
decreased storm water impacts on state waters (i.e., storm water plan, I & E plan, etc.)	Acres planned for	11627	GIS

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

7. Final Product(s) - All Projects

Coordinator.

Construction Projects

FOIT	m 3400-189 (R 6/08)	Source & Storm Water Managem	Pa
	A.2. Checking here indicates that photo-documentation of the	project's construction is attache	d.
	B. Planning Projects		
	B.1. Checking here indicates that a printed copy of the plannin Nonpoint Source Coordinator.	ng product (e.g., plans, ordinance	s, analyses) was sent to your DNR Region
	B.2. Checking here indicates that the Regional Nonpoint Source	ce Coordinator has approved the	final Planning Product(s).
\boxtimes	B.3. Checking here indicates that your governmental unit has		·
	se of Planning Document(s) Stormwater Management Plan	Date(s) effective	Date Submitted to NPS Coordinator
8. Gı	rantee Certification:		
\boxtimes	Checking here certifies that, to the best of your knowledge, the	information contained in this rep	ort is correct and true.
Туре	e or print Name and Title of Authorized Representative certifying h	nere,	
	ald Popoff, Director of Public Works ature of Authorized Representative	1	Date /22/89
Sign	ature of Authorized Representative	1	
	ature of Authorized Representative ### Comparison of Comp		
Sign	FOR DEPARTMENTAL USE ONLY REGIONAL NONPOINT COORDINATOR Please complete the		1/22/09
Sign	ature of Authorized Representative ### Comparison of Comp		1/22/09
Sign	FOR DEPARTMENTAL USE ONLY REGIONAL NONPOINT COORDINATOR Please complete the Checking here indicates that you received either planning or co Attach a copy of the approval.	nstruction plans and specification	ns from the project sponsor, as appropriate
Sign	FOR DEPARTMENTAL USE ONLY REGIONAL NONPOINT COORDINATOR Please complete the Checking here indicates that you received either planning or co	nstruction plans and specification	ns from the project sponsor, as appropriate
Sign	FOR DEPARTMENTAL USE ONLY REGIONAL NONPOINT COORDINATOR Please complete the Checking here indicates that you received either planning or contact a copy of the approval. Checking here indicates that you approved the final construction Checking here indicates that you have approved the final Planning Check here if two (2) signed, original copies of the Final Report	nstruction plans and specification n. Attach a copy of the final consing Product(s).	ns from the project sponsor, as appropriate struction approval.
Sign:	FOR DEPARTMENTAL USE ONLY REGIONAL NONPOINT COORDINATOR Please complete the Checking here indicates that you received either planning or conditional action of the approval. Checking here indicates that you approved the final construction checking here indicates that you have approved the final Planning here indicates that you hav	nstruction plans and specification n. Attach a copy of the final consing Product(s).	ns from the project sponsor, as appropriate struction approval.
Sign:	FOR DEPARTMENTAL USE ONLY REGIONAL NONPOINT COORDINATOR Please complete the Checking here indicates that you received either planning or conditional action of the approval. Checking here indicates that you approved the final construction checking here indicates that you have approved the final Plann Check here if two (2) signed, original copies of the Final Report Coordinator. Note: Regional Nonpoint Source Coordinator may or print Name of Regional Nonpoint Coordinator	nstruction plans and specification n. Attach a copy of the final consing Product(s).	ns from the project sponsor, as appropriate struction approval.
9.	FOR DEPARTMENTAL USE ONLY REGIONAL NONPOINT COORDINATOR Please complete the Checking here indicates that you received either planning or conditional action of the approval. Checking here indicates that you approved the final construction checking here indicates that you have approved the final Planna Check here if two (2) signed, original copies of the Final Report Coordinator. Note: Regional Nonpoint Source Coordinator may or print Name of Regional Nonpoint Coordinator	nstruction plans and specification n. Attach a copy of the final consing Product(s).	ns from the project sponsor, as appropriate struction approval.