

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: Krull Barnyard	2.2. Grant Number: TRC-WR13-44000-09 E	
2.3. Governmental Unit Name: Outagamie County	2.4. Primary Watershed Name: Shloc 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	Andre Krull				
Cost-Share Agreement Number (Agricultural only)	2011-TRM-03				
12-Digit Hydrologic Unit Code(s) (HUC) Where Work Was Completed	040302020804				
Nearest Surface Receiving Water Affected					
Name:	Toad Creek				
Waterbody Identification Code(s) (WBIC):	317600				
Nearest Impaired Water Affected					
Name:	N/A				
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	24N				
Range	17E				
Section	7				
Quarter	SW				
Quarter-Quarter	SW				
Latitude (degrees, minutes, seconds North of Equator; use the DNR's Surface Water Data Viewer (SWDV))	44 33' 34.4" N				
Longitude (degrees, minutes, seconds W of Prime Meridian, use the SWDV)	88 21' 52.0" W				

**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	facilities	
	Number of animal units	animal units	
Manure Storage Facilities: Closure	Number of facilities	facilities	
Manure Storage Facilities: Falling/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	57.2 lbs.	BARNY
	Number of facilities	1 facilities	
	Number of animal units	88.8 animal units	ANIMAL UNIT CALCULATION SPREADSHEET
Prohibition: Unlimited Livestock Access	Feet of bank protected	feet	
	Number of farms	farms	

<b>Table A. Agricultural Projects.</b> (continued)			
<b>A.2. Other Management Measures</b>	<b>Units of Measure</b>	<b>Quantity</b>	<b>Measurement Method Used</b>
Streambank & Shoreline Protection	Units (use feet, acres or number as applicable)		
	Pollutant load reduction (if method available)		
Other:	Units (use feet, acres or number as applicable)		
	Pollutant load reduction (if method available)		
Other:	Units (use feet, acres or number as applicable)		
	Pollutant load reduction (if method available)		
Other:	Units (use feet, acres or number as applicable)		
	Pollutant load reduction (if method available)		

<b>Table B. Urban Construction Projects Serving Developed Areas.</b>			
<b>B.1. Required Management Measures</b>	<b>Units of Measure</b>	<b>Quantity</b>	<b>Measurement Method Used</b>
20-40% Total Suspended Solids (TSS) Reduction for NR 216 communities	TSS reduced		lbs.
	TSS reduction		%
<b>B.2. Other Management Measures</b>			
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 <sup>3</sup> /year
Peak flow discharge for 2 year/24 hour design storm	Change in cubic feet per second for design year		ft <sup>3</sup> /sec
Protective areas	Bank protected		feet
Fuelling & 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)		

<b>Table C. Urban Planning Projects.</b>			
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
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<b>C.3. Products developed</b> (check all below that apply)	<b>Identify Documents by Name (if applicable)</b>
<input type="checkbox"/> Storm Water Plan	
<input type="checkbox"/> Construction or Erosion Ordinances	
<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:	
<b>C.4. Identify the Storm Water goals addressed</b> (check all that apply)	<b>Comments:</b>
<input type="checkbox"/> Reduce TSS	
<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"/>	

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

[Empty space for additional information]

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

[Empty space for summary of project challenges]

**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) ↓

Eily Magdanz

Title of Authorized Representative (type or print) ↓

Technician

Signature of Authorized Representative

*Eily Magdanz*

Date

9/26/11

**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: *1 of 3 projects substituted for Williamson Farms' manure storage project.*

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

*Casey L. Jones*

8.D. Signature of Regional NPS Coordinator

*Casey L. Jones*

8.E. Date

9-26-11

