State of Wisconsin Department of Natural Resources dnr.wi.gov

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

work with Popl Some + 3 prepries head

Form 3400-189 (R 11/05)

Page 1

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.].

<b>Final Repor</b>	s: The grant agreeme t form must be used report to DNR.	ent requires grantees to in conjunction with th	o submit a Final Rep e "FINAL REPORT II	ort 60 days after the end NSTRUCTIONS." The ins	I date listed in the gran tructions detail how to	t agreement. This complete and	
1. Grant Ty	/pe						
Agricul	tural - Targeted Runo	ff Management Grant					
Urban	- Targeted Runoff Ma	nagement Grant					
Constr	uction - Urban Nonpo	nt Source & Storm Wate	er Management Grant				
Plannir	ng - Urban Nonpoint S	ource & Storm Water Ma	anagement Grant				
	2. Grantee & Project Information						
Project Na	me			Grant Number			
Strutz Mar	nure Runoff			TRC-GB07-38000-04 F			
Governme	ntal Unit Name			Governmental Unit Type (city, village, town, etc.)			
Marinette	County			County			
Watershed	l Name			Watershed Code			
Little Pest	ntigo River			GB07			
DNR Wate	r Management Unit (F	River System) Name		Water Body Identification	n Code (WBIC) (if applic	able)	
Green Bay	1		<u> </u>				
s. 303(d) V	Vaterbody?	Yes 🛛 No					
What pollu	tant(s) were addresse	d by the project?					
Animal Wa	aste						
For <u>each</u> p	roject site location pro	ovide the following: (attac	ch additional sheets if	necessary)			
	Location:	Α	В	С	D	E	
Minor Civil Division Name		Grover					
PLSS	Town	30N					
	Range	22E					
	Section	2					
	Quarter	NE					
	Quarter-Quarter	NW					
Latitude		45 6' 22.7" N		***			
Longitude		87 47' 16.6" W					
Property Owner(s)	Name	Carlon Strutz				·	
**************************************	Mailing address	W3969 HWY 64					
		Marinette, WI 54143					
Site address							
(if different than mailing address)					1		

## 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. For grants issued <u>prior</u> to calendar year 2006, complete Tables A and B, *to the best of your knowledge*, 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 1		Count	
	Number of animal units	400	Count	
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	1100	Count	
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	41	BARNY Model	
	Number of facilities	1	Count	
	Number of animal units	400	Count	
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			

Table B. Other Water Resources Management Priorities

I. Agricultural Areas	Units of Measure	Quantity	Measurement Method Used
Buffers		Quantity	Weasurement Wedlod Osed
bullers	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		
	% 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		
decreased storm water impacts on state waters (i.e., storm water plan, I & E plan, etc.)	Acres planned for		
Document/track progress made in implementing the planning	Municipalities planned for		
product (i.e., ordinance, utility district evaluation/formation, storm water management plan information & education, etc.)	Acres planned for		
Other (specify)			

8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman	B. Project Results Narrative  The site is a beef operation. The project was complete with the construction of a roofed manure storage, roof over the barnyard, and installation of barnyard runoff management practices.							
If cost sharing for this project was offered under a formal notice to achieve compilance with performance standards or prohibitions, provide information for each notice in the table below.    Notice								
If cost sharing for this project was offered under a formal notice to achieve compilance with performance standards or prohibitions, provide information for each notice in the table below.    Notice								
Notice Type Issue Date From (Name) To (Name) Satisfied? Notice Type Issue Date From (Name) To (Name) Date Letter Sent    Notice Type   Issue Date   From (Name)   To (Name)   Quality   Name   Name   Quality   Name   Name	4. Satisfaction of Notice R	equirements (if app	licable)					
Notice Type Issue Date From (Name) To (Name) Yes No Date Letter Sent  Notice Type Issue Date From (Name) To (Name) To (Name) Date Letter Sent	If cost sharing for this proj	ect was offered und		ompliance with performa	ince standards or prof	nibitions,	provide information	
Notice Type Issue Date From (Name) To (Name) Yes No Date Letter Sent		1	Notice Information					
5. Summary of Project Challenges  6. Additional Information about the Project (optional)  7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to cartify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory Q. Cleereman	Notice Type	Issue Date	From (Name)	To (Nam			Date Letter Sent	
5. Summary of Project Challenges  6. Additional Information about the Project (optional)  7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the Information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman				7.				
6. Additional Information about the Project (optional)  7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
6. Additional Information about the Project (optional)  7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) offective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
6. Additional Information about the Project (optional)  7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) offective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman	5. Summary of Project Ch	allenges						
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
7. Planning Product (UNPS&SW - Planning Projects only)  Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman	O Additional Information	havitika Bustani (a.	-M					
Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman	6. Additional Information a	Dout the Project (o	monary					
Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
Check here if a printed copy of the planning product (e.g., plans, ordinances, analyses) was sent to your DNR Regional Nonpoint Source Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
Coordinator.  Name of Document  Date(s) effective  Date Submitted to NPS Coordinator  8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman	7. Planning Product (UNP	S&SW - Planning P	rojects only)					
8. Grantee Certification:  Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman								
Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.  Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman	Name of Document			Date(s) effective	Date Submitte	Date Submitted to NPS Coordinator		
Type or print Name and Title of Authorized Representative certifying here.  Gregory G. Cleereman	8. Grantee Certification:							
Gregory G. Cleereman	Check here to certify that, to the best of your knowledge, the information contained in this report is correct and true.							
	Type or print Name and Title of Authorized Representative certifying here.							
Signature of Authorized Representative Date	Gregory G. Cleereman							
	Signature of Authorized Representative Date							
Many 14 Clan 12/16/05								

