

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 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 checked="" 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: Stormwater Planning	2.2. Grant Number: USP-M102-40106-08	
2.3. Governmental Unit Name: Village of Bayside	2.4. Primary Watershed Name: Milwaukee River-South	2.5. Watershed Code: MI02

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	Bayside	Bayside			
Cost-Share Agreement Number (Agricultural only)					
12-Digit Hydrologic Unit Code(s) (HUC) Where Work Was Completed	040400030601	040400030601			
Nearest Surface Receiving Water Affected					
Name:	Lake Mich	Milw. River			
Waterbody Identification Code(s) (WBIC):	20	1500 1500			
Nearest Impaired Water Affected					
Name:					
Waterbody Identification Code(s) (WBIC):	1500	1500			
Pollutants Reduced					
Impairments/Impacts Addressed					

Project Location(s) (cont.) ->	A.	B.	C.	D.	E.
Project Coordinates:					
Town	08N	09N			
Range	22E	22E			
Section	3-5, 8-10	33			
Quarter					
Quarter-Quarter					
Latitude (degrees, minutes, seconds North of Equator; use the DNR's Surface Water Data Viewer (SWDV))					
Longitude (degrees, minutes, seconds W of Prime Meridian, use the SWDV)					

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: 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:	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)		

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):			
Village of Bayside			
C.2. Estimate total acres covered by the			
	Existing Developed Urban Areas	New Development	Total Acres

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planning product: 2,3861 MI ²	1527	acres	1527	acres	1527	acres
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C.3. Products developed (check all below that apply)	Identify Documents by Name (if applicable)
<input checked="" type="checkbox"/> Storm Water Plan	Bayside Stormwater Management Plan
<input checked="" type="checkbox"/> Construction or Erosion Ordinances	Updated Ordinances included in the Stormwater Management Plan Update
<input type="checkbox"/> Post-construction Storm Water Ordinances	
<input type="checkbox"/> Other Types of Storm Water Quality Ordinances	
<input checked="" type="checkbox"/> Financing Methods: Identified and evaluated	Included in the Stormwater Management Plan
<input checked="" type="checkbox"/> Financing Methods: developed or implemented	Included in the Stormwater Management Plan
<input checked="" type="checkbox"/> I & E Plan	Included in the Stormwater Management 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 checked="" type="checkbox"/> Reduce TSS	Comments:
<input checked="" type="checkbox"/> Maintain infiltration	
<input checked="" type="checkbox"/> Control Peak Flow	
<input checked="" type="checkbox"/> Protective Areas	
<input checked="" type="checkbox"/> Control of Fueling & Maintenance Areas	
<input checked="" 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.)

Attempting to reach 40% TSS reduction.

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) ↓
 Lynn Galyardt

Title of Authorized Representative (type or print) ↓
 Director of Finance and Administration

Signature of Authorized Representative

Date

Lynn Galyardt

2/26/2010

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:

Needed to update Map & IDDE program to meet permit requirements

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

Susan Eichelkraut

8.D. Signature of Regional NPS Coordinator

8.E. Date

Susan Eichelkraut

3.3.10