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.

DIVIT as acscribed in the mistrac	tions.					
1. GRANT TYPE. Check t	the one that applies.					
☐ Targeted Runoff Managemer	nt Grant – Agricultural		☐ Targ	eted Runoff Managem	ent Grant – Urban	
Urban Nonpoint Source & Sto Construction	orm Water Management	Grant –	☐ Urba	n Nonpoint Source & S	Storm Water Manage	ment Grant – Planning
☐ Notice of Discharge Grant						
2. PROJECT NAME & LO	OCATION.					
2.1. Project Name:			2.2. Gra	ant Number:	1 To 1	1
Lakeview Park Water Quality I	mprovements		USC-LF	10-13255-10		
2.3. Governmental Unit Name:	11		2.4. Pri	mary Watershed Name	2.5. Water	shed Code:
City of Middleton			Lower F	Rock	LR10	
NOTE FOR SECTION 2.6 (which	h follows):				1800	
Section 2.6. includes five (5) co discrete project locations, attach Hydrologic Unit Code (HUC), use	additional columns for S	ection 2.6 as d	escribed in	n the instructions. If yo		
2.6 Site Location(s) →	A.	В.		C.	D.	E.
Name of Cost-Share Recipient or Governmental Unit	Middleton, City					
Cost-Share Agreement Number (Agricultural only)			-			* ******
12-Digit Hydrologic Unit Code(s) (HUC) Where Work Was Completed	070900020604			3		
Nearest Surface Receiving Water Affected						
Name:	Lake Mendota	<u> </u>			3.1	- je -
Waterbody Identification Code(s) (WBIC):	805400					
Nearest Impaired Water Affected						
Name:	==1			58 /	migration and a	
Waterbody Identification Code(s) (WBIC):		= =		Some in the	0	
Pollutants Reduced	Total Suspended Solids, Total Phosphorus	M on on			n 0 * 1	e e
Impairments/Impacts				F1 III	d.	

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Project Location(s) (cont.) →	Α.	В.	C.	D	E.
Project Coordinates:					
Town	7N				
Range	8E			v	×
Section	12	man (par		W	1
Quarter	NE	11 *		я	1
Quarter-Quarter	NE			8	- 100
Latitude (degrees, minutes, seconds North of Equator; use the DNR's Surface Water Data Viewer (SWDV))	43 degrees, 5 minutes 59 seconds to 43 degrees, 6 minutes, 4				
Longitude (degrees, minutes, seconds W of Prime Meridian, use the SWDV)	89 degrees, 29 minutes, 3 seconds to 89 degrees, 29 minutes, 6 seconds	1			

able A. Agricultural Projects Ch. NR	To the offermation of cartaina and	a , tottibilionio and outer frate	Theodardes Management Themes
.1. Management Measures	Units of Measure	Quantity	Measurement Method Used
Sheet, rill and wind erosion	Acres meeting "T"	acres	
Manure Storage Facilities:	Number of facilities	facilities	
New Construction/Alterations	Number of animal units	animal units	
Manure Storage Facilities: Closure	Number of facilities	facilities	
Manure Storage Facilities:	Number of facilities	facilities	
Failing/Leaking Facilities	Number of animal units	animal units	
	Pollutant load reduction	lbs.	
Clean Water Diversions in WQMA	Number of farms with diversions	farms	
	Number animal units	animal units	
Nutrient Management on Agricultural Land	Acres planned	acres	1 1
Duel-il-ili-ili-	Number of farms	farms	**************************************
Prohibition: Manure Storage Overflow	Number of animal units	animal units	
Prohibition: Unconfined Manure Pile in WQMA	Number of farms	farms	
Prohibition: Direct Runoff From	Pollutant load reduction	lbs.	
Feedlot/Stored Manure	Number of facilities	facilities	

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	Number of animal units	animal units	
Deskik in the line in a li	Feet of bank protected	feet	
Prohibition: Unlimited Livestock Access	Number of farms	farms	

Fable 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)		- 9
Streambank & Shoreline Protection	Pollutant load reduction (if method available)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	incides governorment
Other:	Units (use feet, acres or number as applicable)	_	
Other.	Pollutant load reduction (if method available)		sefficiente [†] e en
Others	Units (use feet, acres or number as applicable)	v. u	2 - 0
Other:	Pollutant load reduction (if method available)		
Others	Units (use feet, acres or number as applicable)		Will all
Other:	Pollutant load reduction (if method available)		

Table B. Urban Construction Projects Se	erving Developed Areas.		
B.1. Required Management Measures	Units of Measure	Quantity	Measurement Method Used
20-40% Total Suspended Solids (TSS)	TSS reduced	lbs.	
Reduction for NR 216 communities	TSS reduction	%	
B.2. Other Management Measures			
20-40% Reduction in TSS for	TSS reduced	lbs.	· · · · · · · · · · · · · · · · · · ·
non-NR 216 communities	TSS reduction	72 %	WinSLAMM Version 9.3
Infiltration	Pre-development stay-on volume	%	150
Contraction of the Contraction of Co	Stay-on volume	ft³/year	
Peak flow discharge for 2 year/24 hour design storm	Change in cubic feet per second for design year	ft³/sec	ng mm
Protective areas	Bank protected	feet	v v
Fueling & maintenance areas	Oily sheen presence reduced	□Yes □ No	n 11 50 in 11 i
Streambank & Shoreline Protection	Bank erosion reduced	tons	
Streambank & Shoreline Protection	Bank protected	feet	
Othory	Pollutant load reduction (if method available)		1 8
Other:	Units (use feet, acres or number as applicable)		

Table C. Urban Planning Projects.	

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C.1. Governmental unit(s)	involved (list by	name):	a he Y			
					5)	
C.2. Estimate total acres of	covered by the	Existing Developed Urban Areas	New Development		Tot	al Acres
planning product:		acres	acre	s		acres
						10-21 10-21 10-10-10-10-10-10-10-10-10-10-10-10-10-1
C.3. Products developed (check all below that a)	pply)	ld	entify Documents by Name (if app	icable)		
Storm Water Plan		8	Ken at see the second			
Construction or Eros	sion Ordinances					
Post-construction S	torm Water	E.	# II II *			_
Ordinances Other Types of Stor	m Water Over		<u> </u>			
Other Types of Stor		1 1				
Financing Methods: evaluated	identified and					
Financing Methods: implemented	developed or					
☐ I & E Plan						
☐ I & E Implementatio	n Activities	V may				
Other:					-0.00	6 2
C.4. Identify the Storm W addressed (check all	ater goals that apply)					
Reduce TSS		-Comments:				
Maintain infiltration		Comments:				
Control Peak Flow						
Protective Areas		" "				
Control of Fueling a	& Maintenance					
Remove Illicit Discl	harges	1				
Other:	20	100				
	*					
		12				
4. Satisfaction of N provide information for ea	lotice Requir	rements. If cost sharing for this protable below.	roject was offered under a formal r	otice purs	uant to c	chs. NR 151 or 243,
Notice Information				Notic	e Satisf	action Information
Chs. NR 151 or 243	Issue Date	From (Name)	To (Name)	Satis		Date Letter Sent
Notice Type	issue Date	r toni (ivanie)	10 (italie)	Yes	No	Jaio Lotter Gent
9						

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 S/-Additional Information (Space will expand to)	fit your text.)		Social Caramana Carama Caramana Carama
		e -	
			# # # # # # # # # # # # # # # # # # #
6:/Summary/of Project Challenges/: (Space v	Zina za wala di wateria ya Maria		E. (Set 7. 11.2)
Removal of Trees at start of project. Over excavation	1	k. Excess volume of sediment dispo	osed at off-site
location and within park.	To the second se		
			•
			J. Company of the Com
		-	
7. Grantee Certification,	anga i ya asa ya ta ka kwa kwa kwa kwa kwa kwa kwa kwa kwa		
7. Grantee Certification. Checking here ⊠ certifies that, to the best of your knowle	edge, the information contained in	n this report is correct.	
uni, a consideration senti di presentation accompany di consideration de la consideration de la consideration	edge, the information contained in	n this report is correct.	
uni, a consideration senti di presentation accompany di consideration de la consideration de la consideration		n this report is correct. rized Representative (type or print) ↓	
Checking here C certifies that, to the best of your knowledge	Title of Autho		
Checking here ⊠ certifies that, to the best of your knowled Name of Authorized Representative (type or print) ↓ John M. Lehman Signature of Authorized Representative	Title of Autho	rized Representative (type or print) ↓	
Checking here ⊠ certifies that, to the best of your knowled Name of Authorized Representative (type or print) ↓ John M. Lehman	Title of Autho	rized Representative (type or print) ↓ ctor/Asst. City Administrator Date	012
Checking here ⊠ certifies that, to the best of your knowled Name of Authorized Representative (type or print) ↓ John M. Lehman Signature of Authorized Representative	Title of Autho	rized Representative (type or print) ↓ actor/Asst. City Administrator	012
Checking here certifies that, to the best of your knowled Name of Authorized Representative (type or print) ↓ John M. Lehman Signature of Authorized Representative Jhull Jelman 8 For Departmental Use Only	Title of Autho	rized Representative (type or print) ↓ ctor/Asst. City Administrator Date	012
Checking here certifies that, to the best of your knowled control of Authorized Representative (type or print) ↓ John M. Lehman Signature of Authorized Representative	Title of Autho	rized Representative (type or print) ↓ ctor/Asst. City Administrator Date	012
Checking here Coertifies that, to the best of your knowled Name of Authorized Representative (type or print) John M. Lehman Signature of Authorized Representative John M. Lehman Signature of Authorized Representative John M. Lehman Regional NRS (Coordinator - Rease (complete tine (collow))	Title of Autho	rized Representative (type or print) ↓ ctor/Asst. City Administrator Date	012
Checking here Coertifies that, to the best of your knowled Name of Authorized Representative (type or print) John M. Lehman Signature of Authorized Representative John M. Lehman Signature of Authorized Representative John M. Lehman Regional NRS (Coordinator - Rease (complete tine (collow))	Title of Autho	rized Representative (type or print) ↓ ctor/Asst. City Administrator Date	012
Checking here certifies that, to the best of your knowled Name of Authorized Representative (type or print) ↓ John M. Lehman Signature of Authorized Representative Jhull Jelman 8 For Departmental Use Only	Title of Author Finance Direction Tomilie project spensor epony attachments	rized Representative (type or print) ↓ ctor/Asst. City Administrator Date November 15,2	





