### WCA Wetland Bank Concept Plan Review

### TEP Findings & Recommendations

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sponsor’s Name | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Project Name/Number (if applicable) | | | | | | | | | | | |
| County | | | | Township Name | | | Section No. | | | Township No. | |
|  | | | |  | | |  | | |  | |
| Sponsor’s Relationship to Property | | | | | | | | | | | |
|  | **Fee Title Owner** |  | **Contract for Deed Owner** | |  | **Contract or Agreement with Landowner** | |  | **Other:** | |  |

|  |  |
| --- | --- |
| Local Government Unit (LGU) Name | LGU TEP Representative |
|  |  |
| SWCD TEP Member (if different from above) | |
|  | |
| BWSR TEP Member | |
|  | |

1. Yes  No Has the required information been provided/addressed in the concept plan document submittal? If no, describe what additional information is necessary.

1. Yes  No Has the site/project completed a scoping review? If no, explain why (e.g. site/project reviewed under an old application, modification of an existing application, TEP recommended skipping scoping review, etc.):

1. Based on the information provided, describe the TEP’s opinion in regard to the suitability of the project to generate eligible wetland banking credits.

1. Describe any potential issues/problems with the project (e.g. conflicting easements, detrimental effects on neighboring properties, erosive areas, conflicting surrounding land uses, etc.).

1. Yes  No Does the TEP concur with the proposed credit actions and credit amount? If no, explain why:

1. Yes  No Does the TEP concur with the proposed credit release schedule and the associated crediting criteria? If no, explain why:

1. Yes  No Does the TEP consider the proposed monitoring plan adequate to determine if proposed crediting criteria are met? If no, explain why:

1. Describe any aspects of the concept plan that should be revised, clarified, or further discussed in the full bank plan application.

SWCD Representative (Date) BWSR Representative (Date)

LGU Representative (Date) DNR Representative (if applicable) (Date)

*If TEP recommendation is not unanimous, note dissenting votes with an asterisk and explain. Provide additional TEP comments and recommendations on a separate sheet and attach to this finding of fact form.*