



Grant All-Detail Report WCA-NRBG 2016

Grant Title - 2016 - Wetland Conservation Act - NRBG (Stevens County)

Grant ID - P16-9778

Organization - Stevens County

Grant Awarded Amount	\$8,778.00
Required Match Amount	\$8,778.00
Required Match %	100%
Grant Execution Date	1/4/2016
Grant End Date	12/31/2018
Grant Day To Day Contact	Matt Solemsaas

Budget Summary

	Budgeted	Spent	Balance Remaining*
Total Grant Amount	\$8,778.00	\$6,669.17	\$2,108.83
Total Match Amount	\$8,778.00	\$6,669.17	\$2,108.83
Total Other Funds	\$0.00	\$0.00	\$0.00
Total	\$17,556.00	\$13,338.34	\$4,217.66

**Grant balance remaining is the difference between the Awarded Amount and the Spent Amount. Other values compare budgeted and spent amounts.*

Budget Details

Activity Name	Activity Category	Source Type	Source Description	Budgeted	Spent	Last Transaction Date	Match
WCA Coordinator Hours	Administration /Coordination	Current State Grant	2016 - Wetland Conservation Act - NRBG (Stevens County)	\$8,778.00	\$6,669.17	12/31/2016	N
WCA Match	Administration /Coordination	Local Fund		\$8,778.00	\$6,669.17	12/31/2016	Y

Activity Details Summary

Activity Details	Total Action Count	Total Activity Mapped	Proposed Size / Unit	Actual Size / Unit
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Proposed Activity Indicators

Activity Name	Indicator Name	Value & Units	Waterbody	Calculation Tool	Comments
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Final Indicators Summary

Indicator Name	Total Value	Unit
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Grant Activity

Grant Activity - WCA Coordinator Hours

Description	WCA Coordinator Hours		
Category	ADMINISTRATION/COORDINATION		
Start Date	1-Jan-16	End Date	31-Dec-16
Has Rates and Hours?	Yes		
Actual Results	<p>In CY2016, WCA Coordinator Matt Solemsaas worked a total of 256.25 hours on WCA-related activity, taken at an hourly rate of \$52.05. 128.13 hours worked using WCA funding, and 128.13 were paid by Stevens SWCD/County Match funding.</p> <p>Hours worked resulted in 63 landowner contacts and 1 exemption approved, impacting 13068 sq ft of wetland; three potential violations were inspected.</p> <p>WCA Reporting Form is attached.</p>		

Grant Activity - WCA Match

Description	WCA Match	
Category	ADMINISTRATION/COORDINATION	
Start Date	1-Jan-16	End Date 31-Dec-16
Has Rates and Hours?	Yes	
Actual Results	<p>In CY2016, WCA Coordinator Matt Solemsaas worked a total of 256.25 hours on WCA-related activity, taken at an hourly rate of \$52.05. 128.13 hours worked using WCA funding, and 128.13 were paid by Stevens SWCD/County Match funding.</p> <p>Hours worked resulted in 63 landowner contacts and 1 exemption approved, impacting 13068 sq ft of wetland; three potential violations were inspected.</p> <p>WCA Reporting Form is attached.</p>	

Grant Attachments

Document Name	Document Type	Description
2016 Natural Resources Block Grant	Grant Agreement	2016 Natural Resources Block Grant - Stevens County
2016 Natural Resources Block Grant executed	Grant Agreement	2016 Natural Resources Block Grant - Stevens County
2016 WCA Report	Grant	2016 - Wetland Conservation Act - NRBG (Stevens County)
All Details Report	Workflow Generated	Workflow Generated - All Details Report - 02/23/2016
All Details Report	Workflow Generated	Workflow Generated - All Details Report - 02/14/2016

**Minnesota Board of Water and Soil Resources
Wetland Conservation Act 2016 Annual Reporting Form**

Use the tab key to navigate between fields.

Local Government Unit (LGU): Stevens SWCD	Organization Type: SWCD	County (or Counties if WMO) Stevens
Name of Person Completing Report: Matt Solemsaas	Title: District Administrator	Contact Phone #: 320-589-4886
Your Employer Name (if submitting report on behalf of an LGU): Stevens SWCD		

Does your LGU receive WCA funding from the Natural Resources Block Grant (NRBG)? Yes, transferred from county or SWCD

NOTE: Completion of this report is required for all WCA LGUs. It must be received by the BWSR St. Paul office on or before **February 1, 2017**. See the accompanying instructions for details.

1. Number of landowner contacts in which wetland related technical assistance was provided during the calendar year: 63 *(Please provide your best estimate.)*

2. Number of applications that were:

<i>Type of Application:</i>	# Approved	# Denied	# Withdrawn
A. Boundary or Type	0	0	0
B. No-Loss	0	0	0
C. Exemption	1	0	0
D. Sequencing	0	0	0
E. Replacement Plan*	0	0	0

*Do not include local road authority notifications for projects that qualify for replacement under the BWSR Local Government Roads Wetland Replacement Program according to MN Rule 8420.0544.

3. Number of exemptions approved and square feet of wetland impact for each category from MN Rule 8420.0420 (provide best estimate for impacts that are not easily quantified):

<i>Type of Exemption:</i>	Number of Approved Exemptions	Sq. Ft. of Wetland Permanently Impacted
Subp. 2. Agricultural Activities	0	0.00
Subp. 3. Drainage	0	0.00
Subp. 4. Federal approvals	0	0.00
Subp. 5. Restored wetlands	0	0.00
Subp. 6. Utilities	0	0.00
Subp. 7. Forestry	0	0.00
Subp. 8. De minimis	0	0.00
Subp. 9. Wildlife habitat	0	0.00

Subp. 2g. Agricultural wetland bank exemption	1	13068
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*See WCA reporting instructions.

4. Number of replacement plans **approved** that replace impacts by the following methods:

A. Wetland Banking:	0
B. Project-Specific Replacement:	0
C. Combination of Wetland Banking and Project-Specific Replacement:	0

5. Square feet of wetland to be **impacted** via an approved replacement plan: 0

6. For approved replacement plans, list project-specific replacement only* in square feet and corresponding credit amounts as approved in the following categories from MN Rule 8420.0526:

<i>Action Eligible for Credit:</i>	Square Feet	Repl. Credit
Subp. 2. Upland buffer areas.	0	0.00
Subp. 3. Restoration of completely drained or filled wetland areas.	0	0.00
Subp. 4. Restoration of partially drained or filled wetland areas.	0	0.00
Subp. 5. Vegetative restoration of farmed wetlands.	0	0.00
Subp. 6. Protection of wetlands previously restored via conservation easements.	0	0.00
Subp. 7. Wetland creations.	0	0.00
Subp. 8. Restoration and protection of exceptional natural resource value.	0	0.00
Subp. 9. Preservation of wetlands owned by the state or a local unit of government	0	0.00

*For question 6, report project-specific replacement only. Replacement via banking is accounted for via BWSR's banking database.

7. For project-specific replacement wetlands, list the number of each completed or received:

A. Construction Sites Inspected	B. Corrective Actions Ordered	C. Monitoring Reports Received	D. Findings of Satisfactory Replacement
0	0	0	0

8. Number of **potential WCA violation sites** investigated: 3

9. Number of **enforcement actions** that were taken under local ordinances and/or that did not result in DNR-issued cease and desist, restoration, or replacement orders (including informal resolution of violations): 3

10. Number of **local appeals** heard: 0

11. Does the LGU have a MN WDCP **certified delineator** available (excluding BWSR or SWCD)?

On staff:

On call (i.e. consultant):

Not at all:

12. **Optional:** Please provide information regarding unusual circumstances, time spent on enforcement or major violations, banking application reviews, known exempt activity for which a formal decision was not made, additional detail or clarification of above data, or any other information or comments you would like to share. There was significant time spent on a potential wetland bank project that has been ongoing since 2011. The landowner switched wetland consultants and should have the bank ready for approval in 2017.

13. For LGU staff responsible for implementing WCA, please provide the following for WCA/wetland training attended this reporting year (attach additional if necessary). The University of Minnesota Wetland Delineator Certification Program webpage has a list of pre-approved continuing education programs offered in 2016. Please indicate training session in full days or indicate the number of actual hours.

	Session Title	Training Sponsor	Employee Name	Employee Title	From Date	To Date	Total # of Days	Total # of Hours
					Use format m/d/yyyy			
1	WCA sessions	BWSR	Matt Solemsaas	District Administrator	10/24/2016	10/26/2016	3	18
2	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
3	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
4	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
5	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
6	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
7	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
8	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
9	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
10	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
11	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
12	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
13	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
14	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
15	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
16	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
17	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
18	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
19	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
20	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
21	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
22	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
23	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
24	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours
25	Session Title	Training Sponsor	Employee Name	Employee Title	m/d/yyyy	m/d/yyyy	# Days	# Hours