



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor
Matthew J. Frank, Secretary

101 S. Webster St.
Box 7921
Madison, Wisconsin 53707-7921
Telephone 608-266-2621
FAX 608-267-3579
TTY Access via relay - 711

Date: APR - 2 2009

Honorable Scott Huebner
City of Port Washington
100 West Grand Avenue
Port Washington, WI 53074

Dear Mayor Huebner:

SUBJECT: MISSING FINAL REPORT -- Urban Nonpoint Source [Pollution] and Storm Water Management (UNPS&SW)-Planning Grant Number USP-SH01-46271-04 For the City of Port Washington Stormwater Management Plan

The Department issued you a grant under the UNPS&SW- Planning program with project start date of January 1, 2004 and end date of December 31, 2005. The agreement for that grant required you to submit a Final Report detailing the status and accomplishments of task that are part of this Planning project. To date, the Department has not received a Final Report for this project.

As it has been more than three (3) years since the end of your project, you have two (2) options:

- 1- Prepare the Final Report using DNR Form 3400-189. This report form can be found on the DNR's web site at <http://dnr.wi.gov/runoff/financial.htm>. Return the completed Form 3400-189 within 30 days of the date of this letter.
- 2- Complete and return the attached surveys within 30 days of the date of this letter.

If you have any questions regarding your grant contract or grant funds, please contact the regional NPS Coordinator at the telephone number listed below, or Kathleen Thompson, Runoff Management Grant Coordinator, at (608) 267-7568 or Kathleen.Thompson@Wisconsin.gov.

Sincerely,

Gordon R. Stevenson, P. E., Chief
Runoff Management Section
Bureau of Watershed Management

Mary Rose Teves, Chief
Grants Section
Bureau of Community Financial Assistance

cc: Mark Grams, Administrator-Clerk, City of Port Washington
Tim Parsons, CF/2
Susan Eichelkraut, SER Region, telephone number (414) 263-8682

REPLACEMENT FOR URBAN STORM WATER-PLANNING FINAL REPORT

SURVEY INSTRUCTIONS: For each of the questions below, check the appropriate box(es), fill appropriate blanks, have your Authorized Representative sign and date, and submit to the following DNR staff within 30 days of the date of this letter:

Kathleen Thompson, WT/3
Wisconsin Department of Natural Resources
P. O. Box 7921
Madison, WI 53707-7921

- 1. Yes No NA A Stormwater Management Plan was prepared as part of this grant.
- 2. Yes No NA A Stormwater Management Plan was adopted by the grantee's governing body.
- 3. Date Stormwater Management Plan adopted by governing body: -----
- 4. Yes No NA A Stormwater Management Utility was developed as part of this grant.
- 5. Yes No NA A Stormwater Management Utility was adopted by the grantee's governing body.
- 6. Date Stormwater Management Utility adopted by governing body: -----
- 7. Yes No NA A Stormwater Management Information and Education Plan was prepared as part of this grant.
- 8. Yes No NA A Stormwater Management Information and Education Plan was adopted by the grantee's governing body
- 9. Date Stormwater Management Information and Education Plan adopted by governing body: -----

Print Name of Authorizing Representative	
Signature of Authorizing Representative	
Date Signed	

REPLACEMENT FOR URBAN STORM WATER-PLANNING FINAL REPORT

SURVEY INSTRUCTIONS: For each of the questions below, check the appropriate box(es), fill appropriate blanks, have your Authorized Representative sign and date, and submit to the following DNR staff within 30 days of the date of this letter:

Kathleen Thompson, WT/3
Wisconsin Department of Natural Resources
P. O. Box 7921
Madison, WI 53707-7921

- 1. Yes [checked] No [] NA [] A Stormwater Management Plan was prepared as part of this grant.
2. Yes [checked] No [] NA [] A Stormwater Management Plan was adopted by the grantee's governing body.
3. Date Stormwater Management Plan adopted by governing body: 05/15/2007
4. Yes [] No [checked] NA [] A Stormwater Management Utility was developed as part of this grant.
5. Yes [] No [checked] NA [] A Stormwater Management Utility was adopted by the grantee's governing body.
6. Date Stormwater Management Utility adopted by governing body: n/a
7. Yes [] No [checked] NA [] A Stormwater Management Information and Education Plan was prepared as part of this grant.
8. Yes [] No [checked] NA [] A Stormwater Management Information and Education Plan was adopted by the grantee's governing body
9. Date Stormwater Management Information and Education Plan adopted by governing body: n/a

Table with 2 columns: Label (Print Name of Authorizing Representative, Signature of Authorizing Representative, Date Signed) and Value (Robert J. Vanden Nover, Robert J. Vanden Nover, 6/18/09)

RECEIVED

JUN - 8 - 2009

BUREAU OF WATERSHED MGMT