



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

Denise Dhirdo, President
Village of Sister Bay
2383 Maple Drive
Sister Bay, WI 54234

Dear Madam:

SUBJECT: MISSING FINAL REPORT -- Urban Nonpoint Source [Pollution] and Storm Water Management (UNPS&SW)-Planning Grant Number USP-TK06115181-06 For the Village of Sister Bay Stormwater Management Plan

The Department issued you a grant under the UNPS&SW- Planning program with project start date of January 1, 2006 and end date of December 31, 2007. 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 one (1) year 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: Christy Sully, Clerk
Tim Parsons, CF/2
Gus Glaser, NER region, telephone number (920) 662-5461

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	

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

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BUREAU OF WATERSHED MGMT

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: JULY 21, 2008

4. Yes No NA A Stormwater Management Utility was developed as part of this grant.

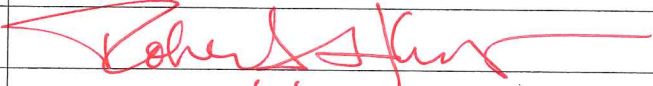
5. Yes No NA A Stormwater Management Utility was adopted by the grantee's governing body.

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	ROBERT L. KUFRIN
Signature of Authorizing Representative	
Date Signed	4/6/09