

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: 06/11/2008
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 (LESTER A. BARZEL, JR. TOWN CHAIRMAN, Lester A. Barzel Jr., 5/6/09)

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