

Letter of Transmittal



To: MS4 Annual Report
DNR Service Center
141 NW Barstow Street
Room 180
Waukesha, WI 53188

12075 Corporate Pkwy
Suite 200
Mequon, WI 53092

Tel 262-241-4466
Fax 262-241-4901

www.bonestroo.com

Date: March 30, 2009

We are sending you:

Project: Town of Grafton NR216 Annual Report

- Attached Under Separate Cover
 Shop Drawings Specifications Drawings
 Copy of Letter Change order Samples

File No: 816-09-003

Copies	Description	Code
1	Town of Grafton 2008 NR216 MS4 Annual Report	2

These are transmitted: (See Code)

- | | | |
|---------------------------|------------------------|-----------------|
| 1. For approval | 5. Approved | 9. Not reviewed |
| 2. For your use | 6. Approved as noted | 10. _____ |
| 3. As requested | 7. Revise and Resubmit | |
| 4. For review and comment | 8. Rejected | |

Remarks:

I've enclosed the Town of Grafton's 2008 MS4 Annual Report for you to review. If you have any questions please contact me at any time.

Sincerely,

Signed: Joel Brieske

cc: Lester Bartel - Town Chairman
FILE

State of Wisconsin
Department of Natural Resources
dnr.wi.gov

Due by March 31, 2009

This form is for the purpose of annual reporting on activities undertaken pursuant to the Municipal Separate Storm Sewer System (MS4) General Permit No. WI-S050075-1. An owner or operator of a municipal separate storm sewer system covered by the general permit under Chapter NR 216, Wis. Adm. Code, is required to submit an annual report to the Department of Natural Resources by March 31 of each year to report on activities for the previous calendar year. A municipality that received its initial permit coverage in 2006 needs only to report on activities undertaken in calendar year 2008. A municipality that received its initial permit coverage in 2007 needs to report on activities undertaken in both calendar years 2007 and 2008.

Use of this specific form is optional. The Department of Natural Resources has created this form for the user's convenience and believes that the information requested on this form meets the reporting requirements for an owner or operator of a municipal separate storm sewer system covered by the general permit.

Instructions: Complete each section of the form that follows. If additional space is needed to respond to a question, attach additional pages. Provide descriptions that explain the program actions taken to-date to comply with the general permit. Complete and submit the annual report by March 31, 2009, to the appropriate address indicated on the last page of this form.

SECTION I. Municipal Information

Name of Municipality Town of Grafton		Facility ID No. (FIN)	
Mailing Address 1230 11th Ave	City Grafton	State WI	Postal Code 53024
County(s) in which Municipality is located Ozaukee	Type of Municipality: (check one) <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town <input type="checkbox"/> Other (specify)		

SECTION II. Municipal Contact Information

Name of Municipal Contact Person Lester Bartel		Title Town Chairman	
Mailing Address 1230 11th Ave	City Grafton	State WI	Postal Code 53024
E-mail Address LBartel@town.grafton.wi.us	Telephone No. (including area code) 262-377-8500	Fax No. (including area code) 262-377-0332	

SECTION III. Certification

I hereby certify that I am an authorized representative of the municipality covered under MS4 General Permit No. WI-S050075-1 for which this annual report is being submitted and that the information contained in this document and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Authorized Representative Printed Name Lester Bartel	Authorized Representative Title Chairman	
Authorized Representative Signature 	Date Signed 3/26/09	
E-mail Address LBartel@town.grafton.wi.us	Telephone No. (including area code) 262-377-8500	Fax No. (including area code) 262-377-0332