

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

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July 28, 2006

DC-163

Wayne Butz 349 Maine Street Mauston, WI 53959

Subject: Dry Cleaning Reimbursement Acknowledgment Reedsburg Cleaners

Dear Mr. Butz:

This letter is just to acknowledge that we have received your claims for reimbursement under the Dry Cleaner Response Program. At this time, there is adequate money available. After I audit your request in detail, there should be no problem getting you the money.

I will likely have some questions when I get a chance to review the files. I will contact the consultant first to get answers to my questions. After the audit is complete you will receive another letter from me that details the audit results. You should receive the reimbursement check within ten days after receiving the audit letter. Thanks for your patience throughout this process.

Sincerely,

Jeff Soellner Dry Cleaning Fund Manager

cc: Hank Kuehling - DNR - Fitchburg



Dry Cleaner Environmental Response Program Reimbursement Application

Dry Cleaner Site Information	and the second s	101111 770	10-211 (R 1	uloa)		Pe	age 2 of 2	
NA AMERICAN SITES INFORMATION		1 11 11	y e tana a salah a sal					
lame of Dry Cleaner Facility (or former facility)	Dry Cleaning	Facility Co	netruction D	ate, if known Was	the facility	constructed		
Reedsburg Cleaners	Unknor	an.		Con	ber 14, 19	Yes	s X No	
lave the following enhanced pollution prevention m	casures been implame	mted?						
 All wastes that are generated at the dry cleaning wastes in compiliance with ch.291 and 42 USC6. 		in dry clean	Ing solvent a	re managed as hi	zardous .	XYes	s No	
Dry cleaning solvent or wastewater from dry clean into the waters of this state.	aning machlnes are no	t discharged	d into any sar	itary sewer or se	otic tank or	XYes	. No	
 Each machine or other place of equipment in who or pieces of equipment are located, is surrounded contain any leak, spill or other release of dry cler 	ed by a containment dil	ke or other o	ontainment s	tructure that is at		Ya	No No	
The floor within any area surrounded by a dike of impervious to dry cleaning solvent.					wise	XYes	□ No	
i. All perchloroethylene is delivered to the dry dea	ning facility by means	of a closed,	diract-couple	d delivery system	i.	XYes	No No	
the facility currently operating at this location?	If no, Date Operation	s Ceased	Most Recent	Department of Re	venue D	ry Cleaner L	icense No.	
X Yes No		1	loenae Date	2006	O	030-0000 414 447		
Property Location—Street	City .		ZIP Code	County	L	atitude L	ongitude	
349 Main Street	Reedsburg	12	53959	Sauk	1.		90.01	
Discharge Information	a codin comment	1.38 1.30	and the same	Charles Control	1.000			
Vhen did the discharge occur? (select one)	, m = 1111 11111 111111			toelb ent ta beese	arge site:	(select all th	at apply)	
X Date: Prior to 1985			nloroethylene		Petroleum	1		
Historical, I don't know		i	r, specify:	<u> </u>	. Ostolouil	20,70110		
lave there been actions taken to address a previous	If yes has an	1 —		en issued for the	16	Closure Lei	tar Data	
and an	X No past discharg		. COSUIC DC		No Ir yes	CIONULA FOL	ILE LINE	
onsultant(s) - Affach Completed Bid Proposals	Summary Sheet(s) and	d Accepted	Proposal(s)		mar gangi		war je je la a	
Contact Name Business Nam	TRÉ	Contact N	ame	Bu	siness Nar	n e		
Mark Mejec STS Cons	ultants, Ltd.							
nsurance information	Galley Land Stiller		ary of Land	The state of the s	· · · · · · · · · · · · · · · · · · ·		 	
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if the time the discharge occurred: (select one)								
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State of Wisconsin Department of Natural Resources Box 7921, Madison, WI 53707-7921 dnr.wi.gov

Dry Cleaner Environmental Response Program Reimbursement Application

Form 4400-211 (R 10/05)

Page 1 of 2

Notice: This form is authorized under ss. 292.65 Wis. Stats., and ch. NR 169, Wis. Adm. Code. Use of this form is required by the Department for any application filed pursuant to ss. 292.65 Wis. Stats. and Ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it was originally being collected. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: Read the instructions that accompany this form. You may apply for costs incurred October 14, 1997 to present. Submit this form with its attachments to your DNR Project Manager.

Applicant Information			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Application Type				
Applicant Name	STREET, A STREET, STRE		<u> </u>		10. By \$10.5.0 \$10.0		Type of Response Action		cluded in this		
Wayne Butz						ľ	application: (select all th	nat apply)			
Business Name							Immediate				
Reedsburg Cleaners						İ	X Site Investigation				
Mailing Street Address and	PO Box						Interim Action				
349 Main Street							Remedial				
City			State ZIP		Code		This reimbursement requ	iest is a	(select one)		
Reedsburg			WI	5:	53959		X Partial Request				
Telephone Number Fax Number		E-Mail Address						- Number			
	NONE NONE				Final Request						
Applicant is: (select one)	-					8	Response Actions 1	Time Per	iod (for this		
X Owner under s. 292.65(1)(i), Wis. Stats.							Note: Start date may no	ot overlap	previous time period.		
Operator under s. 29	2.65(1)(h), Wis. S	Stats.				1	Actions Start Date	Actions End Date			
Property owner of a facility licensed after October 14, 1997 under s.				. 292.65(1)(i)3.	ŀ	November 2005	February 2006				
Agent Information (if ap	plicable)					3					
Agent Name	Andrea Constitution	<u></u>			Title		7				
Business Name					Telephone Number		Fax Number				
Mailing Street Address and	РО Вох				City			State	ZIP Code		
Payment Assignment-C	omplete if reimbu	rsement requ	ested on t	his app	l dication should	be m	ade to a person who loa	ned mone	y to the applicant		
Contact Name Business Name			Τε		phone Number	3/200/2010	Fax Number				
Mailing Street Address and	PO Box	".	· · · · · · · · · · · · · · · · · · ·		City	.I		State	ZIP Code		
Multiple Responsible Pe	rsons		7.3387 H (28	ywi Si							
If more than one owner or facility, a reasonable effor	operator is elig t must be made	to notify ev	ery poter	ntially e							
X Check here if there a	re no other eligi	ble persons	to notify.								
If there are other responsi each. To report more than	ble persons eliç two responsibl	gible for rein e persons, a	nburseme attach a s	ent from sheet v	m the prograr vith the additi	n ass onal	sociated with this site, information.	complet	e the following for		
Name			Telephone Nu	mber							
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Mailing Street Address and PO Box			City			State	ZIP Code				
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