State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
473 Griffith Ave.
Wisconsin Rapids WI 54494

Tony Evers, Governor Preston D. Cole, Secretary Telephone 608-266-2621 Toll Free 1-888-936-7463

TTY Access via relay - 711



November 13, 2019

PATRICIA A. HENNESSY P. R. JAMES D. CROSSE JR. ESTATE 11037 EATON ST. WESTCHESTER IL 60154 CERTIFIED MAIL #7018 0360 0001 1416 1076

SUBJECT:

Notice of Intent to Incur Expenses

Monroe Center Store, 999 CTH Z, Arkdale, WI

BRRTS#:03-01-175845

Dear Ms. Hennessy:

On November 13, 1997, the Department of Natural Resources ("department") sent a letter directing James Crosse Jr. to take appropriate response actions at the above-referenced property under Wis. Stats. ch. 292 and Wis. Admin. Code §§ NR 700 through 754. In accordance with Wis. Stats. § 292.81(2), you are hereby notified, as the representative for the responsible party under Wis. Stats. ch. 292 and Wis. Admin. Code § NR 700.03 (51), that the department intends to incur expenses as authorized under Wis. Stats. § 292.31(3). The department has agreed to authorize MSA Professional Services, Inc. to perform groundwater monitoring and monitoring well abandonment for the amount of \$11,908.60.

Please be aware that the department intends to file a lien against the subject property to recover the expenses incurred to complete the work described in this letter. You will receive a second letter providing you at least 60-days' notice before the Department files the lien.

If you have questions concerning the activities described in this letter, please do not hesitate to contact Dee Lance at 715-421-7862 or Dee.Lance@wisconsin.gov.

Sincerely,

Dee Lance

DNR – West Central Region

Remediation & Redevelopment Project Manager

CC: Jayne Englebert, MSA



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Patricia Hennessy 11037 Eaton St.	D. Is delivery address different/from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Westchester IL 40154	3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Art	
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540

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