

Information has been received
 and we are electing to waive
 the 30 day notice requirement
 Adam Bachand 06/23/2020

The affected property is:

- the source property (the source of the hazardous substance discharge), but the property is not owned by the person who conducted the cleanup (a deeded property)
- a deeded property affected by contamination from the source property
- a right-of-way (ROW)
- a Department of Transportation (DOT) ROW

Include this completed page as an attachment with all notifications provided under sections A and B.

Contact Information

Responsible Party: The person responsible for sending this form, and for conducting the environmental investigation and cleanup is:

Responsible Party Name Bachand Group

Contact Person Last Name Bachand	First Adam	MI	Phone Number (include area code) (715) 394-6637	
Address 722 Tower Ave		City Superior	State WI	ZIP Code 54800
E-mail <u>adam@bachandgroup.com</u>				

Name of Party Receiving Notification:

Business Name, if applicable: Bachand Estates

Title Mr.	Last Name Bachand	First Adam	MI	Phone Number (include area code)	
Address 722 Tower Ave		City Superior	State WI	ZIP Code 54800	

Site Name and Source Property Information:

Site (Activity) Name Smith's Union 76

Address 11427 S Business Hwy 53		City Solon Springs	State WI	ZIP Code 54873
DNR ID # (BRRTS#) 03-16-000069		(DATCP) ID #		

Contacts for Questions:

If you have any questions regarding the cleanup or about this notification, please contact the Responsible Party identified above, or contact:

Environmental Consultant: METCO

Contact Person Last Name Anderson	First Ron	MI	Phone Number (include area code) (608) 781-8879	
Address 709 Gillette Street Suite 3		City La Crosse	State WI	ZIP Code 54603
E-mail <u>rona@metcohq.com</u>				

Department Contact:

To review the Department's case file, or for questions on cleanups or closure requirements, contact:

Department of: Natural Resources (DNR) Office: Ashland

Address 2501 Golf Course Rd		City Ashland	State WI	ZIP Code 54806
Contact Person Last Name Saari	First Chris	MI	Phone Number (include area code) (715) 685-2920	
E-mail (Firstname.Lastname@wisconsin.gov) <u>chris.saari@wisconsin.gov</u>				

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Devin Sprinkle
Canadian National Railway
17641 S. Ashland Avenue
Homewood, IL 60430



9590 9403 0958 5223 6399 88

2 Article Number (Transfer from service label)

7013 0600 0000 9414 4939

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Keith Rodriguez*

- Agent
- Addressee

B. Received by (Printed Name)

Keith Rodriguez

C. Date of Delivery

5/21/00

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery