

709 Gillette St., Ste #3♦ La Crosse, WI 54603 ♦ 1-800-552-2932 ♦ Fax (608) 781-8893 Email: rona@metcohq.com ♦www.metcohq.com

November 30, 2017

Greg Michael Wisconsin Department of Natural Resources 141 NW Barstow Street, Room 180 Waukesha, WI 53188

Subject: Chapman Oil Bulk Plant – Variance Request for cPAH calculations.

BRRTS #: 02-68-215749, PECFA #: 53199-9998-14

Dear Mr. Michael,

A cost estimate is being submitted for cPAH calculations at the subject property located at 314 Wisconsin Street in Eagle, Wisconsin. The workscope will include: Using the "RR-079 Risk Assessment Approach for Calculating cPAH Non-Industrial Direct Contact RCLs" to determine if a cumulative assessment would allow for cPAH concentrations to be identified that are protective and may reduce the area that would require capping or remediation on the subject property and neighboring properties. Once the modified calculator is used for current direct contact exceedences we will revise the soil tables and soil contaminant plume map. The cost estimate is as follows:

Risk Assessment Approach for cPAH's \$1,020.00 (variance)
Change Order Request \$ 381.78
Total \$1,401.78

METCO is requesting a bid deferment/variance in the amount of **\$1,401.78**. Upon state approval of the proposed workscope and budget, METCO will proceed with using the modified calculator.

Attached is a draft standardized invoice form for the above workscope as required.

Should you have any questions, comments, or recommendations please contact me at our La Crosse office (608) 781-8879 or email at jasonp@metcohq.com.

Sincerely,

Jason T. Powell Staff Scientist

Attachments

c: Rob Chapman - Client

Ten T. fowell

Usual and Customary Standardized Invoice #22 July 2017 - December 2017





 PECFA #:
 53199-9998-14
 Vendor Name:

 BRRT's #:
 02-68-215749
 Invoice #:

 Site Name:
 Chapman Oil Bulk Plant
 Invoice Date:

 Site Address:
 314 Wisconsin St., Eagle, WI
 Check #:

U&C Total \$ 381.78

Variance to U&C Total \$ 1,020.00

Grand Total \$ 1,401.78

TASK	TASK DESCRIPTION	SERVICES ACTIVITY CODE	ACTIVITY REFERENCE CODE DESCRIPTION	UNT	I (AX ÜNIT ÇOST	NITS	TOTAL MAX
36	Change Order Request	COR05	Change Order Request (cost cap exceedance requests)	Change Order	\$	381.78	1 \$	381.78
Variance	Using the Modified cPAH Calculator: 12 hours @ \$85/hour.						\$	1,020.00