

George E. Meyer, Secretary  
William R. Selbig, District Director

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Oshkosh Area Office  
905 Bayshore Drive  
Box 2565

Oshkosh, Wisconsin 54903  
Telephone #: (414)424-3050  
Telefax #: (414)424-4404

November 7, 1994

Mr. Dick Schwan  
Schwan Oil Co.  
P.O. Box 69  
Hortonville, WI 54944

**CERTIFIED MAIL / RETURN RECEIPT REQUESTED**

**SUBJECT: NOTICE OF NONCOMPLIANCE**  
Petroleum Contamination at Schwan Oil., Bulk Plant, Hortonville, WI  
WDNR LUST ID #45-1398

Dear Mr. Schwan:

The Wisconsin Department of Natural Resources (WDNR) was notified on January 29, 1993 that petroleum contamination was discovered at the above-referenced location. In a letter dated February 8, 1993, the Department informed you of your legal responsibilities to address the situation. You were sent another letter on September 20, 1994, asking you to notify us of your intentions regarding investigation/cleanup at this site. The Department has yet to receive a response to the recent letter regarding any information describing investigation or remediation at this site.

If cleanup activities have not been concluded, you must have your environmental consultant contact our office by December 7, 1994, and have them submit written verification of current investigations at the site.

If investigation and/or remediation has occurred, you must provide the Department with documentation describing these activities by December 7, 1994.

Due to current workload and staffing levels, a WDNR project manager has not been assigned to this case. However, investigation and cleanup should not be delayed pending WDNR review. All reports and correspondence should be sent to the WDNR at the following address:

Wisconsin Department of Natural Resources  
Attn: Tom Verstagen  
905 Bayshore Drive, Box 2565  
Oshkosh, WI 54903



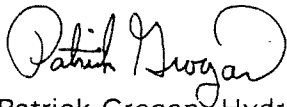
Page 2  
 November 7, 1994  
 Mr. Dick Schwan

All submittals must be identified with the WDNR LUST ID number; unless otherwise requested, please send only one copy of all submittals.

The Department will enforce Wisconsin's cleanup laws and we will cooperate with you in any way that we can within the limits of our own responsibilities. However, if you fail to comply with the requirements listed in this letter, the next step in the process will likely be a Notice of Violation and enforcement conference. Your cooperation in this matter would be appreciated.

Please do not hesitate to contact me at (414) 424-7891 if you have any questions about this letter.

Sincerely,



Patrick Grogan, Hydrogeologist  
 Leaking Underground Storage Tank Unit

cc: case file

P 686 841 718



**Certified Mail Receipt**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

Sent to <b>Schwann Oil Co</b>	
Street & No. <b>PO BOX 69</b>	
P.O. State & ZIP Code <b>Hortonville WI</b>	
Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 229
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	<ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>			
	3. Article Addressed to: <b>Dick Schwann Schwann Oil Co PO Box 69 Hortonville WI 54944</b>			4a. Article Number <b>P686841718</b>
	5. Signature (Addressee) <b>Dick Schwann</b>			4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent) <b>Dick Schwann</b>		7. Date of Delivery <b>11-8-94</b>	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3800, June 1990

Thank you for using Return Receipt Service.