

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Tommy G. Thompson, Governor  
George E. Meyer, Secretary  
William R. Selbig, Regional Director

Oshkosh Service Center  
905 Bay Shore Drive  
P.O. Box 2565  
Oshkosh, Wisconsin 54903  
Telephone 920-424-3050  
FAX 920-424-4404

January 4, 1999

**Certified Mail / Return Receipt Requested**

Mr. Richard Schwan  
P.O. Box 69  
Hortonville WI 54944

**SUBJECT:** Schwan Oil Company Bulk Plant  
Alley #2, Hortonville WI.  
BRRTS ID#03-45-001398

Dear Mr. Schwan:

Thank you for your letter of December 22, 1998 indicating the incorrect street address in the Deed Affidavit for the above referenced property. My records do indicate that the property in question is on Alley #2, Hortonville, WI. The property description used on the Affidavit was obtained with the tax identification number (24-0-0160-00-1) you provided in your March 28, 1998 letter. This property description used by the Department and the map location for the subject property you indicated in your December 22, 1998 letter appear to be the same and correctly identify the Schwan Oil Company Bulk Plant. The Department apologizes for any inconvenience the incorrect street address has caused and will take steps to insure that the correct street address is used on this document and future correspondence.

Please feel free to contact me if you have any further comments or concerns.

Sincerely,

Kevin D. McKnight  
WDNR, Hydrogeologist  
mcknik@dnr.state.wi.us  
920-424-7890

cc: file  
Bruce Urben NER-RR  
Joe Renville LC-5



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Through Excellent Customer Service



Z 578 383 264

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
Mr. Richard Swan	
Street & Number	
PO Box 69	
Post Office, State, & ZIP Code	
Hortonville, WI 54944	
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	

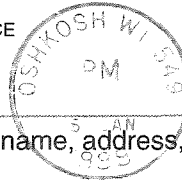
PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		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.	
3. Article Addressed to: Mr. Richard Swan PO Box 69 Hortonville, WI 54944		4a. Article Number Z 578 383 264	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 1-6-99	
5. Received By: (Print Name) Shirley Schwan		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Shirley Schwan			

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