

G.A.

Notification of Continuing Obligations and Residual Contamination

Form 4400-286 (9/15)

C. I. Page

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 Raisa Beyder c/o Anna Shtivelberg (POA)

Contact Person Last Name Shtivelberg	First Anna	MI	Phone Number (include area code) (414) 763-1495	
Address 242 E. Ravine Bay Rd		City Bayside	State WI	ZIP Code 53217
E-mail <u>rusbvs@hotmail.com</u>				

Name of Party Receiving Notification:

Business Name, if applicable: City of Milwaukee - Department of Public Works

Title Mr.	Last Name Polenske	First Jeffrey	MI	Phone Number (include area code) (414) 286-2489	
Address 841 North Broadway, Room 501		City Milwaukee	State WI	ZIP Code 53202	

Site Name and Source Property Information:

Site (Activity) Name Auto Repair on Vliet

Address 2481 W Vliet Street		City Milwaukee	State WI	ZIP Code 53205
DNR ID # (BRRTS#) 03-41-286924		(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) (609) 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)

Address 2300 North Martin Luther King Drive		City Milwaukee	State WI	ZIP Code 53212
Contact Person Last Name Neumann	First Riley	MI	Phone Number (include area code) (414) 263-8603	
E-mail (Firstname.Lastname@wisconsin.gov) <u>riley.neumann@wisconsin.gov</u>				

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Section B: ROW Notification: Residual Contamination and/or Continuing Obligations - Non-DOT ROWs

KEEP THIS DOCUMENT WITH YOUR PROPERTY RECORDS

841 North Broadway, Room 501
Milwaukee, WI, 53202

Dear Mr. Polenske:

I am providing this notification to inform you of the location and extent of contamination remaining in a right-of-way for which you are responsible, and of certain long-term responsibilities (continuing obligations) for which city of Milwaukee may become responsible. I investigated a release of:
petroleum
on 2481 W Vliet Street, Milwaukee, WI, 53205 that has shown that contamination has migrated into the right-of-way for which city of Milwaukee is responsible. I have responded to the release, and will be requesting that the Department of Natural Resources (DNR) grant case closure. Closure means that the DNR will not be requiring any further investigation or cleanup action to be taken. However, continuing obligations may be imposed as a condition of closure approval.

You have 30 days to comment on the proposed closure request:

The DNR will not review my closure request for at least 30 days after the date of this letter. As an affected right-of-way holder, you have a right to contact the DNR to provide any technical information that you may have that indicates that closure should not be granted for this site. If you would like to submit any information to the DNR that is relevant to this closure request, you should mail that information to the DNR contact: 2300 North Martin Luther King Drive, Milwaukee, WI, 53212, or at riley.neumann@wisconsin.gov.

Residual Contamination:

Groundwater Contamination:

Groundwater contamination originated at the property located at: 2481 W Vliet Street, Milwaukee, WI, 53205.

The levels of

Benzene, Ethylbenzene, Naphthalene, Toluene, Trimethylbenzenes, and Xylene.

contamination in the groundwater on your property are above the state groundwater enforcement standards found in ch. NR 140, Wis. Adm. Code.

If residual soil or groundwater contamination is likely to affect water collected in a pit/trench that requires dewatering, a general permit for Discharge of Contaminated Groundwater from Remedial Action Operations may be needed. If you or any other person plan to conduct utility or building construction for which dewatering will be necessary, you or that person must contact the DNR's Water Quality Program, and if necessary, apply for the necessary discharge permit. Additional information regarding discharge permits is available at <http://dnr.wi.gov/topic/wastewater/GeneralPermits.html>.

Continuing Obligations on the Right-of-Way (ROW) : As part of the response actions, I am proposing that the following continuing obligations be used at the affected ROW. If my closure request is approved, you will be responsible for the following continuing obligations:

GIS Registry and Well Construction Requirements:

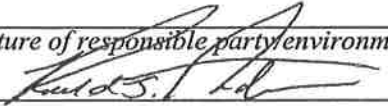
If this site is closed, all properties within the site boundaries where contamination remains, or where a continuing obligation is applied, will be listed on the Bureau for Remediation and Redevelopment Tracking System (BRRTS) on the Web, at <http://dnr.wi.gov/topic/Brownfields/clean.html>. Inclusion on this database provides public notice of remaining contamination and of any continuing obligations. Documents can be viewed on this database, and include final closure letters, site maps and any applicable maintenance plans. The location of the site may also be viewed on the Remediation and Redevelopment Sites Map (RR Sites Map), on the "GIS Registry" layer, at the same internet address listed above.

DNR approval prior to well construction or reconstruction is required for all sites included in the GIS Registry, in accordance with s. NR 812.09 (4) (w), Wis. Adm. Code. This requirement applies to private drinking water wells and high capacity wells. Special well construction standards may be necessary to protect the well from the remaining contamination. Well drillers need to first obtain approval from a regional water supply specialist in DNR's Drinking Water and Groundwater Program. The well construction application, form 3300-254, is on the internet at <http://dnr.wi.gov/topic/wells/documents/3300254.pdf>.

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If you have any questions regarding this notification, I can be reached at: (608) 781-8879
rona@metcohq.com

Signature of responsible party/environmental consultant for the responsible party 	Date Signed 5/13/20
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Attachments

Contact Information

Legal Description for each Parcel:

B.3.b GROUNDWATER ISOCONCENTRATION (11/07/20)

AUTO REPAIR ON VLIET

METCO

799 Gillette St Suite 3
La Crosse, WI 54603
Tel: (608) 781-8879
Fax: (608) 781-8893

MILWAUKEE, WISCONSIN

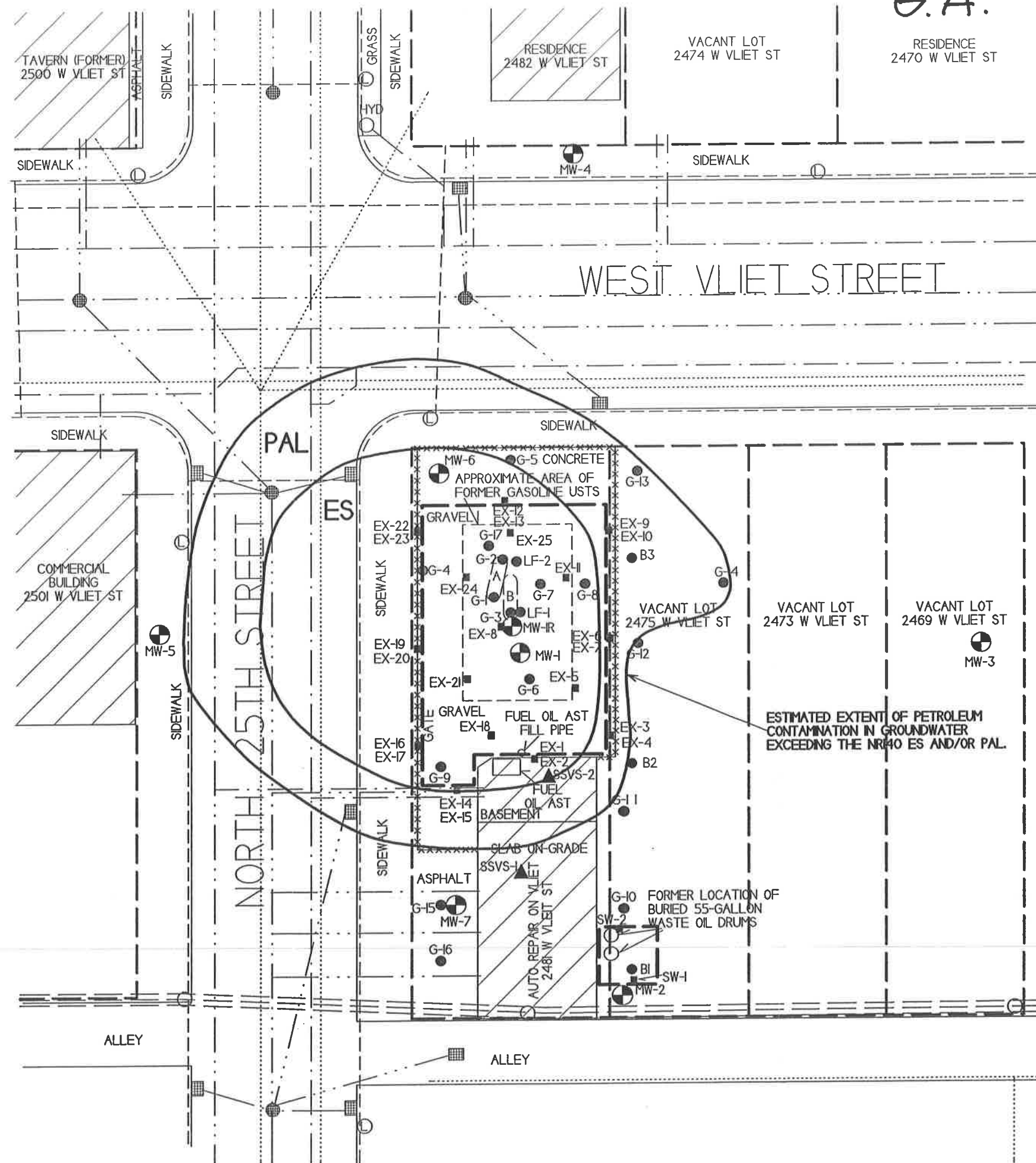
DRAWN BY: ED
DATE: 8/24/16

NOTE: INFORMATION BASED ON AVAILABLE DATA. ACTUAL CONDITIONS MAY DIFFER.

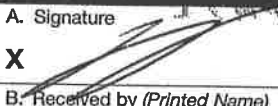

- A - FORMER PUMP ISLAND (2005, 1985, 1980, 1975, AND 1967 AERIAL PHOTOS)
 B - FORMER PUMP ISLAND (1951 AERIAL PHOTO)

- - UTILITY POLE
- ⊙ - STREET LIGHT
- - SEWER MAN HOLE
- - STORM DRAIN
- - EXCAVATION SAMPLE LOCATION
- - SOIL BORING LOCATION (GILES P2ESA)
- - GEOPROBE BORING LOCATION
- ⊕ - MONITORING WELL LOCATION
- ⊕ - MONITORING WELL LOCATION (ABANDONED)
- ▲ - SUB SLAB VAPOR SAMPLE LOCATION
- - PROPERTY BOUNDARY
- - WATER LINE
- - SEWER LINE
- - NATURAL GAS LINE
- - BURIED ELECTRIC LINE
- ===== - OVERHEAD UTILITIES
- - TELEPHONE/CABLE LINE
- ***** - FENCE
- - AREAS OF EXCAVATION

SCALE:
1 INCH = 25 FEET



G.A.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none">■ 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.	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <u>5/18/20</u></p> <p>Delivery address different from item 1? <input type="checkbox"/> Yes If yes, enter delivery address below: <input type="checkbox"/> No</p>																
<p>Jeffrey Potenske City of Milwaukee - Dept. of Public Works 841 North Broadway, Room #501 Milwaukee, WI 53202</p>																	
 9590 9403 0958 5223 6275 96	<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr><tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr></table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label) 7013 0600 0000 9414 7022</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053																	
Domestic Return Receipt																	