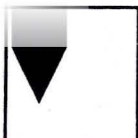


copy of part of claim



VIERBICHER
ASSOCIATES
Committed to Quality Service Since 1976

LETTER OF TRANSMITTAL

Date: 10/7/02	Job No.
Attention:	
Re: Reedsburg Cleaners	
File:	

ENGINEERING, ARCHITECTURE, ENVIRONMENTAL
SURVEYING/GIS, COMMUNITY DEVELOPMENT
6200 Mineral Point Road • Madison, WI 53705-4504 • (608) 233-5800 • Fax (608) 233-4131

To: Jeff Soellner
Dept. of Natural Resources
DRY Cleaning Fund Manager

- WE ARE SENDING YOU: Attached
 Under separate cover via _____ the following items:
 Shop Drawings Prints Plans Samples Specifications
 Copy of Letter Change Order _____

Copies	Date	No.	Description
1	10/7/02		DRY cleaning Fund Claim #1

THESE ARE TRANSMITTED AS CHECKED BELOW:

- | | | |
|--|--|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> For your file | <input type="checkbox"/> _____ |
| <input type="checkbox"/> FOR BIDS DUE _____ (Date) | <input type="checkbox"/> RETURNED AFTER LOAN TO US | |

Remarks I have also attached a copy of an Oct. 7th letter to David Swimm.

Total Request = \$25,721.74

Copy To _____ Signed Joe Janssen

RECEIVED
OCT - 9 2002
 BUREAU OF CLEAN AIR ASSESSMENT

Notice: This form is authorized under ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. Use of this form is required by the Department for any application under ss. 292.65 and 292.66 Wis. Stats. and Ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it was originally being collected. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: Read the instructions that accompany this form. You may apply for costs incurred October 14, 1997 to present. Submit this form with its attachments to your DNR Project Manager.

Applicant Information				Application Type			
Name: First MI Last Wayne Butz				Type of Response Action costs included in this application (select all that apply): <input type="checkbox"/> Immediate <input checked="" type="checkbox"/> Site Investigation <input type="checkbox"/> Remedial			
Business Name Reedsburg Cleaners				This reimbursement request is a(n) (select one): <input checked="" type="checkbox"/> Initial Request <input type="checkbox"/> Partial Request <input type="checkbox"/> Final Request			
Mailing Street Address and PO Box 140 Maine Street							
City Mauston		State WI	ZIP Code 53948				
Telephone Number 608-847-5904		Fax Number 608-847-5620					
E-Mail Address				Response Actions Time Period (for this application)			
Applicant is (select one): <input checked="" type="checkbox"/> Owner under s. 292.65(1)(i), Wis. Stats. <input type="checkbox"/> Operator under s. 292.65(1)(h), Wis. Stats. <input type="checkbox"/> Property owner of a facility licensed after October 14, 1997 under s. 292.65(1)(i)3.				Note: Start date may not overlap previous grant time period.			
				Actions Start Date 8/1/98		Actions End Date 2/28/02	
Agent Information (if applicable)				Assignment of Payment			
Name: First MI Last				If reimbursement requested on this application should be made to a person who loaned money to the applicant, complete information below.			
Title				Name: First MI Last			
Mailing Street Address and PO Box				Mailing Street Address and PO Box			
City		State	ZIP Code	City		State	ZIP Code
Telephone Number		Fax Number		Telephone Number			
Multiple Responsible Persons							
If more than one owner or operator is eligible for reimbursement from the program for costs related to one or more discharges at this facility, a reasonable effort must be made to notify every potentially eligible applicant prior to filing an application for reimbursement.							
<input checked="" type="checkbox"/> Check here if there are no other eligible persons to notify.							
If there are other responsible persons eligible for reimbursement from the program associated with this site, complete the following for each. To report more than two responsible persons, attach a sheet with the additional information.							
Name: First MI Last				Name: First MI Last			
Mailing Street Address and PO Box				Mailing Street Address and PO Box			
City		State	ZIP Code	City		State	ZIP Code
Telephone Number				Telephone Number			

Dry Cleaner Environmental Response Program Application

Form 4400-211 (R 4/02)

Page 2 of 2

Dry Cleaner Site Information

Dry Cleaning Facility Construction Date, if known 1977?	Was the facility constructed after October 14, 1997? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

If constructed after 10/14/97, have the following enhanced pollution prevention measures been implemented?

1. All wastes that are generated at the dry cleaning facility and that contain dry cleaning solvent are managed as hazardous wastes in compliance with ch.291 and 42 USC6901 to 6991i Yes No
2. Dry cleaning solvent or wastewater from dry cleaning machines are not discharged into any sanitary sewer or septic tank or into the waters of this state. Yes No
3. Each machine or other piece of equipment in which dry cleaning solvent is used, or the entire area in which those machines or pieces of equipment are located, is surrounded by a containment dike or other containment structure that is able to contain any leak, spill or other release of dry cleaning solvent from the machines or other pieces of equipment. Yes No
4. The floor within any area surrounded by a dike or other containment structure under 3 above is sealed or is otherwise impervious to dry cleaning solvent. Yes No
5. All perchloroethylene is delivered to the dry cleaning facility by means of a closed, direct-coupled delivery system Yes No

Is the facility currently operating at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Date Operations Ceased	Most Recent Department of Revenue License Date	Dry Cleaner License No.
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Property Location: Street Address 349 E. Main Street	County Sauk	Latitude 43°31'56.7"	Longitude 90°0'17.5"
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Discharge Information Reedsburg

When did the discharge occur? (select one): <input checked="" type="checkbox"/> Date: <u>Prior to 1994</u> <input type="checkbox"/> Historical, I don't know	What products were released at the discharge site (select all that apply): <input checked="" type="checkbox"/> Perchloroethylene <input type="checkbox"/> Petroleum Solvents <input checked="" type="checkbox"/> Other, specify: <u>Gasoline</u>
--	--

Have there been actions taken to address a previous discharge at this site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, has an NR 726 case closure been issued for the past discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Closure Letter Date
--	--	-----------------------------

Consultant(s) -- Attach Completed Bid Proposals Summary Sheet(s) and Accepted Proposal(s)

Name of Individual or Firm Vierbicher Associates, Inc.	Name of Individual or Firm
---	----------------------------

Insurance Information

At the time the discharge occurred (select one):

There were no insurance policies in effect.

Policies were in effect, but no claims were made.

Policies were in effect but coverage was denied. Enclose a copy of the insurance company's denial of coverage letter.

Policies were in effect that covered part of the clean-up costs. Enclose detailed documentation that indicates the specific invoices or costs that were covered and not covered by insurance. If a specific agreement was reached regarding the insurance settlement, enclose a copy

Policies were in effect and an insurance claim is pending.

Insurance coverage has not changed since the last application submitted to the Dry Cleaner Environmental Response Program for this discharge

If insurance policies were in effect, list companies.

Other Sources of Reimbursement

Have you applied for or will you apply for reimbursement from any other program for response action costs associated with this discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Program Name PECFA	Application Date 6/10/97
--	-------------------------------	-----------------------------

Application Certification

To the best of my knowledge and belief, all data in this application are true and correct. I have made a reasonable effort to notify all potentially eligible owners and operators of the site that this application is being filed.

Applicant Signature <i>Wayne Beth</i>	Title	Date 10-2-02
--	-------	-----------------

Department Use Only			
Application Received Date 10-9-02	DNR Project Manager Assigned Randy Maass	BRRTS Number 03-57-002801	CAOS Number

and
02-57-001682

Dry Cleaner Environmental Response Program Bid Proposals Summary

Form 4400-212 (1/00)

Notice: This form is authorized under ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. The following information about the selection of consultants for interim actions, site investigations, and remedial action activities is required under ch. NR 169, Wis. Adm. Code when (1) obtaining DNR approval to select a consultant other than the lowest bidder and (2) submitting an application for reimbursement. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it is originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: See the reverse side. *Copy this form as necessary.*

Applicant Information

Name: First MI Last
 Wayne Butz

This Bid Proposal Summary is being submitted (select one):

to obtain DNR approval to select a consultant other than the lowest bidder. Complete the *Applicant Additional Information, Consultant Information, and Certification* sections below. Attach copies of all proposals and your justification for selecting the consultant.

with an application for reimbursement. Complete only the *Consultant Information and Certification* sections below. Attach accepted proposal, coded to the cost categories (see application instructions).

Additional Applicant Information

Mailing Address 140 Maine Street	City Mauston	State WI	ZIP Code 53948
Telephone Number 608-847-5904	Fax Number 608-847-5620	E-Mail Address	

Consultant Information

Consultant Name	Bid Proposal Amount	Consultant Selected (select one)
Vierbicher Associates, Inc.	\$16,270	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
*DNR granted a bidding waiver on 3/30/01 for consulting services. Letter is enclosed.		<input type="checkbox"/>
* Proposal did not include lab, drilling and waste disposal costs		<input type="checkbox"/>

If this summary is being provided as part of a reimbursement application, did your actual costs exceed the proposal costs by more than \$3,000?

Yes No

Certification

I certify that the information contained above is true and correct to the best of my knowledge.

Applicant Signature <i>Wayne Butz</i>	Date Signed <i>10-2-02</i>	
Department Use Only		
Project Manager Name	Date	Telephone Number
Consultant Selection <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Reason For Rejection/Notes	

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it was originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: See reverse side. *Copy this form as necessary.*

Applicant Information

Name: First MI Last
 Wayne Butz

The costs summarized below are (select one): Current Costs (10/14/97 - present) Past Costs (1/1/91 - 10/13/97)

Immediate Response Actions, Site Investigations, and Remedial Response Actions

Cost Category	Costs This Claim	Audit Summary (For Department Use)		
		Ineligible Costs	Eligible Costs This Claim	Penalties (Ineligible X 50%)
A. Soil Investigation	8,892.25			
B. Soil Remediation	-0-			
C. Groundwater Investigation	14,559.49			
D. Groundwater Remediation	-0-			
E. Laboratory and Other Analysis	1,520.00			
F. Miscellaneous Costs	750.00			
Totals	25,721.74			
		Minus Deductible		
		Base Reimbursement		
		Minus Penalties		
		Total Approved Reimbursement		

Interim Response Actions

G. Preliminary Site Screening			
H. Purchase & Installation of Equipment			
Totals			
		Total Approved Reimbursement 50% Cost Share	

Certification

I certify that to the best of my knowledge and belief the billed costs of expenditures are based on actual payments of record and are in accordance with the eligible cost provisions and reimbursement under Chapter NR 169, Wis. Adm. Code. I agree that if I receive future payment from another program or an insurance claim for response actions associated with this discharge that I will repay the Department.

Applicant Signature Wayne Butz Date Signed 11-3-02

Department Use Only			
Bureau of CF Initials	Bureau of FN Initials	Date Audited	Audited Payment Amount

Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (1/00)

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than for which it was originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: See reverse side. *Copy this form as necessary.*

Name: First MI Last
Wayne Butz

The costs itemized below are for the following cost category (select only one):						The costs itemized below are (select only one):				
<input checked="" type="checkbox"/> A. Soil Investigation	<input type="checkbox"/> C. Groundwater Investigation	<input type="checkbox"/> E. Laboratory and Other Analysis	<input checked="" type="checkbox"/> Current Costs (10/14/97 - present)							
<input type="checkbox"/> B. Soil Remediation	<input type="checkbox"/> D. Groundwater Remediation	<input type="checkbox"/> F. Miscellaneous Costs	<input type="checkbox"/> Past Costs (1/1/91 - 10/13/97)							

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount (enter by type of response action)				
							Column 1 Immediate Response Action	Interim Remedial Actions		Column 4 Site Investigation	Column 5 Remedial Actions
								Column 2 Prelim Site Screening	Column 3 Equip Installation		
6/9/99	8808	Key Engineering	12586	Workplan, etc.					1,046.22		
10/14/99	23694	Key Engineering	13081	Borings & wells					858.87		
10/19/99	8880	Briohn Environ.	50953	Drilling					1,651.12		
9/20/00	9186	Key Engineering	13740	Data Reporting					423.12		
9/20/00	9186	Key Engineering	13823	Data Reporting					88.50		
12/13/00	24354	Key Engineering	14180	Data Reporting					104.12		
8/13/01	8737	Vierbicher Assoc.	1	Project Mgmt.					518.00		
5/01/01	8659	Vierbicher Assoc.	2	Drilling					499.61		
8/13/01	8739	Badger State	2783	Soil Boring					37.50		
12/15/01	8778	Vierbicher Assoc.	3	Reporting					329.87		
12/15/01	8778	Vierbicher Assoc.	4	Reporting					348.00		
						Subtotals			\$5,904.93		
						Worksheet Total (sum Columns 1-5)	\$5,904.93				

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, form 4400-213.

State of Wisconsin
 Department of Natural Resources
 Box 7921, Madison, WI 53707-7921

Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (1/00)

Page 1 of 2

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than for which it was originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: See reverse side. *Copy this form as necessary.*

Name: First Wayne MI Last Butz

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation
 C. Groundwater Investigation
 E. Laboratory and Other Analysis
 B. Soil Remediation
 D. Groundwater Remediation
 F. Miscellaneous Costs

The costs itemized below are (select only one):

- Current Costs (10/14/97 - present)
 Past Costs (1/1/91 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount (enter by type of response action)				
							Column 1 Immediate Response Action	Interim Remedial Actions		Column 4 Site Investigation	Column 5 Remedial Actions
								Column 2 Prelim Site Screening	Column 3 Equip Installation		
12/13/01	8807	Vierbicher Assoc.	5	Reporting					205.75		
02/07/02	8833	Vierbicher Assoc.	6	Reporting					1,350.50		
02/12/02	⁵⁰⁰³ 99874	Vierbicher Assoc.	6	Reporting					-0-		
03/22/02	8854	Vierbicher Assoc.	7	Reporting					1,105.62		
04/04/02	⁵⁰⁰⁴ 00755	Vierbicher Assoc.	7	Reporting					-0-		
02/25/02	8841	WRR Environmental	51296	Waste disposal					325.45		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, form 4400-213.

Subtotals								\$2,987.32
Worksheet Total (sum Columns 1-5)	\$2,987.32							

**Dry Cleaner Environmental Response Program
 Reimbursement Cost Detail Worksheet**

Form 4400-214 (1/00)

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Instructions: See reverse side. *Copy this form as necessary.*

Name: First Wayne MI Butz Last

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation
 C. Groundwater Investigation
 E. Laboratory and Other Analysis
 B. Soil Remediation
 D. Groundwater Remediation
 F. Miscellaneous Costs

The costs itemized below are (select only one):

- Current Costs (10/14/97 - present)
 Past Costs (1/1/91 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount (enter by type of response action)				
							Column 1 Immediate Response Action	Interim Remedial Actions		Column 4 Site Investigation	Column 5 Remedial Actions
								Column 2 Prelim Site Screening	Column 3 Equip Installation		
6/9/99	8808	Key Engineering	12586	Workplan, etc.							1,046.23
10/14/99	23694	Key Engineering	13081	Borings & wells							858.88
10/19/99	8880	Briohn Environ.	50953	Drilling							1,651.13
7/19/00	24093	Key Engineering	13489	Well sampling							2,357.13
9/20/00	9186	Key Engineering	13740	Data Reporting							423.13
9/20/00	9186	Key Engineering	13823	Data Reporting							88.50
12/13/00	24354	Key Engineering	14180	Data Reporting							104.13
8/13/01	8737	Vierbicher Assoc.	1	Project Mgmt.							518.00
5/01/01	8659	Vierbicher Assoc.	2	Drilling & Samp. ^{GW}							1,028.07
8/13/01	8739	Badger State	2783	Well installation							1,347.50
12/15/01	8778	Vierbicher Assoc.	3	GW sampling							1,397.96
12/15/01	8778	Vierbicher Assoc.	4	Reporting							402.37
Subtotals											\$11,223.03
Worksheet Total <i>(sum Columns 1-5)</i>											\$11,223.03

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, form 4400-213.

Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (1/00)

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Instructions: See reverse side. *Copy this form as necessary.*

Name: First MI Last
Wayne Butz

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation
 C. Groundwater Investigation
 E. Laboratory and Other Analysis
 B. Soil Remediation
 D. Groundwater Remediation
 F. Miscellaneous Costs

The costs itemized below are (select only one):

- Current Costs (10/14/97 - present)
 Past Costs (1/1/91 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action)				
							Column 1 Immediate Response Action	Interim Remedial Actions		Column 4 Site Investigation	Column 5 Remedial Actions
								Column 2 Prelim Site Screening	Column 3 Equip Installation		
12/31/01	8807	Vierbicher Assoc.	5	Slug tests					554.88		
2/07/02	8833	Vierbicher Assoc.	6	Reporting					1,350.50		
2/12/02	5003 99874	Vierbicher Assoc.	6	Reporting					-0-		
3/22/02	8854	Vierbicher Assoc.	7	Reporting					1,105.63		
4/04/02	5004 00755	Vierbicher Assoc.	7	Reporting					-0-		
2/25/02	8841	WRR Environmental	51296	Waste Disposal					325.45		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, form 4400-213.

Subtotals					\$3,336.46
Worksheet Total <i>(sum Columns 1-5)</i>					\$3,336.46

Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (1/00)

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than for which it was originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: See reverse side. *Copy this form as necessary.*

Name: First Wayne MI Last Butz

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation
 C. Groundwater Investigation
 E. Laboratory and Other Analysis
 B. Soil Remediation
 D. Groundwater Remediation
 F. Miscellaneous Costs

The costs itemized below are (select only one):

- Current Costs (10/14/97 - present)
 Past Costs (1/1/91 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount (enter by type of response action)				
							Column 1 Immediate Response Action	Interim Remedial Actions		Column 4 Site Investigation	Column 5 Remedial Actions
								Column 2 Prelim Site Screening	Column 3 Equip Installation		
7/19/00	24095	U.S. Analytical	E26816	Soil Samples					328.00		
7/19/00	24095	U.S. Analytical	E28596	Water Samples					322.00		
8/13/01	8738	U.S. Analytical	E34134	Water Samples					32.50		
10/15/01	8777	U.S. Analytical	E34330	Water Samples					837.50		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, form 4400-213.

Subtotals	\$1,520.00
Worksheet Total (sum Columns 1-5)	\$1,520.00

Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (1/00)

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Instructions: See reverse side. *Copy this form as necessary.*

Name: First Wayne MI MI Last Butz

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation
 C. Groundwater Investigation
 E. Laboratory and Other Analysis
 B. Soil Remediation
 D. Groundwater Remediation
 F. Miscellaneous Costs

The costs itemized below are (select only one):

- Current Costs (10/14/97 - present)
 Past Costs (1/1/91 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount (enter by type of response action)				
							Column 1 Immediate Response Action	Interim Remedial Actions		Column 4 Site Investigation	Column 5 Remedial Actions
								Column 2 Prelim Site Screening	Column 3 Equip Installation		
7/19/00	24094	American Surveying	11289	Location Survey	1	1,500.00				750.00	

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, form 4400-213.

Subtotals	\$ 750.00
Worksheet Total (sum Columns 1-5)	\$ 750.00