



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

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Scott Hassett, Secretary

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July 28, 2006

DC-163

Wayne Butz
349 Maine Street
Mauston, WI 53959

Subject: Dry Cleaning Reimbursement Acknowledgment Reedsburg Cleaners

Dear Mr. Butz:

This letter is just to acknowledge that we have received your claims for reimbursement under the Dry Cleaner Response Program. At this time, there is adequate money available. After I audit your request in detail, there should be no problem getting you the money.

I will likely have some questions when I get a chance to review the files. I will contact the consultant first to get answers to my questions. After the audit is complete you will receive another letter from me that details the audit results. You should receive the reimbursement check within ten days after receiving the audit letter. Thanks for your patience throughout this process.

Sincerely,

Jeff Soellner
Dry Cleaning Fund Manager

cc: Hank Kuehling - DNR - Fitchburg

Dry Cleaner Environmental Response Program Reimbursement Application

Form 4400-211 (R 10/05)

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Dry Cleaner Site Information

Name of Dry Cleaner Facility (or former facility) Reedsburg Cleaners	Dry Cleaning Facility Construction Date, if known Unknown	Was the facility constructed after October 14, 1997? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Have the following enhanced pollution prevention measures been implemented?

- 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
- 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
- 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
- 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
- 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, Date Operations Ceased	Most Recent Department of Revenue License Date 2006	Dry Cleaner License No. 030-0000 414 447-02	
Property Location-Street 349 Main Street	City Reedsburg	ZIP Code 53959	County Sauk	Latitude 43.53 Longitude -90.01

Discharge Information

When did the discharge occur? (select one) <input checked="" type="checkbox"/> Date: Prior to 1985 <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 type="checkbox"/> Other, specify:
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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
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Consultant(s) -- Attach Completed Bid Proposals Summary Sheet(s) and Accepted Proposal(s)

Contact Name Mark Mejac	Business Name STS Consultants, Ltd.	Contact Name	Business Name
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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, policies and effective dates. If needed, attach separate sheet of paper.

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, Program Name	Application Date
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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 or Agent Signature <i>Wayne Butcher</i>	Title <i>Owner</i>	Company Name <i>Reedsburg Cleaners</i>	Date <i>7-14-06</i>
Application Received Date <i>7/14/06</i>		DNR Project Manager Signature <i>Deak Kuehling</i>	
BRTS Number <i>02-57-001082</i>		Department Use Only	

Dry Cleaner Environmental Response Program Reimbursement Application

Form 4400-211 (R 10/05)

Notice: This form is authorized under ss. 292.65 Wis. Stats., and ch. NR 169, Wis. Adm. Code. Use of this form is required by the Department for any application filed pursuant to ss. 292.65 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	
Applicant Name 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"/> Interim Action <input type="checkbox"/> Remedial	
Business Name Reedsburg Cleaners					
Mailing Street Address and PO Box 349 Main Street					
City Reedsburg		State WI	ZIP Code 53959		This reimbursement request is a: (select one) <input checked="" type="checkbox"/> Partial Request -- Number: <u>2</u> <input type="checkbox"/> Final Request
Telephone Number	Fax Number NONE	E-Mail Address NONE			
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.				Response Actions Time Period (for this	
				Note: Start date may not overlap previous time period.	
Actions Start Date November 2005		Actions End Date February 2006			

Agent Information (if applicable)					
Agent Name			Title		
Business Name		Telephone Number		Fax Number	
Mailing Street Address and PO Box			City		State ZIP Code

Payment Assignment--Complete if reimbursement requested on this application should be made to a person who loaned money to the applicant					
Contact Name		Business Name		Telephone Number Fax Number	
Mailing Street Address and PO Box			City		State ZIP Code

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:			Telephone Number		
Mailing Street Address and PO Box			City		State ZIP Code
Name			Telephone Number		
Mailing Street Address and PO Box			City		State ZIP Code