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

230142990

Dry Cleaner Environmental Response Program Potential Claim Notification

Form 4400-210 (R 9/03)

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Notice: Use this form to notify the Department of Natural Resources of the potential to submit a reimbursement application to the Dry Cleaner Environmental Response Program (DERP). This form is authorized under s. 292.65, Wis. Stats, and ch. NR 169, Wis. Adm. Code. Completion of this form is mandatory for any person applying for reimbursement from the DERP. Persons who do not submit a completed form will not be eligible for reimbursement under DERP. Personal information will be shared with the Wisconsin Department of Revenue to determine eligibility for DERP claims and for DERP program administration. Information will also be made available to requesters under Wisconsin's Open Records laws (ss. 19.32-19.39, Wis, Stats.) and requirements.

Notification of a potential claim is required prior to conducting a site investigation or any remedial action activity under s. 292.65(4), Wis. Stats. For. facilities in operation after October 14, 1997, include the Wisconsin Department of Revenue Dry Cleaning License Number issued under s. 77.996, Wis. Stats. "Dry cleaning facility" means a facility for dry cleaning apparel or household fabrics for the general public. See s. 292.65(1)(d), Wis. Stats., for legal definition.

legal deminion.							
Complete the following information an	nd submit it to your	DNR regional p	project manager. Copy this f	orm as ne	ecessary.		
Eligibility Information					and the second second		
Was there a release of dry cleaning p	roduct from a dry clo	eaning facility?	Yes No				
Date Department Notified of Release	e Notification Meth	lod:	Affected Media (select all	that apply):		
August 4, 2005 Applicant: Owns Oo	Telephone	FAX	Written Soil		roundwater operty owner o	fliconor	Surface Water
Does your proposed cleanup site hav		the second s		K Pr	operty owner c	in nuense	iu raciity
Date Your Ownership/Operation Sta		leaning machine	Yes No For Closed Faci	lition Dat	to Loct Lood F	rococco	d
A DUST 1, 20 If Operated After 10/14/97, Wiscons	in Department of Re	evenue Dry Clea	ning Facility License No. If	Dry Store	e, Date Equipn	nent Rer	noved From Site
Applicant Information	, ing pang pang pang pang pang pang pang pa	ana ana ana ang ing ing ing ing ing ing ing ing ing i			an a		
Owner/Operator Name	a a constant for		Company Name				
SEMPER 1 Mailing Street Address and PO Box	uc		TOWN N' (ant	RY MK	u, I	NC.
		E-Mail Addres	S		Federal Emp	oloyer ID	Number (FEIN)
1141 LAKE COOK P	OAD STE. 9						
City	State U	ZIP Code	Telephone Number		Fax Number	aut	00.10
DEERFIELD	IL	60015	(847)914-930	Ø	(847)	914	-9309
Are there any other responsible perso Other Owner Propert Operator Other Responsible Party	ty Owner of a Licens		s facility? Yes Yes Other Owner		lf yes, check a perty Owner of		
Company Name	Company Name						
Mailing Street Address and PO Box			Mailing Street Address and PO Box				
City	State ZI	P Code	City		SI	tate ZIF	' Code
Telephone Number			Telephone Number				
Agent Information				- 1			e no esta de antiar analismo.
If an agent will be conducting actions	per s. 292.65(4)(k), V	Wis. Stats., comp	blete the following.				
Agent Name			Company Name				
Mailing Street Address and PO Box	Telephone Number		Fax Number				
City	State ZIP Code Date Age		Date Agent Agreement S	Agent Agreement Signed			

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Facility Information				
Facility Name	Company Name			
TOWN N' COUNTRY LAUNDROMAT	TOWN N' COUNTRY MACI	. Inc.		
Facility Location: Street Address	Department of Revenue Dry Cleaner License No.	1		
7513 45th AVENUE	030-0000100570-01			
City State ZIP Code	License Holder and Company Name		•	
PLEAGANT TEMPLE IN1 53142	TOWN N' COUNTRY LAUNE	HLOWAT	105	
Date Dry Cleaning Facility Constructed	License Holder Federal Employee ID# (FEIN)		•	
1970'5				
Dry cleaning license and solvent fees have been paid on this facility for the Coctober 14, 1997 to Present				
	E Fees are delinquent on this facility			
From To	Facility operation ceased before October 14, 19	197 (no fees a	apply)	
1. Has a previous ch. NR 700 cleanup been conducted at this site	?	Yes	X No	
If so, date of closure letter:			-	
2. Is there diking around the machine?	•	Yes	No 🔀	
3. Is the floor sealed?		Yes	X No	
4. At this site, do you anticipate finding contaminants not associate	Yes Yes	No		
5. Are all wastes that are generated at the dry cleaning facility and as hazardous wastes in compliance with ch. 291, Wis. Stats., ar	X Yes.	No		
6. Is dry cleaning solvent or wastewater from your dry cleaning ma sewer or septic tank or into the waters of this state?	Yes	No		
Is all perchlorethylene delivered to the dry cleaning facility by me system?	X Yes	No		
8. Was the facility constructed after October 14, 1997?		Yes	X No	
 Has the applicant ever been referred to the Wisconsin Departme laws or rules concerning the use or disposal of dry cleaning solv 	Yes	X No		
Comments: (Provide clarification if necessary)				

Certification

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

Applicant Title and S	janatura Marganaer	Date Signed					
Agent Title and Signi	ature	Date Signed					
Department Use Only							
Complete, sign and FAX to DERP Grant Manager- CF/2, (608) 267-0496.							
Date Received	Project Manager Signature	BRRTS Number	Telephone Number				