



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor
Scott Hassett, Secretary

101 S. Webster St.
Box 7921
Madison, Wisconsin 53707-7921
Telephone 608-266-2621
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June 15, 2006

RE: BRRTS # 02-41-545142

Mr. Harold Shipshock
Master Drycleaning, Inc.
N57 W26389 Mt. Dulac.
Sussex, WI 53089

Subject: Potential Claim Notification for Master Drycleaning in Milwaukee

Dear Mr. Shipshock:

The purpose of this letter is to acknowledge the receipt of your potential claim notification for the Dry Cleaners Environmental Response Program. As required by State Statute 292.65(4)(d), I am advising you that, based on the preliminary information you provided on the Potential Claim Notification form, I estimate that you are eligible to apply to the program for reimbursement as a former licensed drycleaner.

Complete information and details of the dry-cleaning program are available on-line at <http://www.dnr.state.wi.us/org/aw/rr/financial/dryclean.html>. Please call me (608)-266-1967 if you have any questions about the program or the reimbursement process. Also at this time there are funds for average sites. More current information on fund availability will come when you receive your acknowledgement letter after sending in each of your reimbursement requests.

Please keep in close contact with your DNR Project Manager, **Brenda Boyce** at **262-574-2140**, throughout the entire clean up process and before you begin the site investigation bidding process. Be sure to communicate with Brenda Boyce because you will need her approval sign off on the site investigation bid before work gets started, in order to get reimbursed for any work. Thank you for participating in this important project.

Sincerely,

Jeffrey Soellner
Dry Cleaning Fund Manager

cc - Brenda Boyce – DNR – SER

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

Dry Cleaner Environmental Response Program Potential Claim Notification

Form 4400-210 (R 9/03)

Page 1 of 2

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.

Complete the following information and submit it to your DNR regional project manager. Copy this form as necessary.

Eligibility Information

Was there a release of dry cleaning product from a dry cleaning facility? Yes No *Evidence from off-site indicates this*

Date Department Notified of Release: 3/14/2006 Notification Method: Telephone FAX Written Affected Media (select all that apply): Soil Groundwater Surface Water

Applicant: owns operates operated subsidiary/parent corporation property owner of licensed facility

Does your proposed cleanup site have an operating dry cleaning machine? Yes No

Date Your Ownership/Operation Started: * Jan 1, 1973 For Closed Facilities, Date Last Load Processed: _____

If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No.: * 0507836 If Dry Store, Date Equipment Removed From Site: _____

Applicant Information

Owner/Operator Name: Harold Shipshock Company Name: Master Drycleaning, Inc.

Mailing Street Address and PO Box: N57 W26389 Mt. Dulac E-Mail Address: _____ Federal Employer ID Number (FEIN): 4391191338

City: Sussex State: WI ZIP Code: _____ Telephone Number: 262-538-4423 Fax Number: _____

Are there any other responsible persons associated with the cleanup of this facility? Yes No If yes, check association for each:

Other Owner Property Owner of a Licensed Facility Other Owner Property Owner of a Licensed Facility

Operator Operator

Other Responsible Party: _____ Other Responsible Party: _____

Company Name: _____ Company Name: _____

Mailing Street Address and PO Box: _____ Mailing Street Address and PO Box: _____

City: _____ State: _____ ZIP Code: _____ City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Telephone Number: _____

Agent Information

If an agent will be conducting actions per s. 292.65(4)(k), Wis. Stats., complete the following.

Agent Name: _____ Company Name: _____

Mailing Street Address and PO Box: _____ Telephone Number: _____ Fax Number: _____

City: _____ State: _____ ZIP Code: _____ Date Agent Agreement Signed: _____

Received Time May. 30. 9:56AM

**Dry Cleaner Environmental Response Program
Potential Claim Notification**

Form 4400-210 (R 9/03)

Page 2 of 2

Facility Information

Facility Name Master Drycleaning			Company Name Master Drycleaning		
Facility Location: Street Address 6326 W. Bluemound Road			Department of Revenue Dry Cleaner License No. * 030000046460701		
City Milwaukee	State W	ZIP Code 53213	License Holder and Company Name * Jane Kulich Master Drycleaning, LLC		
Date Dry Cleaning Facility Constructed * ~1968			License Holder Federal Employee ID# (FEIN) * 030401970		

Dry cleaning license and solvent fees have been paid on this facility for the following years (select one):

October 14, 1997 to Present
 Fees are delinquent on this facility
 From _____ To **PRESENT**
 Facility operation ceased before October 14, 1997 (no fees apply)

- Has a previous ch. NR 700 cleanup been conducted at this site? Yes No
If so, date of closure letter: _____
- Is there diking around the machine? Yes No
- Is the floor sealed? Yes No
- At this site, do you anticipate finding contaminants not associated with this dry cleaning facility? Yes No
- Are all wastes that are generated at the dry cleaning facility and that contain dry cleaning solvent managed as hazardous wastes in compliance with ch. 291, Wis. Stats., and 42 USC 6901 to 6991i? Yes No
- Is dry cleaning solvent or wastewater from your dry cleaning machines being discharged into any sanitary sewer or septic tank or into the waters of this state? Yes No
- Is all perchlorethylene delivered to the dry cleaning facility by means of a closed, direct-coupled delivery system? Yes No
- Was the facility constructed after October 14, 1997? Yes No
- Has the applicant ever been referred to the Wisconsin Department of Justice for any violations of Wisconsin laws or rules concerning the use or disposal of dry cleaning solvents? Yes 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 Signature Harold Shipshack Owner	Date Signed March 20, 2006
Agent Title and Signature	Date Signed

Department Use Only

Complete, sign and FAX to DERP Grant Manager, CF/8, (608) 267-0496.

Date Received	Project Manager Signature	BRRTS Number	Telephone Number
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Received Time May. 30. 9:56AM