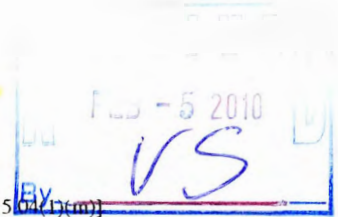


DERF

Claim Submittal Information



Personal Information you provide may be used for secondary purposes. [Privacy Law, s. 15.07(1)(m)]

Claimant's Name: HAROLD J. Shipshock

Street Address: NE7 W26389 Mount Du Lac Dr.

City, State, Zip Code: Sussex WI 53089

Claim Number: DERF - MASTER Dry Cleaning

Site Address: 6326 W Bluemound Rd.

City, State, Zip Code: Wauwatosa WI 53213

Telephone Number: BRTS # 02-41-545142

Preparer's Name: Nancy Hirlemann

Firm Name (if applicable): SIGMA Environmental SERVICES

Business Address: 1300 W. Canal St.

City, State, Zip Code: Milwaukee WI 53233

Telephone Number: 414.643-4112 nhirlemann@theSigmaGroup.com

Site Reviewer and Claim Reviewer :

Please don't hesitate to call or email with any questions or concerns with this DERF claim, submitted using the change order milestone.

thanks - Nancy

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 Harold J. Shipshock				Type of Response Action costs included in this application: (select all that apply)	
Business Name Master Dry Cleaning				<input type="checkbox"/> Immediate	
Mailing Street Address and PO Box N57 W26389 Mount Du Lac Dr.				<input checked="" type="checkbox"/> Site Investigation	
City Sussex		State WI	ZIP Code 53,089	<input type="checkbox"/> Interim Action	
Telephone Number (262) 538-4423		Fax Number	E-Mail Address	<input type="checkbox"/> Remedial	
Applicant is: (select one)				This reimbursement request is a: (select one)	
<input checked="" type="checkbox"/> Owner under s. 292.65(1)(i), Wis. Stats.				<input checked="" type="checkbox"/> Partial Request – Number: 2	
<input type="checkbox"/> Operator under s. 292.65(1)(h), Wis. Stats.				<input type="checkbox"/> Final Request	
<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	Actions End Date
				4/21/08	11/21/09

Agent Information (if applicable)			
Agent Name N/A		Title	
Business Name		Telephone Number	Fax Number
Mailing Street Address and PO Box		City	State WI
			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 N/A		Business Name	Telephone Number
			Fax Number
Mailing Street Address and PO Box		City	State WI
			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.

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

Dry Cleaner Environmental Response Program Reimbursement Application

Form 4400-211 (R 10/05)

Page 2 of 2

Dry Cleaner Site Information

Name of Dry Cleaner Facility (or former facility) Master Dry Cleaners	Dry Cleaning Facility Construction Date, if known 1968	Was the facility constructed after October 14, 1997? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, Date Operations Ceased	Most Recent Department of Revenue License Date	Dry Cleaner License No. DC 980002
Property Location—Street 6326 W. Bluemound Rd.	City Wauwatosa	ZIP Code 53213	County Milwaukee
		Latitude 43°2'11" N	Longitude 87°59'30.8" W

Discharge Information

When did the discharge occur? (select one) <input type="checkbox"/> Date: _____ <input checked="" 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 checked="" 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 Kristin Kurzka	Business Name Sigma Environmental Ser	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>Harold J. Shepchock</i>	Title Owner	Company Name <i>Master Dry Cleaning</i>	Date Feb 1, 2010
Department Use Only			
Application Received Date 02-05-2010	DNR Project Manager Signature <i>Paula...</i>	BRRTS Number 02-41-545142	

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

**Dry Cleaner Environmental Response Program
 Reimbursement Cost Summary**
 Form 4400-213 (R 9/03) 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 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

Applicant Name Harold J. Shipshock	Business Name Master Drycleaning, LLC
Dry Cleaning Facility Name Master Dry Cleaning	Location 6326 W. Bluemound Rd., Wauwatosa

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	\$502.50			
B. Soil Remediation				
C. Groundwater Investigation	\$22,569.50			
D. Groundwater Remediation				
E. Air/Vapor Investigation	\$2,560.18			
F. Air/Vapor Remediation				
G. Laboratory and Other Analysis	\$2,891.08			
H. Miscellaneous Costs				
Totals	\$28,523.26			
		Minus Deductible		
		Base Reimbursement		
		Minus Penalties		
		Maximum Estimated Cost		
		Total Approved Reimbursement		

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 <i>Harold J. Shipshock</i>	Date Signed <i>Feb 1, 2010</i>
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Department Use Only			
Bureau of CF Initials	Bureau of FN Initials	Date Audited	Audited Payment Amount
Project Number		Funding Code	