

**Notice:** As required by ch. NR 754, Wis. Stats., voluntary parties must complete this form and pay an insurance fee in order to obtain the Voluntary Party Liability Exemption (VPLE) under s. 292.15(2)(ae), Stats., for sites where groundwater contamination exceeds enforcement standards and the department determines that natural attenuation will restore groundwater quality. This form must be completed by parties seeking a Certificate of Completion. The form should not be submitted until the voluntary party has completed the environmental investigation and remedial action and the DNR has approved the request for case closure. Personally identifiable information that is submitted to the DNR will become a public record and may be used by the DNR in the administration and enforcement of the hazardous substance spill program in addition to the liability exemption program.

Submit this form and the appropriate insurance fee, as specified in the annual VPLE Insurance Fee Schedule, together to the following address:

VPLE Coordinator  
 Bureau for Remediation and Redevelopment  
 Department of Natural Resources  
 P.O. Box 7921  
 Madison, WI 53707-7921

**1. Property Information**

VPLE Property Name  
 Former Georgetown Cleaners

BRRTS Activity Numbers (if there are multiple parcels, please list all BRRTS numbers that begin with 06 or 6)  
 02-20-546625; VPLE 06-20-547612

Street Address  
 180 North Main Street

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Fond du Lac | State<br>WI | ZIP Code<br>54935 |
|---------------------|-------------|-------------------|

Size (see fact sheet and fee schedule)  1 - 4.99 acres  above 5 acres

Indicate which former use category and fee you think would be appropriate for your site using the definitions and information in the fact sheet and fee schedule. Note, however, that the DNR will make the final determination on the form use category and fee.

Former Use Category:  residential  heavy industrial  light industrial  commercial  agricultural Fee

Are you seeking Certificates for more than one legally defined parcel of land?  
 Yes  No If yes, how many Certificates of Completion are you requesting?

|  |   |
|--|---|
| DNR Region<br><input type="checkbox"/> SER <input type="checkbox"/> SCR <input type="checkbox"/> NOR <input type="checkbox"/> NER <input type="checkbox"/> WCR | DNR Project Manager (name)<br>Christine Lilek |
|--|---|

**2. Voluntary Party**

|  |                    |
|--|--------------------|
| Organization / Firm Name<br>BRIC (Johnson/Main) Associates | Title<br>President |
|--|--------------------|

|                       |                |         |                                    |
|-----------------------|----------------|---------|------------------------------------|
| Last Name<br>Cummings | First<br>Brian | MI<br>G | Telephone Number<br>(262) 549-9600 |
|-----------------------|----------------|---------|------------------------------------|

|   |                              |
|---|------------------------------|
| Street Address<br>W228 N745 Westmound Drive | Fax Number<br>(262) 549-1725 |
|---|------------------------------|

|                  |             |                   |   |
|------------------|-------------|-------------------|---|
| City<br>Waukesha | State<br>WI | ZIP Code<br>53186 | E-Mail Address<br>bcummings@mred-cummings.com |
|------------------|-------------|-------------------|---|

**2a. Additional Voluntary Parties**

|                          |       |
|--------------------------|-------|
| Organization / Firm Name | Title |
|--------------------------|-------|

|           |       |    |                  |
|-----------|-------|----|------------------|
| Last Name | First | MI | Telephone Number |
|-----------|-------|----|------------------|

|                |            |
|----------------|------------|
| Street Address | Fax Number |
|----------------|------------|

|      |       |          |                |
|------|-------|----------|----------------|
| City | State | ZIP Code | E-Mail Address |
|------|-------|----------|----------------|

# VPLE Environmental Insurance Application

Form 4400-224 (4/01)

Page 2 of 2

### 3. Current Property Owner

Does the voluntary party (listed in #2) currently own the property?

Yes  No (If No, please list the party who currently owns the property.)

|  |                |                   |                   |
|--|----------------|-------------------|-------------------|
| Organization / Firm Name<br>WalTrust Properties, Inc |                |                   | Title<br>Attorney |
| Last Name<br>Larson                                  | First<br>Julie | MI                | Telephone Number  |
| Street Address<br>104 Wilmot Road                    |                |                   | Fax Number        |
| City<br>Deerfield                                    | State<br>IL    | ZIP Code<br>60015 | E-Mail Address    |

### 4. Future Property Owner

Does the current property owner (listed in #3) plan to maintain ownership of the property?

Yes  No  Unknown (If No, please list the party who is expected to own the property after the current owner.)

|                          |       |          |                  |
|--------------------------|-------|----------|------------------|
| Organization / Firm Name |       |          | Title            |
| Last Name                | First | MI       | Telephone Number |
| Street Address           |       |          | Fax Number       |
| City                     | State | ZIP Code | E-Mail Address   |

### Attachments (application will not be considered complete unless all attachments are included)

Please attach:

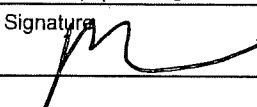
- the applicable insurance fee made payable to the Wisconsin Department of Natural Resources
- the legal property description of the property or properties receiving the certificate of Completion
- a chronological list of all former uses of the property

### Certification

I certify that I have read and am familiar with the information on this form and that the information is true, accurate and complete to the best of my knowledge.

I certify that to the best of my knowledge all the requirements of s. 292.15(2)(ae)1 through 6. Stats., have been met.

I hereby request that the DNR issue a Certificate of Completion for the remedial action completed at the property identified in the application under s. 292.15(2)(ae), Stats.

|   |                               |
|---|-------------------------------|
| Voluntary party's Name (type or print)<br><i>Brian Cummings - Pres</i>                          | Title<br><i>President</i>     |
| Signature<br> | Date Signed<br><i>7-11-11</i> |

Any questions regarding this form or the insurance requirements described in ch. NR 754, Wis. Adm. Code., shall be directed to the DNR VPLE site project manager or to the DNR Land Recycling Team Leader at (608) 261-4927. Copies of the Annual VPLE Insurance Fee Schedule can be obtained from the DNR VPLE site project manager or the DNR Land Recycling Team Leader or see our website: [www.dnr.state.wi.us/org/aw/rr/liability/purchasers\\_0.html](http://www.dnr.state.wi.us/org/aw/rr/liability/purchasers_0.html)