

## Dry Cleaner Environmental Response Program Application Tracking Sheet

Payment Audit Due Date:  
(Add 90 days to date received.)

BRRTS # **02-52-547631**

Applicant Name: **JAMES SMALL** Site Name: **EXPRESS CLEANERS**

Type of Response Action (select all that apply):  Immediate  Partial Site Investigation 2 #  Interim Action  
 Site Investigation Final  Remedial Actions Partial \_\_\_ #  Remedial Action Final  
 Only costs that were incurred after 10/14/97 are eligible. The #, means what number is this request, like SI 2<sup>nd</sup>.#

Who's Responsible	Action/Requirement	Type of Application this Applies to:	Staff Initials	Certification Date
R & R Project Manager	<b>UPON RECEIPT: APPLICATION COMPLETENESS REVIEW</b>			
	1. Date stamp application.	All		
	2. Fill out Dept Use Only block of information on bottom of Application for Reimbursement (second page)			
	3. Fax two page application form after signing and dating (4400-211) and fax Reimbursement Cost Summary (4400-213) to Community Financial Assistance (CF) - Attn: DERF Manager CF/2 (Fax: 608-267-0496) (they will send acknowledgment letter.)	All	WR	11-10-10
	4. Review application for general completeness. Are the following required forms and attachments included in the application? <input checked="" type="checkbox"/> DERP Application, Form 4400-211. <b>Must be signed by DNR Project Manager / bottom of page 2.</b> <input checked="" type="checkbox"/> Bid Proposals Summary, Form 4400- 233 for SI only, Form 4400-212 for interim Action or Remedial Actions ( <b>not</b> for bidding occurring before 2/1/2000) <b>Must be signed by DNR Project Manager / bottom of page at least initially.</b> <input checked="" type="checkbox"/> Reimbursement Cost Summary, Form 4400-213 <input checked="" type="checkbox"/> Reimbursement Cost Detail Worksheet, Form 4400-214 (A spreadsheet may be substituted) <input checked="" type="checkbox"/> Verification of Taxpayer ID Number, Substitute W-9 (only if initial application to program) <input checked="" type="checkbox"/> A Site Map <input checked="" type="checkbox"/> A Legal Description <input type="checkbox"/> A copy of each accepted proposal (contract) for consulting and contract services, including documentation of any changes to the original contract and records of contract negotiations. The estimated costs should be coded to the six cost categories. <input checked="" type="checkbox"/> Detailed Invoices coded to the cost categories <input checked="" type="checkbox"/> Canceled checks (copies of both sides) documenting payment of the invoices	All		
<b>WITHIN 6 WEEKS: TECHNICAL REVIEW</b> (so financial review can be completed on time too) Costs incurred between Oct. 14, 1997 and Feb.1, 2000, review activities and invoices for reasonableness and compliance with NR 169 and NR 700 rule series.				
	5. Dept. notified of spill prior to action in compliance with WI State Statue 292.11. (only on initial claim)	1 <sup>st</sup> . SI		

\* Item is not required if application cleanup activity was initiated before February 1, 2000 effective date of administrative rule). In this case, cleanup activities should be reviewed as to their reasonableness in complying with the requirements of NR 169, and compliance with the NR 700 rule series.

6. Dry Cleaner RP letter sent after notification. (only on initial claim)	1 <sup>st</sup> . SI		
7. If immediate action cost > \$10,000, approval letter sent. <i>Enter NA if not applicable.</i>	Immediate Actions*		
8. Immediate action is complete and conducted in compliance with NR 169 and NR 700 rule series.	Immediate Actions		
9. Potential Claim Notification (form 4400-210) received only after having received written notification of spill (only needed on initial claim)	Site Investigations*		
10. If lowest bidder for development of site investigation workplan and schedule not chosen, justification reviewed and approval letter sent. <i>Enter NA if not applicable.</i>	Site Investigations*		
11. Site Investigation <u>work plan &amp; schedule</u> , approved. If partial SI payment then accepted change order too!	Site Investigations	742	11-11-10
12. Site risk classification: <input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input checked="" type="checkbox"/> High Risk (Refer to Pub RR-5377 to determine site risk.)	Site Investigations <input checked="" type="checkbox"/> estimated for partial SI payments <input type="checkbox"/> final -SI completed		
13. Remedial Actions conducted in this application are approved and in compliance with NR 169 and NR 700 rule series.	Remedial Actions		
14. If there are costs for additional services that exceeded the consultant's original proposal by more than \$3,000 attach a copy of those costs and the DNR approved change order. Enter NA if not applicable.	Site Investigations* Remedial Actions*		
15. What is the maximum approved dollar amount for this site as of the date of this claim?	\$ 62,829		
16. Fill in the DERF Data Summary Sheet (complete as possible the first time then update only as needed) and make sure all regular BRRTS data entry is completely up to date. And send a copy of the DERP Data Summary Sheet when you forward the package.	ALL previously submitted No changes.		
17. Forward this tracking worksheet, a copy of pilot priority scoring sheet (if changed), a copy of the DERF Data Summary Sheet (if updated) and the entire application package to: WI DNR, GEF2 in Madison. Attn: DERF Manager - CF/2	ALL		

Regional Project Manager's Approval:

*Nancy D. Ryan*

11-11-10

**Project Manager's Signature & Date**

NOTES:

\* Item is not required if application cleanup activity was initiated before February 1, 2000 effective date of administrative rule). In this case, cleanup activities should be reviewed as to their reasonableness in complying with the requirements of NR 169, and compliance with the NR 700 rule series.

# LETTER OF TRANSMITTAL



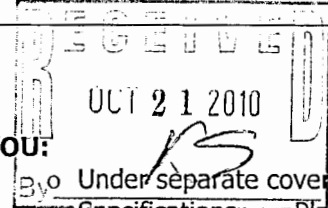
12075 N. Corporate Parkway  
Suite 200  
Mequon, Wisconsin 53092

Phone: 262-241-3133  
Direct Line: 262-643-9171  
FAX: 262-241-8222

DATE 10/20/10 PROJECT : 003592-09001-0
ATTENTION: Nancy Ryan
RE: DERF Reimbursement Application

TO: Nancy Ryan  
WDR  
2300 North Dr. Martin Luther King Jr. Drive  
Milwaukee, WI 53212-3128

**WE ARE SENDING YOU:**  
 Attached  
 Shop drawings  
 Copy of letter  
 Under separate cover  
 Specifications  
 Samples  
 Plans  
 Change order



1	DERF Reimbursement Claim Application – Express Cleaners, 3941 N. Main Street, Racine, WI (BRRTS #02-52-547631)

Nancy,

Reimbursement claim #2 for the above referenced site is attached. This claim includes all remaining site investigation costs. Please let me know if something is missing or you have questions. Thanks

COPY TO: file

SIGNED: *Christopher Hatfield*  
Christopher Hatfield

## 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.

<b>Applicant Information</b>				<b>Application Type</b>	
Applicant Name <b>James C. Small</b>				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 <b>Erhlich Family Limited Partnership</b>					
Mailing Street Address and PO Box <b>4016 North Lane</b>					
City <b>Franksville</b>		State <b>WI</b>	ZIP Code <b>53,126</b>		This reimbursement request is a: (select one) <input checked="" type="checkbox"/> Partial Request - Number: <u>2</u> <input type="checkbox"/> Final Request
Telephone Number <b>(262) 884-1330</b>	Fax Number	E-Mail Address			
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.				<b>Response Actions Time Period</b> (for this Note: Start date may not overlap previous time period. Actions Start Date: <b>09/06/2007</b> Actions End Date: <b>08/01/2009</b>	

<b>Agent Information (if applicable)</b>					
Agent Name <b>William P. Scott</b>			Title <b>Attorney</b>		
Business Name <b>Gonzalez, Saggio, and Harlan, LLP</b>			Telephone Number <b>(414) 277-8500</b>	Fax Number	
Mailing Street Address and PO Box <b>225 East Michigan Street, 4th Floor</b>			City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53,202</b>

<b>Payment Assignment—Complete if reimbursement requested on this application should be made to a person who loaned money to the applicant</b>					
Contact Name		Business Name		Telephone Number	Fax Number
Mailing Street Address and PO Box			City	State <b>WI</b>	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 <b>WI</b>	ZIP Code
Name			Telephone Number		
Mailing Street Address and PO Box			City	State <b>WI</b>	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) <b>Express Dry Cleaning, Incorporated</b>	Dry Cleaning Facility Construction Date, if known <b>1971</b>	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?

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 <b>3/1/2005</b>	Dry Cleaner License No. <b>030-002281655-01</b>
Property Location—Street <b>3941 North Main Street</b>	City <b>Racine</b>	ZIP Code <b>53402</b>	County <b>Racine</b>
		Latitude <b>42.77</b>	Longitude <b>87.78</b>

## 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 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 <b>Christopher Hatfield</b>	Business Name <b>Bonestroo</b>	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>James Charles Small</i>	Title <b>TREASURER</b>	Company Name <b>ENRICH FAMILY LIMITED PARTNERSHIP</b>	Date <b>10-1-2010</b>
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Department Use Only		
Application Received Date <b>10/21/10</b>	DNR Project Manager Signature <i>Nancy D. Piff</i>	BRRTS Number <b>02-52-547631</b>

**Dry Cleaner Environmental Response Program  
 Reimbursement Cost Detail Worksheet**

Form 4400-214 (R 9/03)

**Notice:** Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by s. 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 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 Name

**Express Cleaners**

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation     
  C. Groundwater Investigation     
  E. Air/Vapor Investigation     
  G. Laboratory and Other Analysis  
 B. Soil Remediation     
  D. Groundwater Remediation     
  F. Air/Vapor Remediation     
  H. Miscellaneous Costs

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount (enter by type of response action)			
							Column 1 Immediate Response Action	Column 2 Site Investigation	Column 3 Remedial Actions	
12/13/2007	41556	Northern Environmental	0803368	Additional Site Investigation				\$3,259.50		
01/10/2008	41574	Northern Environmental	0803647	Additional Site Investigation				\$1,295.75		
02/20/2008	41585	Northern Environmental	0803974	Additional Site Investigation				\$2,855.75		
03/08/08	41595	Northern Environmental	0804218	Additional Site Investigation				\$3,154.25		
05/13/2008	41617	Northern Environmental	0804593	Additional Site Investigation				\$3,370.65		
05/10/2009	41737	Northern Environmental	03920	Additional Site Investigation				\$314.00		
06/20/2009	41750	Bonestroo	167571	Additional Site Investigation				\$815.50		
07/24/2009	41760	Bonestroo	168663	Additional Site Investigation				3832.50		
01/31/2008	41578	Wisconsin Soil Testing	07-5690A	Well Installation				\$3,690.75		
Subtotals							0.00	22588.45	0.00	
<b>Worksheet Total</b> (sum Columns 1-3)							20,675.65			

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, Form 4400-213.

## Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (R 9/03)

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**Instructions:** See reverse side. *Copy this form as necessary.*

Applicant Name

Express Cleaners

The costs itemized below are for the following cost category (select only one):

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> A. Soil Investigation | <input type="checkbox"/> C. Groundwater Investigation | <input type="checkbox"/> E. Air/Vapor Investigation | <input type="checkbox"/> G. Laboratory and Other Analysis |
| <input type="checkbox"/> B. Soil Remediation              | <input type="checkbox"/> D. Groundwater Remediation   | <input type="checkbox"/> F. Air/Vapor Remediation   | <input type="checkbox"/> H. Miscellaneous Costs           |

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount <i>(enter by type of response action)</i>		
							Column 1 Immediate Response Action	Column 2 Site Investigation	Column 3 Remedial Actions
12/13/2007	41558	Probe Technologies	07.4064	Geoprobe Services				\$2,044.00	
<b>Subtotals</b>							0.00	\$2,044.00	0.00
<b>Worksheet Total</b> <i>(sum Columns 1-3)</i>							2,044.00		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, Form 4400-213.

## Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (R 9/03)

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**Instructions:** See reverse side. *Copy this form as necessary.*

Applicant Name

Express Cleaners

The costs itemized below are for the following cost category (select only one):

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> A. Soil Investigation | <input type="checkbox"/> C. Groundwater Investigation | <input type="checkbox"/> E. Air/Vapor Investigation | <input checked="" type="checkbox"/> G. Laboratory and Other Analysis |
| <input type="checkbox"/> B. Soil Remediation   | <input type="checkbox"/> D. Groundwater Remediation   | <input type="checkbox"/> F. Air/Vapor Remediation   | <input type="checkbox"/> H. Miscellaneous Costs                      |

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount <i>(enter by type of response action)</i>		
							Column 1 Immediate Response Action	Column 2 Site Investigation	Column 3 Remedial Actions
01/10/2008	41574	Northern Environmental	0803647	water sample laboratory analysis				\$2,692.00	
03/18/2008	41595	Northern Environmental	0804218	water sample laboratory analysis				\$768.00	
07/24/2009	41760	Bonestroo	168663	water and soil sample laboratory analysis				\$256.00	
02/20/2008	41583	Air Toxics	801334Z	air sample laboratory analysis				\$642.00	
<b>Subtotals</b>							0.00	\$4,358.00	0.00
<b>Worksheet Total</b> <i>(sum Columns 1-3)</i>							4,358.00		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, Form 4400-213.



## Dry Cleaner Environmental Response Program Reimbursement Cost Detail Worksheet

Form 4400-214 (R 9/03)

**Notice:** Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by s. 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 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 Name Ehrlich Family Limited Partnership

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation     
  C. Groundwater Investigation     
  E. Air/Vapor Investigation     
  G. Laboratory and Other Analysis  
 B. Soil Remediation     
  D. Groundwater Remediation     
  F. Air/Vapor Remediation     
  H. Miscellaneous Costs

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/Unit	Total Amount <i>(enter by type of response action)</i>		
							Column 1 Immediate Response Action	Column 2 Site Investigation	Column 3 Remedial Actions
01/10/2008	41574	Northern Environmental	0803647	equipment rental				\$398.04	
02/20/2008	41585	Northern Environmental	0803974	groundwater sampling equipment				\$402.00	
06/20/2009	41750	Northern Environmental	167571	barrel for purge water				\$50.00	
<b>Subtotals</b>							0.00	\$850.04	0.00
<b>Worksheet Total</b> <i>(sum Columns 1-3)</i>							850.04		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, Form 4400-213.

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 James C Small	Business Name Ehrlich Family Limited Partnership
Dry Cleaning Facility Name Express Cleaners	Location 3941 North Main Street, Racine, WI

### 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	\$2,044.00			
B. Soil Remediation				
C. Groundwater Investigation	\$22,588.65			
D. Groundwater Remediation				
E. Air/Vapor Investigation				
F. Air/Vapor Remediation				
G. Laboratory and Other Analysis	\$4,358.00			
H. Miscellaneous Costs	\$850.04			
Totals	\$29,840.69			
		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>James Charles Small</i>	Date Signed 10-1-2010
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Department Use Only			
Bureau of CF Initials	Bureau of FN Initials	Date Audited	Audited Payment Amount
Project Number	Funding Code		

Notice: This form is authorized under s. 292.65, Wis. Stats., and ch. NR 169, Wis. Adm. Code. The following information about the selection of consultants for interim actions, site investigations, and remedial action activities is required under 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 is 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: Complete this form and attach a copy of the accepted signed bid. See reverse side for detailed instructions. *Copy this form as necessary.*

**Applicant Information**

Applicant Name <i>JAMES C. SMALL</i>	Business Name <i>LIMITED</i> <i>ERLICH FAMILY PARTNERSHIP</i>
Dry Cleaning Facility Name <i>EXPRESS CLEANERS</i>	Location <i>3941 NORTH MAIN ST, RAJINE</i>

**Consultant Information**

Consultant Name	Bid Proposal Amount	Consultant Selected (select one)
<i>NORTHERN ENVIRONMENTAL TECH, INC</i>	<i>21553</i>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

If this summary is being provided as part of a reimbursement application, did your actual costs exceed the proposal costs by more than \$3,000 or 5% of the original estimate (whichever is larger).

Yes  No

If yes, send a copy of the accepted amendment, signed by the DNR project manager. *Multiple change orders are attached*

**Certification**

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

Applicant Signature <i>James C. Small</i>	Date Signed <i>12-28-07</i>
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Department Use Only		
Project Manager Signature	Date	Telephone Number
Consultant Selection <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Reason For Rejection/Notes	