

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

Form 4400-210 (R 9/03)

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Facility Information

Facility Name OHM of Oconomowoc		Company Name OHM of Oconomowoc, Inc.	
Facility Location: Street Address 36929 N. Plank Road		Department of Revenue Dry Cleaner License No. * 030-0000536941-01	
City Oconomowoc	State WI	ZIP Code	License Holder and Company Name * ONE HOUR MARTINIZING (OHM) OF OCONOMOWOC, INC.
Date Dry Cleaning Facility Constructed * 1966		License Holder Federal Employer ID# (FEIN) * [REDACTED]	

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

- October 14, 1997 to Present
 From _____ To _____
 Fees are delinquent on this facility
 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 6991? Yes No
- Is dry cleaning solvent or wastewater from your dry cleaning machines being discharged into any sanitary sewer 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 * Charles Cass Pres Charles Cass	Date Signed * 7-3-08
Agent Title and Signature _____	Date Signed _____

Department Use Only

Complete, sign and FAX to DERP Grant Manager- CF/2, (608) 267-0498.

Date Received 7/14/08	Project Manager Signature Nancy D. [Signature]	BRRTS Number 02-68-087380	Telephone Number 414 263-8533
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*corrected 7/16/08 MC
02-68-551911*

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

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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. 292.66(4), Wis. Stats. For facilities in operation after October 14, 1997, include the Wisconsin Department of Revenue Dry Cleaning License Number issued under s. 77.905, 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

Date Department Notified of Release: 6-16-2008
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

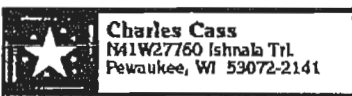

Does your proposed cleanup site have an operating dry cleaning machine? Yes No

Date Your Ownership/Operation Started: * 1966
For Closed Facilities, Date Last Load Processed: * 6/1/2008

If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No.: * 030-0000536941-01
If Dry Store, Date Equipment Removed From Site: _____

Applicant Information

Owner/Operator Name: Charles Cass
Company Name: OHM of Oconomowoc, Inc.

Mailing Street Address and PO Box: 
City: Pewaukee State: WI ZIP Code: 53072 Telephone Number: 262-691-4135
E-Mail Address: _____ Federal Employer ID Number (FEIN): *  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: _____
Company Name: _____
Mailing Street Address and PO Box: _____
City: _____ State: _____ ZIP Code: _____ 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: _____