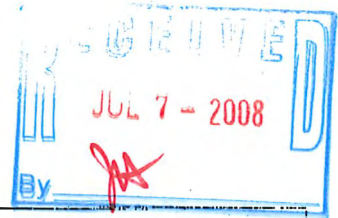


Reinhart

Boerner Van Deuren s.c. Attorneys at Law



FACSIMILE MESSAGE

IMPORTANT CONFIDENTIALITY NOTICE

The documents included in this facsimile transmission from the law firm of Reinhart Boerner Van Deuren s.c. contain information that may be confidential or legally privileged. These documents are intended only for the use of the individuals or entities named on this transmission cover sheet. If you or your firm are not the intended recipient and have received this transmission mistakenly, you are hereby notified that reading, copying, disclosing or distributing these documents, or taking any action based on the information contained within them, is strictly prohibited, and that the documents should be returned to this firm immediately. If you have received this facsimile in error, please notify us by calling 262-951-4500 immediately so that we can arrange to retrieve the transmitted documents at no cost to you.

PLEASE DELIVER THE FOLLOWING TO:

Memory Tag: 2# 4/6

Name:	Pam Mylotta	Facsimile No.	414-263-8483
Company:	Wisconsin Dept. of Natural Resources	Phone No.	

Name:	Jillian Steffes	Facsimile No.	608-267-0496
Company:	Wisconsin Dept. of Natural Resources	Phone No.	

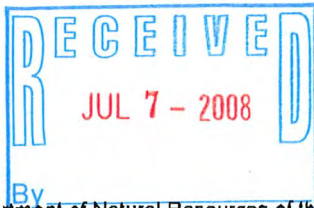
FROM: Michelle L. Williams
DATE: July 3, 2008

		ATTORNEY NO.	01749
REQUESTED BY	Theresa M. Skrove	CLIENT NO.	071128
EXTENSION	4567	MATTER NO.	0010

Total number of pages sent, including this page

IF ANY PROBLEMS OCCUR WITH THIS TRANSMISSION OR IF YOU HAVE NOT RECEIVED ALL THE PAGES, PLEASE CALL OUR FACSIMILE OPERATOR AT 262-951-4500.

COMMENTS:



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. 77.99(5), 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: Charles Cass, N41W27760 Ishnaba Trl, Pewaukee, WI 53072-2141 E-Mail Address: _____ Federal Employer ID Number (FEIN): [REDACTED]

City: Pewaukee State: WI ZIP Code: _____ Telephone Number: 262-691-4135 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: _____

Dry Cleaner Environmental Response Program Potential Claim Notification

Form 4400-210 (R 9/03)

Page 2 of 2

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 <i>(OHM of Oconomowoc, Inc.)</i>		
Date Dry Cleaning Facility Constructed * 1966			License Holder Federal Employee ID# (FEIN) * [REDACTED] <i>(OHM of Oconomowoc, Inc.)</i>		

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 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 * 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) 267-0496.

Date Received	Project Manager Signature	BRRTS Number	Telephone Number
---------------	---------------------------	--------------	------------------