

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)

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. 77.996, 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: 6-24-2008 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: 2007 For Closed Facilities, Date Last Load Processed: _____

* If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No.: 030-000556565-06 If Dry Store, Date Equipment Removed From Site: 7/2008

Applicant Information

Owner/Operator Name: Brian Cass Company Name: CHM Holdings, LLC - Elm Grove

Mailing Street Address and PO Box: W229 N2494 HWY F E-Mail Address: _____ Federal Employer ID Number (FEIN): [REDACTED]

City: Waukesha State: WI ZIP Code: 53186 Telephone Number: _____ Fax Number: _____

* Are there any other responsible persons associated with the cleanup of this facility? Yes No If yes, check association for each:

| | | | |
|--------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Other Owner | <input type="checkbox"/> Property Owner of a Licensed Facility | <input type="checkbox"/> Other Owner | <input type="checkbox"/> Property Owner of a Licensed Facility |
| <input type="checkbox"/> Operator | | <input type="checkbox"/> Operator | |

| | |
|-----------------------------------|-----------------------------------|
| Other Responsible Party | Other Responsible Party |
| Company Name | Company Name |
| Mailing Street Address and PO Box | Mailing Street Address and PO Box |
| City | City |
| State | State |
| ZIP Code | 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: _____

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Facility Information

| | | | | | |
|--|--------------------|----------|---|--|--|
| Facility Name * OHM - Elm Grove | | | Company Name OHM Holdings, LLC - Elm Grove | | |
| Facility Location: Street Address 13405 Watertown Plank Road | | | Department of Revenue Dry Cleaner License No. * 030-0000550565-06 | | |
| City Elm Grove | State WI | ZIP Code | License Holder and Company Name * Success Inc / OHM Holdings | | |
| Date Dry Cleaning Facility Constructed * 1980 | | | License Holder Federal Employee 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 Fees are delinquent on this facility

From _____ To _____ Facility operation ceased before October 14, 1997 (no fees apply)

1. Has a previous ch. NR 700 cleanup been conducted at this site? Yes No
If so, date of closure letter: _____
2. Is there diking around the machine? Yes No
3. Is the floor sealed? Yes No
4. At this site, do you anticipate finding contaminants not associated with this dry cleaning facility? Yes No
5. 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
6. 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
7. Is all perchlorethylene delivered to the dry cleaning facility by means of a closed, direct-coupled delivery system? Yes No
8. Was the facility constructed after October 14, 1997? Yes No
9. 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 * [Signature] owner | Date Signed * 7/21/08 |
| Agent Title and Signature | Date Signed |

Department Use Only

Complete, sign and FAX to DERP Grant Manager- CF/2, (608) 267-0496.

| | | | |
|---------------------------------|---|-------------------------------------|---|
| Date Received 7-21-08 | Project Manager Signature [Signature] | BRRTS Number 02-68-552102 | Telephone Number 262-574-2140 |
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