Received WDNR/SER FID 23000 7 0 30

BRRTS - To be Assigned - see new cases

ACTION - 99

FACSIMILE MESSAGE

Comment - DERP Form 4400-210 Rec'd

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Name:	Pam Mylotta	Facsimile No.	414-263-8483		
Company:	Wisconsin Dept. of Natural Resources	Phone No.	and the state of t		
Name:	Jillian Steffes	Facsimile No.	608-267-0496		
Company:	Wisconsin Dept. of Natural Resources	Phone No.	All of the second secon		
FROM:	Michelle L. Williams				

DATE:

August 4, 2008

01749 ATTORNEY NO.

REQUESTED BY

Theresa M. Skrove

CLIENT NO.

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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 digible 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.

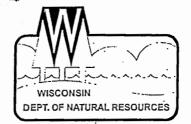
Notification of a potential claim is required prior to conducting a site investigation or any remedial action activity under s. 292.65(4) ,Wis. Stats. For facilities in operation after October 14, 1997, include the Wisconsin Department of Revenue Dry Cleaning License Number issued under s. 77.996, Wis. 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 pro	oject manager. Copy this fo	m as necessary.		
Eligibility Information					W	
Was there a release of dry cleaning product from	n a dry cle	aning facility?	Yes No			
	tion Meth	od:	Affected Media (56	elect all that apply):		
7/23/08 TE	elephone	FAX 🔀	Written Soil	Groundwater		Surface Viole:
Applicant: X owns X operates	Орега	aledsubsi	diary/parent corporation	propérty owne	er of licen	sed facility
Does your proposed cleanup site have an opera	oling dry cl	eaning machine?	Yes No	•		
Date Your Ownership/Operation Started			1	lies, Date Last Loa	d Proces	sed
1970			* N/A			
If Operated After 10/14/97, Wisconsin Departm	nent of Re	venue Dry Clean	ing Facility License No. If D	ry Store, Date Equ	ipment R	emoved From Sile
X 030 - 6000 20	59	48-0				·
Applicant Information						
Owner/Operator Name			Company Name			n c
Y DANIEL R. MBRTI	UU_		MARTINO	CLEB	WEI	D Number (FEIN)
Mailing Street Address and PO Box		E-Mail Address				
* 7513-41 AUE	la.		T -			085387
City	State	21P Code	Telephone Number	Fax Num	her 	
# KENOSHA	ω_{l}	53142	263-69475 facility? Yes N			
Other Owner Property Owner of Operator Other Responsible Party	of a Licens	ed Facility	Other Owner Operator Other Responsible Party	Properly Owner	r of a Lice	nsed Facility
Company Name			Company Name	,	=== .	
Mailing Street Address and PO Box			Mailing Street Address and	d PO Box		
City	State ZI	P Code	Cily		State 2	MP Code
Telephone Number	L		'Celephone Number		<u></u>	A
Agent Information						
if an agent will be conducting actions per s. 292	.65(4)(k), V	Wis. Stats., comple				
Agent Name			Company Name			
Mailing Street Address and PO Box	·—-		Telephone Number	Fax Nun	riber	
Cily	State Zil	P Code	Date Agent Agreement Sig	gned		

Dry Cleaner Environmental Response Program Potential Claim Notification Form 4400-210 (R 9/03) Page 2 of 2

Page 2 of 2

Facility Information						
Facility Name Manatinas M	ach. N. Clas	Company	Name 3	OSTATES DIS		
	aster Dry Clea		B/B/S	MARTIN		BAUE,
Facility Location: Street Address	سا	1.4		e Dry Cleaner License N		,
	eet	<u>* c</u>	30-0	000 2059	48 - 0	مزاوشا كم
city Kenosha	State ZIP Code	License H	older and Co	ompany Name 775 (C)	BUTORS	- 72
Date Dry Cleaning Facility Constructed		License H	older Federa	I Employee ID# (FEIN)	A	
1966		*	. 3	191-082.	382	
Dry cleaning license and solvent fees have	been paid on this facility f	or the following yes	ars (select or	10):		
October 14, 1997 to Present		Fees	are delinque	nt on this facility		
FromTo		Facili	y operation (ceased before October 14	. 1997 (no leas :	appty)
		. ليا				
1. Has a previous ch. NR 700 cleanu	p been conducted at thi	is site?			Yes	MN∘
If so, date of closure letter.						
	.7				Yes	[]No
2. Is there diking around the machine?					¥ No	
(3.) Is the floor sealed?				∐Yes		
4. At this site, do you anticipate finding contaminants not associated with this dry cleaning facility?			Yes	[X] No		
Are all wastes that are generated a as hazardous wastes in complianc	at the dry cleaning facilit e with ch. 291, Wis. Sta	ly and that contains, and 42 USC	n dry clean 6901 to 699	ing solvent managed 91i?	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	
Was the facility constructed after C	October 14, 1997?				Yes	Muo
9.) Has the applicant ever been refermance laws or rules concerning the use of	ed to the Wisconsin Dep	partment of Justing solvents?	e for any v	iolations of Wisconsin	Yes	ум 💢
Comments: (Provide clarification if neces						1
	•					
	•					
		· · · · · · · · · · · · · · · · · · ·				
Certification				,		
certify that the information above is tr	ue and correct to the be	st of my knowled	ige.			
Applicant Tille and Signature	•			Date Signed		~
Dell Muit				K July 28-	2008	
Agent Title and Signature				Date Signed		
						
Complete, sign and FAX to DERP Grant M		riment Use Only	<u></u> _			
		A.M.	BRRTS	Number	Telophane Nun	
Data Received 1 Droiget Manage					THE PROPERTY OF TABLE	,,
Date Received Project Manage John F	eeneu -	י אוי ח	TBA		920-892-8	



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Southeast Region Headquarters Milwaukee Service Center 2300 N. Dr. M L King Jr. Drive Milwaukee, Wisconsin 53212 FAX 414-263-8483

YOU CAN CALL ME AT: 414-263-8758

DATE: 08/12/08 TOTAL PAGE COUNT 3
(INCLUDING COVER SHEET)

TO: JILLIAN STEPFES FAX# 608 267 0496

COMPANY/AGENCY/REGION: DNR/GEF2/CF

COMMENTS:

FROM: Ham MyloHa

JILLIANSORRY FOR THE DELAY,

JUST GOT THIS IN MY MAILBOX.

PAM

NOTICE IT WILL BE JOHN FEENEY'S,