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FACSIMILE MESSAGE

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PLEASE DELIVER THE FOLLOWING TO:

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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: August 4, 2008

REQUESTED BY Theresa M. Skrove
 EXTENSION 4567

ATTORNEY NO. 01749
 CLIENT NO. 071193
 MATTER NO. 0003

Total number of pages sent, including this page 3

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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)

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: 7/23/08
 Notification Method: Telephone FAX Written
 Affected Media (select all that apply): Soil Groundwater Surface Water

Applicant: owns operates operated subsidiary/parent corporation properly owner of licensed facility

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

Date Your Ownership/Operation Started: 1985
 For Closed Facilities, Date Last Load Processed: *

If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No.: 030-0000125984-01
 If Dry Store, Date Equipment Removed From Site:

Applicant Information

Owner/Operator Name: DANIEL R MARTINO Company Name: MARTINO'S CLEANERS
 Mailing Street Address and PO Box: 7513-41 AVE E-Mail Address: _____ Federal Employer ID Number (FEIN): * 391523829
 City: KENOSHA State: WI ZIP Code: 53142 Telephone Number: 262-6947545 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 Martinos Master Dry Cleaners			Company Name * MARTINO'S CLEANERS		
Facility Location; Street Address 7513 41ST Street			Department of Revenue Dry Cleaner License No. * 630-0000155984-01		
City Kenosha	State WI	ZIP Code	License Holder and Company Name * MARTINO'S CLEANERS VILLAGE PRIDE CLEANERS INC		
Date Dry Cleaning Facility Constructed * 1985			License Holder Federal Employee ID# (FEIN) * 391523829		

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 **MAY BE**

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]*

Date Signed

* *July 29, 2008*

Agent Title and Signature

Date Signed

Department Use Only

Complete, sign and FAX to DERP Grant Manager, CF/8, (608) 267-0496.

Date Received

08/04/08

Project Manager Signature

[Signature] for John Feeney

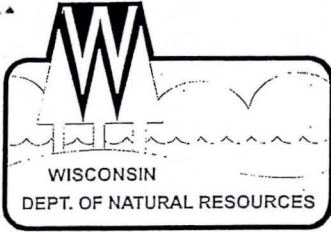
BRRS Number

TBA

Telephone Number

920-892-8756

X3023



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

DATE: 08/06/08

TOTAL PAGE COUNT 4
(INCLUDING COVER SHEET)

TO: JULIAN STEFFES

FAX # 608 267 0496

COMPANY / AGENCY / REGION: DNR/GEF2/CF

FROM: Pam Mylotta

YOU CAN CALL ME AT: 414-263-8758

COMMENTS:

Martinos PCN - 41st Street site.

This and the other Martinos sites in
Kenosha are currently assigned
to John Feeney in our Plymouth
office.

Pam