

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

**Remediation & Redevelopment
 Continuing Obligation Review**

Form 4400-232 (R 07/22) Page 1 of 6

BRRTS ID No. 02-46-552192 _____

Reviewer: Linda Stanek/Rob Hoverman

Region: SER

Review Date: 08/23/2023

Site Name: A1 Cleaners

See RR5242 for instructions <http://intranet.dnr.state.wi.us/int/aw/rr/guidance/RR5242.pdf> . Steps with an * denote DNR follow up; ** denote RP/property owner follow up. If auditing a VPLE site, use the applicable LUST or ERP BRRTS number. Use the NOTES area in each section to add information not otherwise addressed.

File Review:

1. Review BRRTS, and the file if needed, to identify the File Review information:

Site Address 10000 N. Port Washington Road	City Mequon	ZIP Code 53092
County Parcel Identification Number (PIN) 1503207002	FID Number 246118180	

Original Responsible Person
 Peter Seo A1 Cleaners (RP)/William Kratzke, Park Real Estate (Property Owner) 414-247-2000-bill.kratzke@yahoo.com

Has the property been transferred since the continuing obligation was recorded/applied? No Yes

If Yes: Current Property Owner

Phone Number	Email
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Select all continuing obligations applied (at case closure or RAP approval or letter to LGU):

Add to BRRTS	AC in BRRTS	AC	Action Code (AC) Meaning
<input type="checkbox"/>	<input type="checkbox"/>	51	Deed notice
<input type="checkbox"/>	<input type="checkbox"/>	52	Deed restriction for soil
<input type="checkbox"/>	<input type="checkbox"/>	730	Groundwater use restriction
<input type="checkbox"/>	<input type="checkbox"/>	95	Deed instrument conditions met (for audits, use if deed restriction was updated by filing a deed notice)
<input type="checkbox"/>	<input type="checkbox"/>	101	GIS Registry PDF modified - date DNR letter sent
<input type="checkbox"/>	<input type="checkbox"/>	104	Site removed from GIS Registry - date DNR letter sent
<input type="checkbox"/>	<input type="checkbox"/>	696	Continuing obligation required of LGU to maintain liability exemption
<input type="checkbox"/>	<input type="checkbox"/>	605	Green Space Grant awarded (deed restriction)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	56	Continuing Obligation applied (use with codes 220-238)
<input type="checkbox"/>	<input type="checkbox"/>	46	Impacted Right-of-Way
<input type="checkbox"/>	<input type="checkbox"/>	220	Soil at industrial use level
<input type="checkbox"/>	<input checked="" type="checkbox"/>	222	Cover/engineered containment system (pavement, soil cover, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	224	Structural impediment (buildings or other structures)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	226	Vapor mitigation/response
<input type="checkbox"/>	<input type="checkbox"/>	228	Site-specific (identify in comment field)
<input type="checkbox"/>	<input type="checkbox"/>	230	LGU was directed to take a protective action
<input type="checkbox"/>	<input checked="" type="checkbox"/>	232	Residual soil contamination > RCLs/SS RCLs (use with AC 220, 222, 224)
<input type="checkbox"/>	<input type="checkbox"/>	234	Monitoring well needs to be abandoned
<input type="checkbox"/>	<input type="checkbox"/>	236	Site closed with groundwater contamination > ES
<input type="checkbox"/>	<input type="checkbox"/>	238	Maintenance and inspection documentation required to be submitted
<input type="checkbox"/>	<input type="checkbox"/>	185	Closure Compliance Review completed
<input type="checkbox"/>	<input type="checkbox"/>	186	Closure Compliance Review - RP follow up needed
<input type="checkbox"/>	<input type="checkbox"/>	187	Closure Compliance Review follow up completed
<input type="checkbox"/>	<input type="checkbox"/>	99	Use this code with comments, for actions not listed under AC 186 (i.e. submittal of inspection reports)

How was site selected for audit? (AC = BRRTS Action Code)

- Vapor Mitigation AC 226
- VPLE with AC 56
- Enforcement Follow-up
- Other: _____
- Green Space Grant AC 605
- AC 220, 222, 224, 228, or 230
- Deed Restriction AC 52 or 696 (LGU)
- Age of Remedy
- Complaint Received
- Regional Priority

Date of:

- Final Closure 12/14/2016
- Certificate of Completion _____
- Green Space Grant _____
- Remedial Action Plan Approval _____
- General Liability Clarification Letter _____
- Local Gov't Unit (LGU) Letter _____

Describe any site-specific requirements (AC 228) that the site owner and/or responsible party needed to address:

Is the site on BRRTS as having residual contamination and continuing obligations?

- Yes
- No – *Add to BRRTS using applicable action codes (56, etc.)**

Were neighboring properties affected?

- Yes
- No

If yes, are these properties listed in BRRTS with AC 66? Yes No

Was a maintenance plan required at closure? NA No Yes – It is: in the file PDF missing

If no maintenance plan was required, offer the property owner the template model with inspection log, and note in the follow up section of the audit that one was provided on the audit date

Was/were the appropriate restriction(s) recorded with the Register of Deeds? Yes No NA

Has a restriction been amended, or been nullified by DNR? No

Yes: Was BRRTS updated? (95) Yes No*

Was the CO PDF updated? Yes No*

Notes:

Site Visit:

2. Contact the site owner for access. Provide a copy of the maintenance plan, if applicable. If the audit is being conducted for a CO which would now require a maintenance plan, provide a template version if no maintenance plan was required at closure, for the property owner's use (voluntary).
3. Walk the site (ideally with the owner or responsible party) to review the site conditions against the conditions documented at closure/other to verify or change answers to questions in #1. Discuss use of the maintenance plan or template.
4. With the site owner/RP (if possible), answer the following for DNR RR records:

Did the site owner know about the continuing obligation(s)? Yes No

Have site conditions changed since closure that would affect either a deed restriction or other restrictions or requirements associated with the site?

- No
- Yes – Explain:

Examples: 1) a building has been razed and investigation and remediation occurred.
2) excavation or residential development has occurred in a restricted area.

Has a pavement (asphalt or concrete) cover, soil cover or other sort of cover, such as a building, been removed or is it in disrepair? No/NA

Yes – Should it be replaced or repaired? Yes** No

If a performance standard was the final remedy, has it been altered?

No

Yes – Explain:

Was the DNR notified? Yes No

Have local zoning changes occurred since closure?

No/NA

Yes – Does it appear to impact the effectiveness of the restriction?

No

Yes – Describe:

Is soil sampling needed to determine if the final remedy has been modified such that a direct contact threat exists?

No

Yes – Describe:

For example, an asphalt cover has been removed or is in disrepair, or a new contaminated site is present upgradient, etc.

Has additional monitoring or remediation been done since the site was closed?

No

Yes – Describe:

Does a new threat to public health or the environment exist (e.g. new sources or exposure routes)?

No

Yes – Does sampling need to be performed?

No

Yes** – Describe what should be done to address the problem, and by whom:

Is the vapor mitigation system or sub-slab depressurization system (SSDS) operating as designed? (pressure gradient being maintained)

Yes

NA

No** – Describe any follow up needed:

Have any of the exposure assumptions used for closure changed at this site?

NA

No

Yes – Describe any follow up needed:

Has the land use at this site changed such that a vapor intrusion pathway may now exist?

No

Yes – Describe any follow up needed:

Has the land use changed such that there are either health or safety issues?

- No
- Yes – Describe any follow up needed:

Notes:

Asphalt parking lot will be replaced in 2024

COMPLIANCE AND FOLLOW-UP SUMMARY:

5. Identify compliance and any follow up needed.

Is the site in compliance with the continuing obligations/closure approval document?

- Yes
- No – Describe what's not in compliance and the reasons for noncompliance:
 - No annual inspections for the cover/barrier have been completed or documented (Form 4400-305)
 - No annual and quarterly inspection for the Vapor Mitigation System have been completed or documented (Form 4400-305)
 - No Annual O&M inspections have been completed or documented in the Sub-Slab Depressurization Systems - Annual O&M Inspection form
 - No documentation of system repairs in the inspection log (replaced two fans)
 - Did not notify the DNR when changes were made to the VMS - two new fans - purchased August 9, 2023
 - Case closure was based on non-residential property use, however, a residential apartment with a tenant was noted at the time of the CO Audit. This is a Prohibited Activity - "change in use or occupancy to a residential exposure setting". No prior written approval has been obtained from the DNR

(May depend on extent of non-compliance, non-maintenance of remedy or changed ownership or conditions. If case is out of compliance, it should be prioritized by the region, for new casework or enforcement, as needed.)

Has the maintenance agreement required at closure been followed?

- Yes
- NA
- No – Describe:
 - No annual inspections for the cover/barrier have been completed or documented (Form 4400-305)
 - No annual and quarterly inspection for the Vapor Mitigation System have been completed or documented (Form 4400-305)
 - No Annual O&M inspections have been completed or documented in the Sub-Slab Depressurization Systems - Annual O&M Inspection form
 - No documentation of system repairs in the inspection log (replaced two fans)
 - Did not notify the DNR when changes were made to the VMS - two new fans - purchased August 9, 2023
 - O& M plan and inspection logs are to be kept on site

Was the property owner reminded to complete and document the (yearly) inspections?

- Yes
- NA
- No – Why not?

Was a maintenance plan or template provided to the property owner at the site visit?

- Yes
- NA
- No – If no, why not?

6. Are additional actions by the RP property owner warranted at the site?** *The intent is to return the site to compliance with continuing obligation. If a significant land use change has occurred, and/or further remedial action is needed, determine if the site meets the NR 726 reopening criteria.)*

No

Yes – Summarize the actions needed to return the site to compliance and identify who is responsible:

Complete annual inspections for the Cover/Barrier (Form 4400-305)

Complete annual and quarterly inspections for the Vapor Mitigation System (Form 4400-305)

Document system repairs on O&M Inspection Form and on Form 4400-305 (new fan)

Complete annual O&M inspections (Annual O&M Inspection Form)

Request to update permanent electrical connection of VMS

Keep O& M plan and Inspection forms on site

When updating the pavement, the DNR must be notified and approve any changes to this barrier

Obtain written approval from the DNR to change the use of the property to a residential exposure setting

Notes:

Add AC 186 for RP/property owner follow-up required. Use AC 99 if a reminder was provided to the property owner to complete and document inspections.

7. * Does the site require follow up by DNR?

No

Yes: contact or enforcement to return site to compliance with continuing obligation

updating BRRTS for the CO PDF (adding or modifying a packet)

reopen site (add ACs 186, 12 and 13)

other: _____

8. * Attach photographs of the site, documenting site conditions. Label the photos with the site name/BRRTS Activity number/date/view. If a follow-up letter is sent, include a copy with the audit. (audit/photos/follow-up letter)

9. * Save a copy of the audit using the following naming convention:

YYYYMMDD_185_CO_Audit.pdf. For follow-up documentation use YYYYMMDD_186_Follow_Up_Needed.pdf.

10. Update applicable BRRTS action codes on the Table on page 1. Use the regional tracking sheet, and have your Regional EPA update the ACs and upload the audit PDF into BRRTS.

11. Notify Central Office when the audit has been completed and loaded into BRRTS.

{Click to add an image file (*.bmp, *.jpg, *.gif, *.png, *.tif) For best results, insert a photo with horizontal orientation. Crop vertical photos to a horizontal orientation, if needed.}

Date added:

Title:

{Click to add an image file (*.bmp, *.jpg, *.gif, *.png, *.tif) For best results, insert a photo with horizontal orientation. Crop vertical photos to a horizontal orientation, if needed.}

Date added:

Title:

Supplemental Checklist for Vapor Mitigation Continuing Obligations

Use one per location.

BRRTS Site Name A -1 Cleaners Activity Number 02-46-552192

System Address(es) 7027 W North Ave, Wauwatosa Current Site Use(s): Dry Cleaner/Offices/Res

Inspected By: R. Hoverman/ L. Stanek Date 2023/08/23

Owner Contact*: _____ Phone: _____ Ok for text messages

Email Address: _____

Occupant Contact*: _____ Phone: _____ Ok for text messages

Email Address: _____

*Use notes for additional contacts.

Type of System(s)

Sub-slab depressurization, # of fans: 2 Passive venting Membrane Sub-membrane depressurization, # of fans: _____ HVAC controls Other _____

General

Is an Operation, Maintenance & Monitoring (OM&M) Plan available on site and inspections being documented? Y N Date of last inspection: _____

Does system match the closure package continuing obligation documentation? Y N

If no, was the property remodeled? Y N UKN

If yes, were any changes made to the system? Y N UKN *Describe any changes in notes.

Are repairs and/or recommissioning needed? Y N If yes, was the WDNR notified? Y N

Any changes to slab, e.g., deterioration, cracks, or additional penetrations in need of sealing? Y N

Piping

Is the visible piping or extraction point labeled with purpose of system? Y N

Vent pipe appears to extend at least 10-feet above the ground, and above the eave/roof? Y N

Vent pipe appears to end at least 10-feet from any opening into conditioned space. (e.g., window or door, or HVAC fresh air exchange intake), or at least 2-feet above any such opening. Y N

Pipe, fittings/connections appear to be airtight, properly joined/sealed. Y N

Piping properly sloped to avoid water accumulation. Y N

Are there visible openings or breaks in the pipe system. Y N Any warping or heat stress: Y N

A pressure monitor is present, operating, and is accessible. Y N (active systems only, e.g., U-Tube manometer, cylinder, or gauge.) Pressure Reading: 0.2 inch h2o

Is there an active alarm or telemetry? Y N Type: _____ If yes, is it working correctly? Y N

The sealing/caulking around the vent pipe in the basement floor is intact. Y N

Is the system connected to a sump pump? Y N If yes, is the sump is sealed Y N

Electrical (for active systems only)

Vent fan plugged cord connection appears to be no more than 6-feet long. Y N

Vent fan plugged cord connection is visible, and not concealed within a wall. Y N

If outside the building, the vent/mitigation fan is hard wired to a disconnect switch. Y N

The circuit/breaker controlling (hard-wired) vent fan is labeled "Mitigation System". Y N

Vent or Mitigation Fan(s)

Vent fan is mounted in a vertical (not horizontal) section of pipe. Y N

If inside, the fan is located in an unconditioned space, e.g., the attic. Y N

Are noticeable sounds or vibrations observed indicating a repair or replacement needed? Y N

Other

Does the system utilize a vapor barrier in a basement or crawl space? Y N

Does the barrier appear to be anchored to all walls and sealed? Y N

Is the barrier in good condition. i.e., free of rips, tears, or other post installation penetrations? Y N

Any system repairs required? Y N If yes, should repairs be done by certified mitigator? Y N

Notes:

Both fans replace in August 2023. No documentation previously provided. fans recommended to be hard wired to dedicated circuit. No maintenance logs or O&M info present.

Sketch location of repairs or changes to system:

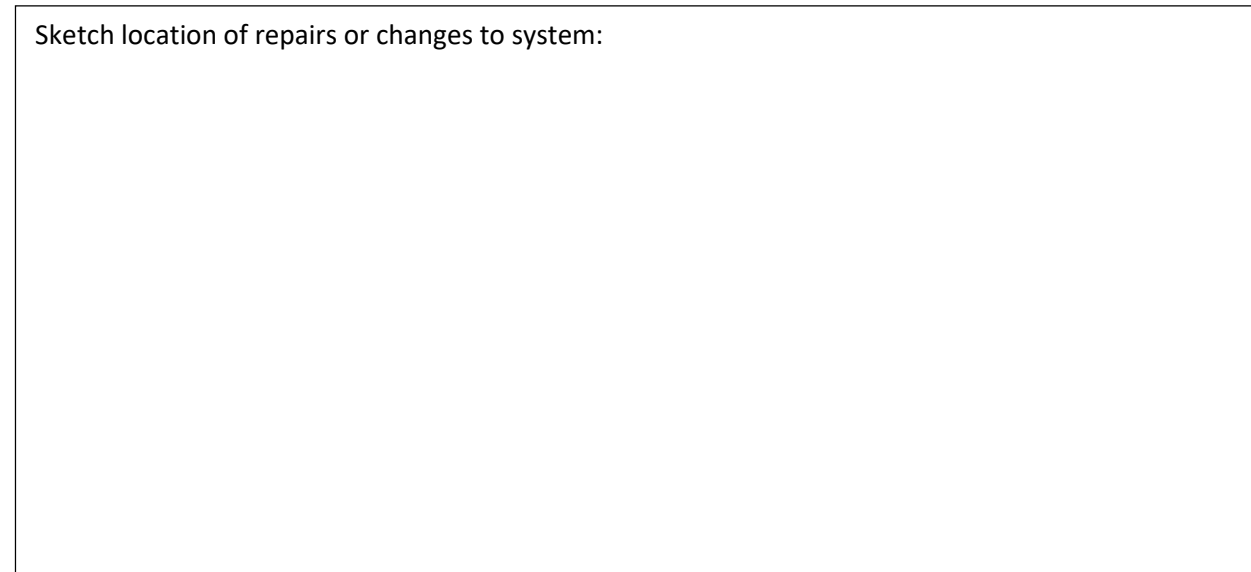


Photo Log



Description: View of rooftop discharge



Description: U-tube



Description: Floor monitoring point



Description: Fans and power cords

Photo Log



Description: fan close up

Description:

Description:

Description:

CO Audit 8/23/2023

A-1 Cleaners

10000 N. Port Washington Road, Mequon, WI 53092

BRRTS # 02-46-552192



Existing Building and Pavement Cap – Front of Building



South side of property – Existing building and pavement cap



Entrance to property off N. Port Washington Road – Crack in asphalt pavement



Existing building and pavement cap – East side, Rear of building



Rear (east) pavement cap – Patch work



Basement Floor – Slight cracking



U-Tube Liquid Manometer located in building basement



Basement flooring

12:38

5G+

[Inbox](#) We received you...

Order Summary

Order Number: [CM42997088](#)

Order Date: August 9, 2023

Delivery

All items



RadonAway RP265C 6 in. Inlet and Outlet Inline Radon Fan in White with 2.3 in. Maximum Operating Pressure

Store SKU #1001648354

Internet #203746907

2 x \$202.00

\$404.00

Your Total

Subtotal	\$404.00
Delivery	FREE
Sales Tax	\$22.22
Total	\$426.22



A

Invoice for new fans – 8/9/2023

Directions: In accordance with s. NR 727.05 (1) (b) 3., Wis. Adm. Code, use of this form for documenting the inspections and maintenance of certain continuing obligations is required. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. When using this form, identify the condition that is being inspected. See the closure approval letter for this site for requirements regarding the submittal of this form to the Department of Natural Resources. A copy of this inspection log is required to be maintained either on the property, or at a location specified in the closure approval letter. Do NOT delete previous inspection results. This form was developed to provide a continuous history of site inspection results. The Department of Natural Resources project manager is identified in the closure letter. The project manager may also be identified from the database, BRRTS on the Web, at <http://dnr.wi.gov/botw/SetUpBasicSearchForm.do>, by searching for the site using the BRRTS ID number, and then looking in the "Who" section.

Activity (Site) Name A-1 Cleaners	BRRTS No. 02-46-552192
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Inspections are required to be conducted (see closure approval letter):

annually
 semi-annually
 other – specify check SSDS operation quarterly

When submittal of this form is required, submit the form electronically to the DNR project manager. An electronic version of this filled out form, or a scanned version may be sent to the following email address (see closure approval letter):

Inspection Date	Inspector Name	Item	Describe the condition of the item that is being inspected	Recommendations for repair or maintenance	Previous recommendations implemented?	Photographs taken and attached?
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Sub-Slab Depressurization Systems – Annual O&M Inspection Form

Tenant's Name: _____
 Owner's Name: William Kratsky
 Owner's Address (If Different than Property):
10000 Port Washington Road

Temperature (Ambient): _____
 Temperature (House): _____
 Barometric Pressure: _____
 Weather Conditions: _____

Inspector Name: _____
 Date: _____
 Time: _____

System Inspection

Is fan operating?	Yes	No	NA
Any unusual fan noises?	Yes	No	
Are vent piping and piping joints intact?	Yes	No	
Any caulking required around piping penetrations?	Yes	No	
Is O&M manual present?	Yes	No	
Any areas in need of additional sealing?	Yes	No	
List areas to be sealed:	_____		
List any necessary system repairs	_____		

Tenant/Owner Observations

Any change in fan noise or vibration?	Yes	No	
Have you turned the fan OFF for any period of time?	Yes	No	NA
Reason?	_____		
Is differential pressure in the Manometer outside of normal operating range?	Yes	No	NA
Is the system Manometer steady?	Yes	No	
Have you or the owner mad any changes to the basement or other foundation?	Yes	No	
Is so, what were the changes:	_____		

Quarterly Manometer Measurements

Sample Point ID	Minimum Vacuum (in w.c.)	Inspection			Post Repair (If Necessary)		
		Date	Time	Pressure (in w.c.)	Date	Time	Pressure (in w.c.)
Manometer – Q1	0.25						
Manometer – Q2	0.25						
Manometer – Q3	0.25						
Manometer – Q4	0.25						

Comments (Any repairs made while visiting, etc.): _____

Repairs

Additional sealing completed: _____ Date: _____
 System repairs completed: _____ Date: _____

Annual maintenance/inspection of engineered barrier has been completed and documented by property owner. Date of inspection: _____