

## 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:

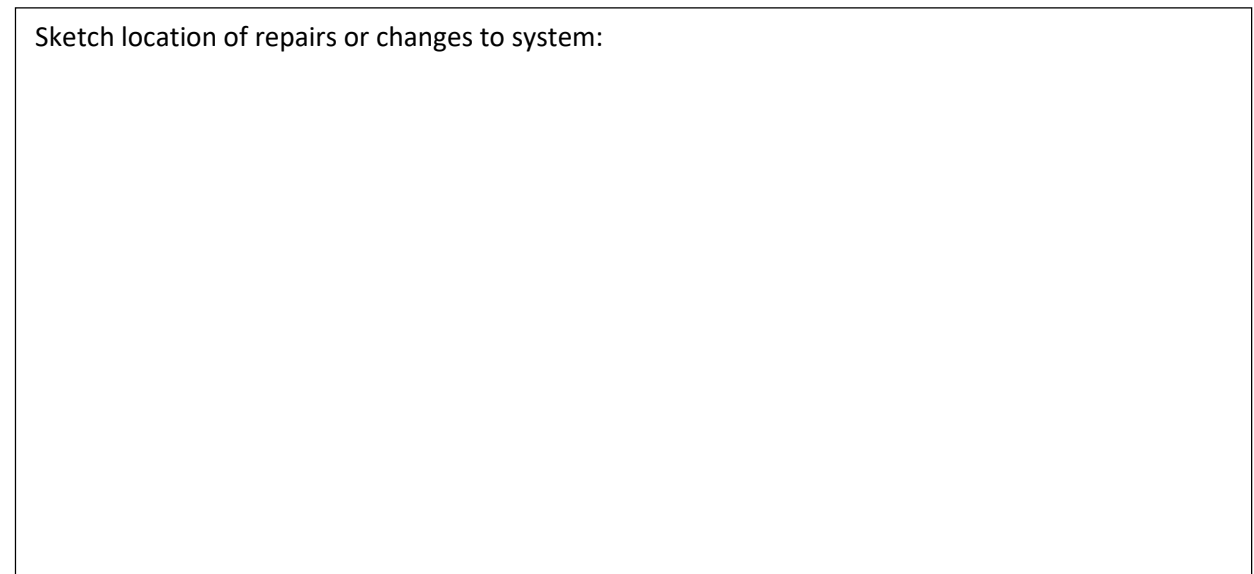


Photo Log



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

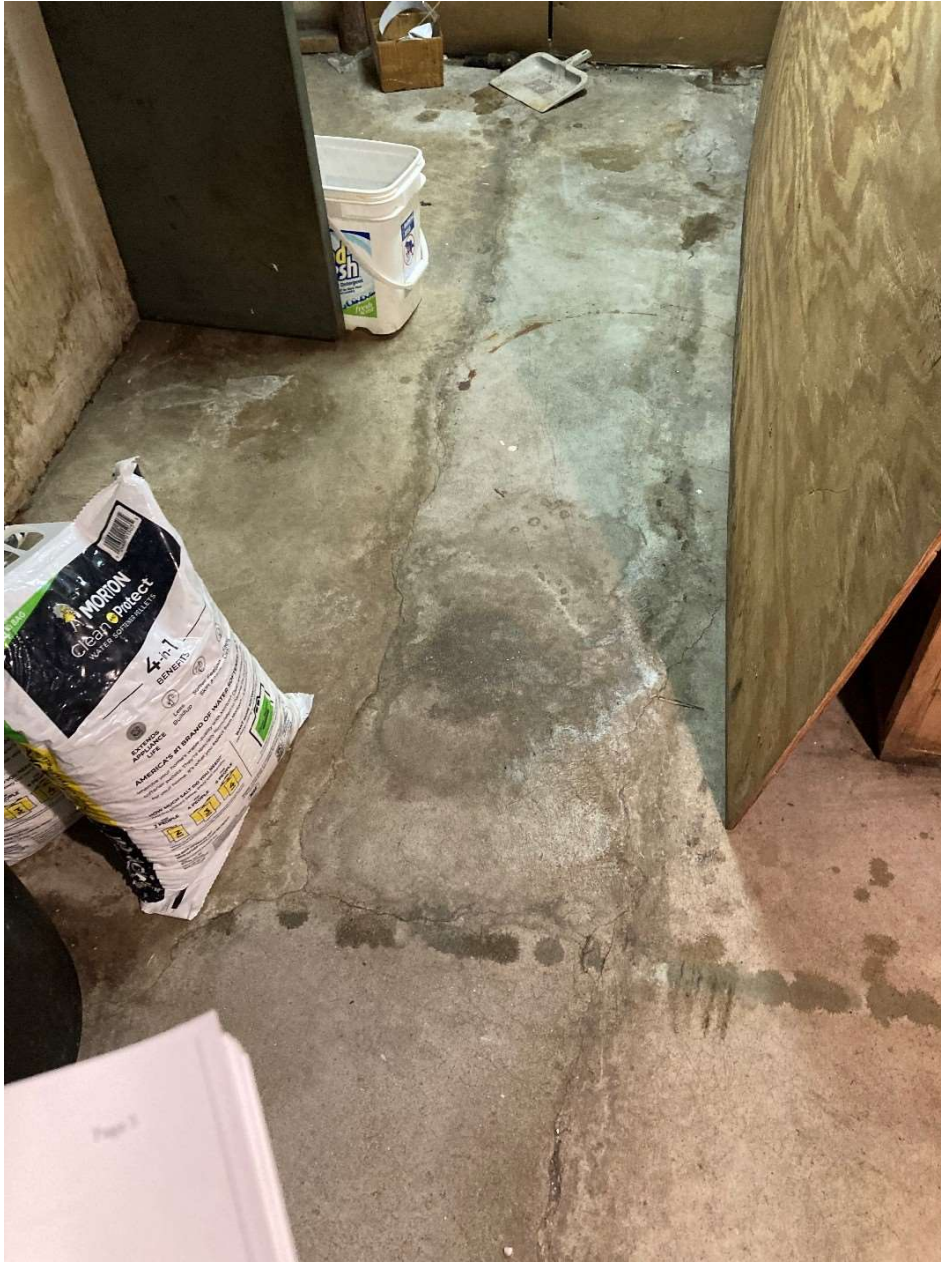


Existing building and pavement cap – East side, Rear of building





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 <b>A-1 Cleaners</b>	BRRTS No. <b>02-46-552192</b>
---	----------------------------------

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: \_\_\_\_\_