



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: 08/15/08  
 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: June 1957  
 For Closed Facilities, Date Last Load Processed: June 2008

If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No.: 030-0000124170-02  
 If Dry Store, Date Equipment Removed From Site: June 2008

**Applicant Information**

Owner/Operator Name: Douglas Berry  
 Company Name: BMP Realty, Inc.

Mailing Street Address and PO Box: 3319 Nobb Hill Dr.  
 E-Mail Address: \_\_\_\_\_  
 Federal Employer ID Number (FEIN): 39-1047792

City: Racine  
 State: WI  
 ZIP Code: 53406  
 Telephone Number: 262-554-5993  
 Fax Number: 262-554-6362

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)

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## Facility Information

Facility Name <b>One Hour Martinizing</b>			Company Name <b>BMP Cleaners, Inc.</b>		
Facility Location: Street Address <b>301 Main St.</b>			Department of Revenue Dry Cleaner License No. <b>030-0000124170-02</b>		
City <b>Racine</b>	State <b>WI</b>	ZIP Code <b>53403</b>	License Holder and Company Name <b>Martinizing/BMP Cleaners, Inc.</b>		
Date Dry Cleaning Facility Constructed <b>June 1957</b>			License Holder Federal Employee ID# (FEIN) <b>39-1015879</b>		

Dry cleaning license and solvent fees have been paid on this facility for the following years (select one):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> October 14, 1997 to Present | <input type="checkbox"/> Fees are delinquent on this facility                              |
| <input type="checkbox"/> From _____ To _____                    | <input type="checkbox"/> 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 	Date Signed <b>8-14-08</b>
Agent Title and Signature	Date Signed

## Department Use Only

Complete, sign and FAX to DERP Grant Manager: CF/8 (608) 267-0496			
Date Received:	Project Manager Signature:	BRRTS Number:	Telephone Number:

**8-18-08**      *Shanna Kaube-Anderson*      **02-52-552198**      **(262) 884 2341**  
*K. Ryan 8/26/08*