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4400-210 REC'D

FACSIMILE MESSAGE

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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 26, 2008

REQUESTED BY Theresa M. Skrove
EXTENSION 4567

ATTORNEY NO. 01749
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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: 8/25/08 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: 1999 For Closed Facilities, Date Last Load Processed: _____

If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No. Facility ID: 244487180 If Dry Store, Date Equipment Removed From Site 030 0000 4624009

Applicant Information

Owner/Operator Name: JAMES E BUTZ Company Name: FABRICARE SPECIALISTS OF WI, INC

Mailing Street Address and PO Box: 3707 W Loomis Rd/PO Box 21038 E-Mail Address: jbutz@clothesclinic.com Federal Employer ID Number (FEIN): 39-1101250

City: Greenfield State: WI ZIP Code: 53221 Telephone Number: (414) 282 7483 Fax Number: (414) 282 1172

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 Operator

Other Responsible Party: _____

Company Name: _____

Mailing Street Address and PO Box: _____

City: _____ State: _____ ZIP Code: _____ 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: _____

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 <i>D/B/A</i> CARRIAGE CLEANERS		Company Name FABRIQUE SPECIALISTS OF WI, Inc	
Facility Location: Street Address 3707 W hoois Rd		Department of Revenue Dry Cleaner License No. 030 0000462400 01	
City Greenfield	State WI	ZIP Code 53221	License Holder and Company Name CARRIAGE Cleaners
Date Dry Cleaning Facility Constructed Physical Plant 1991		License Holder Federal Employee ID# (FEIN) A 39-1101250	

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

October 14, 1997 to Present

From _____ To _____

Fees are delinquent on this facility



Facility operation ceased before October 14, 1997 (no fees apply)

- Has a previous ch. NR 700 cleanup been conducted at this site?
If so, date of closure letter: _____ Yes No
- Is there diking around the machine? Yes No
- Is the floor sealed? Yes No
- At this site, do you anticipate finding contaminants not associated with this dry cleaning facility? Yes No
- 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
- 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
- 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 October 14, 1997? Yes No
- 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 <i>President</i> 	Date Signed 8/26/08
Agent Title and Signature 	Date Signed

Department Use Only

Complete, sign and FAX to DERP Grant Manager- CF/2; (608) 267-0496.

Date Received 08/26/08	Project Manager Signature ANDY BOETTCHER	BRRTS Number TBA	Telephone Number 414 263-8541
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