

State of Wisconsin  
 Department of Natural Resources  
 Box 7923, 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 109, 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 requestors 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: 8/30/08  
 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: DECEMBER 2003  
 For Closed Facilities, Date Last Load Processed

Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No. 030-0000167389001  
 If Dry Store, Date Equipment Removed From Site

**Applicant Information**

Owner/Operator Name: Woo CHANG KIM Company Name: CYPRESS CLEANERS  
 Mailing Street Address and PO Box: 3813 South 108th St E-Mail Address: none Federal Employer ID Number (FEIN): 56-2427101  
 City: GREENFIELD State: WI ZIP Code: 53228 Telephone Number: 414-329-3220 Fax Number: 414-329-3220

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: \_\_\_\_\_

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**Facility Information**

Facility Name <b>CYPRESS CLEANERS</b>		Company Name <b>KIMS U.S.A. CORPORATION</b>	
Facility Location, Street Address <b>3813 SOUTH 108th STREET</b>		Department of Revenue Dry Cleaner License No. * <b>030-0000167389001</b>	
City <b>GREENFIELD</b>	State <b>WI</b>	ZIP Code <b>53228</b>	License Holder and Company Name * <b>Cypress Cleaners and Kims USA Corp.</b>
Date Dry Cleaning Facility Constructed <b>Approx. 1998</b>		License Holder Federal Employee ID# (F.F.I.N) * <b>56-2427101</b>	

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

<input type="checkbox"/> October 14, 1997 to Present	<input type="checkbox"/> Fees are delinquent on this facility
<input checked="" type="checkbox"/> From <b>1998</b> To <b>Present</b>	<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 machines?  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 6991f?  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 perchloroethylene 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 <b>PRESIDENT</b> <i>Woosung Kim</i>	Date Signed <b>8/28/2008</b>
Agent Title and Signature	Date Signed

<b>Department Use Only</b>			
Complete, sign and FAX to DE RP Grant Manager- CF/2, (608) 267-0496.			
Date Received <b>8/29/08</b>	Project Manager Signature <b>ERIC AMADI</b>	BKRTS Number <b>02-41-552217</b>	Telephone Number <b>(414)263-8639</b>