

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)

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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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date Department Notified of Release 8/28/08	Notification Method: <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> FAX <input type="checkbox"/> Written	Affected Media (select all that apply): <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water	
Applicant: <input type="checkbox"/> owns <input type="checkbox"/> operates <input checked="" type="checkbox"/> operated <input type="checkbox"/> subsidiary/parent corporation <input type="checkbox"/> property owner of licensed facility			
Does your proposed cleanup site have an operating dry cleaning machine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date Your Ownership/Operation Started Jan 1, 1981		For Closed Facilities, Date Last Load Processed March 28, 2004.	
If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No. 125823a		If Dry Store, Date Equipment Removed From Site N/A	

Applicant Information

Owner/Operator Name Pat Soukup - % Moraine Environmental		Company Name One Hour Martinizing Excell Inc.	
Mailing Street Address and PO Box 1402 7th Avenue		E-Mail Address patsoukup@aol.com	Federal Employer ID Number (FEIN) 39-1096241
City Grafton	State WI	ZIP Code 53024	Telephone Number 262-377-9060
			Fax Number 262-377-9770

Are there any other responsible persons associated with the cleanup of this facility? Yes No If yes, check association for each:

<input type="checkbox"/> Other Owner	<input type="checkbox"/> Property Owner of a Licensed Facility	<input type="checkbox"/> Other Owner	<input type="checkbox"/> Property Owner of a Licensed Facility
<input type="checkbox"/> Operator		<input type="checkbox"/> 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**

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Facility Information		
Facility Name <i>One Hour Maintinizing Cleaners</i>		Company Name <i>One Hour Maintinizing Excell Inc.</i>
Facility Location: Street Address <i>8711 A. West Fond du Lac Ave.</i>		Department of Revenue Dry Cleaner License No. <i>125823 a</i>
City <i>M. Winona</i>	State <i>WI</i>	ZIP Code <i>53225</i>
Date Dry Cleaning Facility Constructed <i>1967</i>		License Holder and Company Name <i>Pat Soukup - One Hour Maintinizing Excell Inc</i>
		License Holder Federal Employee ID# (FEIN) <i>39-1096241</i>

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

October 14, 1997 to Present

From *Program Inception 4/20/04* *CR # 7302*

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? Yes No
If so, date of closure letter: *N/A*
- 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? *Site closed* Yes No *N/A*
- 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 during operation* Yes No
- Is all perchlorethylene delivered to the dry cleaning facility by means of a closed, direct-coupled delivery system? *Site closed.* Yes No *N/A*
- 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>Operator Patricia Soukup</i>	Date Signed <i>8-28-08</i>
Agent Title and Signature <i>N/A</i>	Date Signed <i>N/A</i>

Department Use Only			
Complete, sign and FAX to DERP Grant Manager - CF/2, (608) 267-0496			
Date Received <i>8/28/08</i>	Project Manager Signature <i>BINYOTT AMUNGWAFOR</i>	BRRTS Number <i>02-41-552219</i>	Telephone Number <i>7142638607</i>