



April 10, 2024

MR. DAVID LINSKENS  
C/O SUSAN DELSART  
1687 PRINCETON PL #5  
GREEN BAY, WI 54302

-- CERTIFIED MAIL --

Subject: Notice of Intent to File Lien  
Sandies Dry Cleaners & Laundry (Former)  
513 Grand Ave.,  
Little Chute, WI BRRTS #02-45-552222

Dear David G. Linskens:

On August 29, 2008, you received a letter directing you to take appropriate response actions at the above-referenced property under Wis. Stat. ch. 292 and Wis. Admin. Code chs. NR 700-799. In accordance with Wis. Stat. § 292.81(4), you are hereby notified, as a responsible party under Wis. Stats. ch. 292 and Wis. Admin. Code § NR 700.03(51), that the Department of Natural Resources ("department") intends to file a lien against the above-referenced property to recover costs incurred by the department related to investigation and mitigation of chlorinated volatile organic compound contamination associated with the property.

Between July 1, 2018, and March 15, 2024, the department incurred costs in the amount of forty-eight thousand, two hundred and seven dollars and eighty-nine cents (\$48,207.89). The department anticipates incurring additional costs for the completion of response actions at the site. The lien will be filed on or after JUNE 19, 2024. This provides you with a minimum of 60 days' notice before the department files the lien. A copy of the draft lien is enclosed for your reference.

If you have questions concerning this letter, please contact Jennifer Borski at (920) 360-0853 or [jennifer.borski@wisconsin.gov](mailto:jennifer.borski@wisconsin.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Ben Vondra'.

Ben Vondra  
State and Federal Programs Section Chief  
Remediation & Redevelopment Program

Enclosure(s):

Attachment 1: Calculations for Cost Recovery for July 1, 2018, to March 15, 2024  
Attachment 2: Draft Notice of Lien



	<b>NOTICE OF LIEN</b> Wis. Stats. § 292.81(3)
Document Number	Title of Document

As provided by Wis. Stats. ch. 292 and Wis. Admin. Code series NR 700, the Department of Natural Resources has incurred costs at the following property owned by David G. Linskens and located in Outagamie County.

LOT FIVE (5), BLOCK TWENTY-SEVEN (27) OF THE 1986 AMENDMENT TO THE 1917 ASSESSOR'S PLAT OF THE VILLAGE OF LITTLE CHUTE, OUTAGAMIE COUNTY, WISCONSIN

Record this record with the Register of Deeds.

**Name and return address:**

Ben Vondra  
 State and Federal Programs Section Chief  
 Remediation and Redevelopment Program  
 PO Box 7921  
 Madison WI 53707-7921  
 Phone (608) 419-3918

Parcel #260045700

The Department of Natural Resources (department) has incurred expenses for investigation and mitigation of chlorinated volatile organic compound contamination associated with the property. The amount of these expenses, totaling \$48,207.89, constitutes a superior lien on the property as described in Wis. Stats. § 292.81(3). The property remains subject to this superior lien until these costs are paid in full to the department. No interest is recoverable on this superior lien.

The department makes and files this claim for the legal interest held by the Owner(s) in this property under Wis. Stats. § 292.81(3). The department certifies that to the best of its knowledge and belief, all information contained in this Notice of Lien is correct, and this superior lien represents a legal encumbrance upon the property. Based on the above information, the department claims a superior lien on all the legal interest, which the Owner(s) have in the above-described property.

Wisconsin Department of Natural Resources  
 By:

\_\_\_\_\_  
 Ben Vondra, State and Federal Programs Section Chief  
 Remediation and Redevelopment Program

**AUTHENTICATION OF ACKNOWLEDGMENT**

The above named person was sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Jody Irland

Notary Public  
 State of Wisconsin, County of Dane  
 My Commission expires \_\_\_\_\_

This document was drafted & approved  
 by:  
 WI Department of Natural Resources  
 PO Box 7921  
 Madison WI 53707-7921



**State of Wisconsin**  
 Department of Natural Resources  
 P. O. Box 7921  
 Madison, WI 53707-7921

41232 PR/S

**CERTIFIED MAIL**



7020 0090 0001 5211 1193

M.R. DAVID LINSKENS  
 C/O SUSAN DELSART  
 1687 PRINCETON PL #5  
 GREEN BAY, WI 54302

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<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	
Total Postage and Fees	
\$	

Postmark  
Here

Sent To  
 Mr. David Linskens /o Susan Delsart  
 Street and Apt. No., or PO Box No.  
 1687 Princeton Place # 5  
 City, State, ZIP+4®  
 Green Bay WI 54302

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent to \_\_\_\_\_

Street and Apt. No. or PO Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Mr. David Linskens c/o Susan Delsart  
 1687 Princeton Place #5  
 Green Bay WI 54302

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. DAVID LINSKENS  
 C/O SUSAN DELSART  
 1687 PRINCETON PL #5  
 GREEN BAY, WI 54302



9590 9402 5347 9154 0057 33

2. Article Number (Transfer from service label)

7020 0090 0001 5211 1193

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

**SENDER: COMPLETE THIS SECTION**

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9590 9402 5347 9154 0057 33

2. Article Number (Transfer from service label)

7020 0090 0001 5211 1193

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Susan Delsart*  Agent  Addressee

B. Received by (Printed Name)

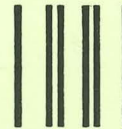
*Susan Delsart* C. Date of Delivery *4/13/24*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: *c/o*

3. Service Type

- Adult Signature
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- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
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RECEIVED

APR 18 2024

Remediation &  
Redevelopment

• Sender: Please print your name, address, and ZIP+4® in this box•

Molly Schmitt  
Wis. Dept. of Natural Resources  
Remediation & Redevelopment (RR/S)  
101 S. Webster St. # 232  
PO Box 791  
Madison WI 53707-7921

