State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921

VPLE Environmental Insurance Application Page 1 of 2

Form 4400-224 (4/01)

06-36-556282

Notice: As required by ch. NR 754, Wis. Stats., voluntary parties must complete this form and pay an insurance fee in order to obtain the Voluntary Party Liability Exemption (VPLE) under s. 292.15(2)(ae), Stats., for sites where groundwater contamination exceeds enforcement standards and the department determines that natural attenuation will restore groundwater quality. This form must be completed by parties seeking a Certificate of Completion. The form should not be submitted until the voluntary party has completed the environmental investigation and remedial action and the DNR has approved the request for case closure. Personally identifiable information that is submitted to the DNR will become a public record and may be used by the DNR in the administration and enforcement of the hazardous substance spill program in addition to the liability exemption program.

Submit this form and the appropriate insurance fee, as specified in the annual VPLE Insurance Fee Schedule, together to the following address:

VPLE Coordinator Bureau for Remediation and Redevelopment Department of Natural Resources P.O. Box 7921 Madison, WI 53707-7921

1. Property Information							
VPLE Property Name SKANA	ALUMINU	IM com	PANY	CASEH	06-26-556282		
BRRTS Activity Numbers (if there are multiple ## 02 - 36 - 54466	e parcels, please lis	t all BRRTS number 2 - 36 - 5	ers that beg	gin with 06 or 6) BB, AND # (92-36-555268		
Street Address 2 009 MIRRO D							
City MANITOWOC				State ZIP Co	de 4221-1477		
Size (see fact sheet and fee schedule)							
Indicate which former use category and fee fee schedule. Note, however, that the DNR					rmation in the fact sheet and		
mer Use Category: Tresidential Aheavy industrial Ight industrial commercial agricultural Fee 9/8,574							
Are you seeking Certificates for more than one legally defined parcel of land?							
Yes No If yes, how many Ce	rtifcates of Comple	tion are you reque	sting?				
DNR Region DNR Project Manager (name) SER SCR NOR NOR WCR ANNETTE WELLS JBACH							
2. Voluntary Party							
Organization / Firm Name らんれみ みんれか	Title CFO						
Last Name	Firșt		МІ	Telephone Number			
KAZMIERCZAK	KEN	NETH	T	920 482 1007			
Street Address	ALL MI	Fax Number					
2009 MIRRO DRIVE	920 48	2 5667					
MANITOWOC	State iv /	ZIP Code 54221	-1479	E-Mail Address Ray wsharadluming			
2a. Additional Voluntary Parties				- 6	G.		
Organization / Firm Name	Title						
Last Name	First	First		Telephone Number			
Street Address	· J.	Fax Number					
City	State	ZIP Code		E-Mail Address	The second secon		

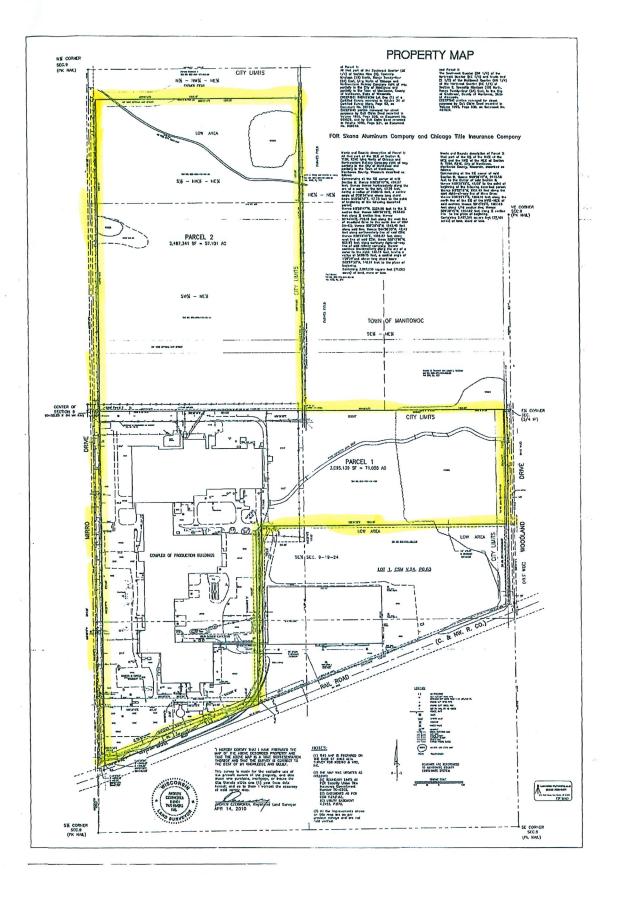
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3. Current Property Owner								
Does the voluntary party (listed in #2) currently ow	n the property?							
Yes No (If No, please list the party who currently owns the property.)								
Organization / Firm Name	Title							
Last Name	First		МІ	Telephone Number				
Street Address	Fax Number							
City	State	State ZIP Code		E-Mail Address				
4. Future Property Owner								
Does the current property owner (listed in #3) plan to maintain ownership of the property?								
Yes No Unknown (If No, please list the party who is expected to own the property after the current owner.)								
Organization / Firm Name	Title							
Last Name	First		МІ	Telephone Number				
Street Address		Fax Number						
City	State ZIP Code			E-Mail Address				
Attachments (application will not be consider	re included)							
Please attach:								
insurance fee made payable to	the Wisconsin D	epartment of Na	tural Res	sources				
the legal property description of the property of	or properties rece	eiving the certific	ate of Co	empletion				
A a chronological list of all former uses of the property FARMLAND FIND ALUMINUM ROLLING MILL NO ATTACHMENT JUST STATEMENT								
Certification								
I certify that I have read and am familiar with the information on this form and that the information is true, accurate and complete to the best of my knowledge.								
I certify that to the best of my knowledge all the requirements of s. 292.15(2)(ae)1 through 6. Stats., have been met.								
I hereby request that the DNR issue a Certificate of Completion for the remedial action completed at the property identified in the application under s. 292.15(2)(ae), Stats.								
Voluntary party's Name (type or print) KENNEH J. KAZMIERCZAK Title CFO								
Signature Date Signed 2/10/2012								

Any questions regarding this form or the insurance requirements described in ch. NR 754, Wis. Adm. Code., shall be directed to the DNR VPLE site project manager or to the DNR Land Recycling Team Leader at (608) 261-4927. Copies of the Annual VPLE Insurance Fee Schedule can be obtained from the DNR VPLE site project manager or the DNR Land Recycling Team Leader or see our website: www.dnr.state.wi.us/org/aw/rr/liability/purchasers_0.html



SKANA ALUMINUM COMPANY TITLE WSURANCE POLICY EXHIBIT A

File Number: TK-6265

Policy Number: 75306-80687998

The Land referred to in this policy is described as follows:

Parcel 1:

All that part of the Southeast Quarter (SE 1/4) of Section Nine (9), Township Nineteen (19) North, Range Twenty-four (24) East, lying North of the Chicago and Northwestern Railway Company right of way, partially in the City of Manitowoc and partially in the Town of Manitowoc, County of Manitowoc, State of Wisconsin. EXCEPTING THEREFROM Lot One (1) of a Certified Survey recorded in Volume 24 of Certified Survey Maps, Page 63 as Document No. 967193. ALSO EXCEPTING portion conveyed for street purposes by Quit Claim Deeds recorded in Volume 1995, Page 230, Document No. 969539 and in Volume 1995, Page 231 as Document No. 969540.

Parcel 2:

The Southwest Quarter (SW 1/4) of the Northeast Quarter (NE 1/4) and the South Half (S 1/2) of the Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) of Section Nine (9), Township Nineteen (19) North, Range Twenty-four (24) East, in the City of Manitowoc, County of Manitowoc, State of Wisconsin. EXCEPTING portion conveyed for street purposes by Quit Claim Deed recorded in Volume 1995, Page 230, as Document No. 969539.

(For Informational Purposes Only)

Tax Parcel No. 052-809-401-010.00, 052-809-102-011.00, 052-809-103-011.00 and 009-109-013-002.00

Property Address: 200 9 Mirro Drive, Manitowoc, Wisconsin

Dennis, Dana L - DNR

From:

Prager, Michael A - DNR

Sent:

Wednesday, February 15, 2012 10:18 AM

To:

Dennis, Dana L - DNR

Cc:

Cooke, Timothy C - DNR; Fox, Shelley L - DNR; Hintz, Diane R - DNR

Subject:

VPLE insurance fee check - Skana Aluminum - Manitowoc

Dana-

I received a check for a VPLE insurance fee which I would like you to deposit appropriately. The check is from Skana Aluminum Company for \$18,574. Please deposit.

Of the total:

\$1100 goes into our account (Service Fee- DNR Revenue 100 RRXX 216R ZZZZ 7955.03)

\$1125 goes into sub revenue account 100 RRXX 216R ZZZZ 7955.10 this will be used in the future to pay for the OERP Premium (Optional Extended Reporting Period insurance coverage.

The rest, \$16,349 goes into Deposits Held in Custody for Others - 100 RRXX 216R ZZZZ 7955.04.

The site is the Skana Aluminum in Manitowoc BRRTS # 06-26-556282

We plan to issue the Certificates of Completion soon and then will get billed for this \$16,349 from Aon probably sometime in March.

Let me know if you have any questions.

Michael A. Prager
Land Recycling Team Leader
Wisconsin Department of Natural Resources
Box 7921
101 S. Webster Street
Madison, WI 53707-7921
Phone - (608) 261-4927
Fax - (608) 267-7646
michael.prager@wisconsin.gov
Website: http://dnr.wi.gov/org/aw/rr/