

November 12, 2018

SER Wastewater Program  
Wisconsin Department of Natural Resources  
2300 North Dr. Martin Luther King, Jr. Drive  
Milwaukee, Wisconsin 53212-3128

**RE: Discharge Monitoring Report for October 2018**  
**WPDES Permit Number WI-0046566-07-0**  
**BRRTS #: 02-41-576336 & 02-41-579429**  
**FID #: 241828620**  
**FIN #: 63340**  
**Sunrise Shopping Center**  
**2410-2424 10<sup>th</sup> Avenue & 1009 Marquette Avenue**  
**South Milwaukee, Wisconsin 53172**

Compliance Officer:

DAI Environmental, Inc., (DAI) is submitting this Discharge Monitoring Report (DMR) on behalf of Carol Investment Corporation, owner and Responsible Party for the Sunrise Shopping Center site located in South Milwaukee, Wisconsin. This DMR is submitted to meet the requirements of Section 2 of WPDES Permit Number WI-0046566-07-0.

The facility is covered under WPDES Permit Number WI-0046566-07-0 for a pilot-scale chemical injection of RemOx® (Potassium permanganate) and PersulfOx® (Sodium persulfate). The pilot-scale testing was performed on July 19 and July 20, 2018. No injection activities were performed in the month of October 2018.

A *Notice of Intent (NOI) Contaminated Groundwater from Remedial Action Operations* (NOI) seeking extended coverage under WPDES Permit Number WI-0046566-07-0 was submitted to the Wisconsin Department of Natural Resources (WDNR) under cover letter dated October 23, 2018. The NOI provided information detailing the planned full-scale chemical injection remedial actions. Concurrent to the NOI, a Remedial Action Plan was submitted to the WDNR RR Program, and an updated NR 140 exemption request was filed.

Because termination of coverage under WPDES Permit Number WI-0046566-07-0 was not requested after the pilot-scale testing and extended coverage is requested for future full-scale remedial actions, DMRs will continue to be submitted on monthly basis, even during months in which no chemical injections activities are performed. After all injections activities are completed and closure with the WDNR RR Program is approved, termination of coverage under the WPDES Permit will be requested using Form 3400-221.

The completed DMR form indicating “no discharge” for the month of October 2018 is included in Attachment A. The form is signed by Mr. Christopher Cailles of DAI as “Person Completing Form” and as “Authorized Agent” to the “Principal Exec. Officer” of Carol Investment Corporation.

If you have any questions or require additional information in regards to this submission, please contact me at 847-573-8900 extension 580. Thank you for your time.

Sincerely,

**DAI Environmental, Inc.**



Christopher Cailles, P.E.  
Project Engineer

Attachment

cc: Steven Dukatt – Carol Investment Corporation (w/enclosure electronically)  
Riley Neuman – WDNR RR Program (w/enclosure electronically)

**ATTACHMENT A  
DISCHARGE MONITORING REPORT  
AND SIGNATURE AUTHORITY DOCUMENTATION**

**DISCHARGE MONITORING REPORT FORM - Contaminated Groundwater for Remedial Actions**

**PERMITTEE NAME:** Sunrise Shopping Center  
**FIN:** 63340  
**SITE ADDRESS:** 2410-2424 10<sup>th</sup> Ave & 1009 Marquette Ave

**WPDES PERMIT NO. WI-0046566-06**

**YEAR:** 2018

DMR-In-situ Solutions Revised 06/2018

Outfall Number	-	-	-
Sample Point Description	Injection Points	Injection Points	Injection Points
Parameter Name	RemOx® Solution	PersulfOx® Solution	RemOx® Solution
Parameter Units	Gallons	Gallons	Gallons
Injection Date(s) Below (mm/dd/year)			
10/2018	0-gallons	0-gallons	
Sample Type	Total	Total	Total
Frequency of Sampling	Daily	Daily	Daily

<p>Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day.  <b>Authorized per WISCONSIN STATUTE 283.55</b></p>	<p align="center"><b>PLEASE ATTACH NOTES AND/OR ADDRESS-NAME CORRECTIONS ON A SEPARATE SHEET</b>  <b>RETURN REPORT NO LATER THAN:</b> The 15th of the following month after injection, for the remainder of the remediation project.</p>																
<p>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINES AND IMPRISONMENT, (40 CFR 122.5). I ALSO CERTIFY THAT THE VALUES BEING SUBMITTED ARE THE ACTUAL VALUES FOUND IN THE SAMPLES; NO VALUES HAVE BEEN MODIFIED OR CHANGED IN ANY MANNER. WHEREVER I BELIEVE A VALUE BEING REPORTED IS INACCURATE, I HAVE ADDED AN EXPLANATION INDICATING THE REASONS WHY THE VALUE IS INACCURATE.</p>	<p><b>SEND TO:</b>           <b>SER Wastewater Program</b>  <b>Department of Natural Resources</b>  <b>2300 N Dr. Martin Luther King Jr. Dr.</b>  <b>Milwaukee, WI 53212</b></p> <table border="1"> <tr> <td>Signature of Person Completing Form</td> <td>Printed Name</td> <td>Title</td> <td>Date</td> </tr> <tr> <td><i>Christopher Callis</i></td> <td>Christopher Callis</td> <td>Project Engineer</td> <td>11/12/18</td> </tr> <tr> <td>Signature of Principal Exec. Officer or Authorized Agent</td> <td colspan="2">Title</td> <td>Date</td> </tr> <tr> <td><i>Christopher Callis</i></td> <td colspan="2">as Authorized Agent for Carol Investment Corporation</td> <td>11/12/18</td> </tr> </table>	Signature of Person Completing Form	Printed Name	Title	Date	<i>Christopher Callis</i>	Christopher Callis	Project Engineer	11/12/18	Signature of Principal Exec. Officer or Authorized Agent	Title		Date	<i>Christopher Callis</i>	as Authorized Agent for Carol Investment Corporation		11/12/18
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