

Environmental Engineers, Geologists and Scientists

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December 24, 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 November 2018

WPDES Permit Number WI-0046566-07-0 BRRTS #: 02-41-576336 & 02-41-579429

FID #: 241828620 FIN #: 63340

Sunrise Shopping Center

2410-2424 10th 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 November 2018.

A Notice of Intent (NOI) Contaminated Groundwater form 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 November 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.

Christpher Calles

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 10th Ave & 1009 Marquette Ave

WPDES PERMIT NO. WI-0046566-06

Revised 06/2018

DMR-In-situ Solutions

YEAR: 2018

Outfall Number Sample Point Description Parameter Name Parameter Units Injection Date(s) Below (mm/dd/year)	Injection Points RemOx® Solution Gallons	Injection Points PersulfOx® Solution Gallons	Injection Points RemOx® Solution Gallons
11/2018	0-gallons	0-gallons	
Sample Type			
Frequency of Sampling	Total Daily	Total Daily	Total Daily

Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day.

Authorized per WISCONSIN STATUTE 283.55

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.

PLEASE ATTACH NOTES AND/OR ADDRESS-NAME CORRECTIONS ON A SEPARATE SHEET

RETURN REPORT NO LATER THAN: The 15th of the following month after injection, for the remainder of the remediation project.

SEND TO:

SER Wastewater Program

Department of Natural Resources 2300 N Dr. Martin Luther King Jr. Dr.

Milwaukee, WI 53212

hvotypher Caller Ch	ristopher Galles	Project Engineer	12/24/10
Signature of Person Completing Form	Authorized Name	Title	Date

ignature of Principal Exec. Officer or Authorized Agent Title

U I

Date