

May 1, 2019

Mr. Chris Dietrich  
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 March 2019**  
**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**

Mr. Chris Dietrich:

Wisconsin Department of Natural Resources (WDNR) granted coverage under WPDES Permit Number WI-0046566-07-0 in a letter dated January 2, 2019, for full-scale chemical injection remedial activities at the above-referenced facility. In the January 2019 letter, WDNR approved continued coverage for the proposed chemical injection of RemOx® (Potassium permanganate). Following the January 2019 approval, 35 injection wells were installed and the gravity feed infiltration “system” was constructed and prepared.

After construction, a small volume test injection was performed in February 2019 to evaluate for leakage, verify suitable infiltration, etc. No additional injection activities were performed during the month of March 2019. Full-scale injection activities, consisting of both gravity feed infiltration to shallow subsurface and pressure injection at depth, is tentatively planned for May 2019.

In order to meet the requirements of Section 2 of the WPDES Permit Number WI-0046566-07-0, 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. The completed DMR form indicating “no discharge” for the month of March 2019 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.

DMRs will continue to be submitted as required, even for months in which no chemical injections activities are performed, until such time as all injections activities are completed and closure termination of coverage under the WPDES Permit is requested using Form 3400-221. As directed, the submission of DMRs with "no discharge" will be temporarily withheld until being submitted concurrent to a DMR documenting actual injection activities.

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**

**PERMITTEE NAME:** Sunrise Shopping Center  
**FIN:** 63340  
**BRRTS #'s:** 02-41-576336 & 02-41-579429  
**SITE ADDRESS:** 2410-2424 10<sup>th</sup> Ave & 1009 Marquette Ave., South Milwaukee, WI

**WPDES PERMIT NO.** WI-0046566-07      **YEAR:** 2019

DMR-In-situ Contaminants      Revised 7/2018

|                                       |                                 |  |  |
|---------------------------------------|---------------------------------|--|--|
| <b>Outfall Number</b>                 | 001                             |  |  |
| <b>Sample Point Description</b>       | 8 Injection Borings             |  |  |
| <b>Parameter Name</b>                 | RemOx® (potassium permanganate) |  |  |
| <b>Parameter Units</b>                | Gallons                         |  |  |
| <b>Sample Date Below (mm/dd/year)</b> |                                 |  |  |
| March 2019                            | 0                               |  |  |
|                                       |                                 |  |  |
|                                       |                                 |  |  |
|                                       |                                 |  |  |
|                                       |                                 |  |  |
|                                       |                                 |  |  |
|                                       |                                 |  |  |
|                                       |                                 |  |  |
| <b>Sample Type</b>                    | Total                           |  |  |
| <b>Frequency of Sampling</b>          | Daily                           |  |  |

|   |   |                                     |      |                           |        |  |      |                                |        |
|---|---|-------------------------------------|------|---------------------------|--------|--|------|--------------------------------|--------|
| <p>Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day.<br/>                 Authorized per WISCONSIN STATUTE 283.55</p>  | <p align="center"><b>PLEASE ATTACH NOTES AND/OR ADDRESS-NAME CORRECTIONS ON A SEPARATE SHEET</b><br/> <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 align="center"><b>SEND TO:    ATTN: Chris Dietrich</b><br/> <b>2300 N. Dr. Martin Luther King Jr. Drive</b><br/> <b>Milwaukee, WI 53212-3128</b></p> <table border="1"> <tr> <td data-bbox="982 1243 1331 1268">Signature of Person Completing Form</td> <td data-bbox="1829 1243 1892 1268">Date</td> </tr> <tr> <td data-bbox="995 1276 1226 1349"><i>Christopher Callio</i></td> <td data-bbox="1814 1284 1955 1325">5/1/19</td> </tr> <tr> <td data-bbox="982 1344 1549 1369">Signature of Principal Exec. Officer or Authorized Agent Title</td> <td data-bbox="1860 1344 1919 1369">Date</td> </tr> <tr> <td data-bbox="989 1398 1297 1463"><i>Christopher Callio, DAE</i></td> <td data-bbox="1814 1398 1955 1446">5/1/19</td> </tr> </table> <p align="right"><i>as authorized agent to Carol Investment Corporation</i></p> | Signature of Person Completing Form | Date | <i>Christopher Callio</i> | 5/1/19 | Signature of Principal Exec. Officer or Authorized Agent Title | Date | <i>Christopher Callio, DAE</i> | 5/1/19 |
| Signature of Person Completing Form   | Date  |                                     |      |                           |        |  |      |                                |        |
| <i>Christopher Callio</i>   | 5/1/19  |                                     |      |                           |        |  |      |                                |        |
| Signature of Principal Exec. Officer or Authorized Agent Title  | Date  |                                     |      |                           |        |  |      |                                |        |
| <i>Christopher Callio, DAE</i>  | 5/1/19  |                                     |      |                           |        |  |      |                                |        |