

Environmental Engineers, Geologists and Scientists

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September 12, 2019

Mr. Trevor Moen 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 August 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. Moen:

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 on February 4, 2019, to evaluate for leakage, verify suitable infiltration, etc. No additional injection activities were performed during the month or in March-April 2019. Full-scale injection activities were initiated in May 2019.

During the month of August 2019 pressure injection at depth was performed. Pressure injection was performed on August 2, 2019. RemOx® was distributed into the four (4) injection points installed behind the 2410-2412 tenant spaces. No gravity feed infiltration was performed during the month of August.

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 with all required information for the month of August 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 any future 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.

Christopher Cailles

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

## **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 10th Ave & 1009 Marquette

Ave., South Milwaukee, WI

**WPDES PERMIT NO. WI-0046566-07** 

YEAR: 2019

DMR-In-situ Contaminants Revised 7/2018

Outfall Number	001	
Sample Point Description	8 Injection Borings	
Parameter Name	RemOx® (potassium permanganate)	
Parameter Units	Gallons	
Sample Date Below (mm/dd/year)		
August 2, 2019	300 (IP-4' to IP-7')	
Sample Type	Total	
Frequency of Sampling	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: ATTN: Chris Dietrich

2300 N. Dr. Martin Luther King Jr. Drive

Milwaukee, WI 53212-3128

Signature of Person Completing Form

Date

9/12/19

Signature of Principal Exec. Officer or Authorized Agent Title

Date

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2/12/19