

August 13, 2018

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

RE: *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
Discharge Monitoring Report for July 2004

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.

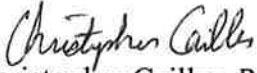
The facility is covered under WPDES Permit Number WI-0046566-07-0 for the pilot-scale chemical injection activities designed to assess the effectiveness of the final Remedial Actions to be selected. The pilot-scale testing was approved by the Wisconsin Department of Natural Resources (WDNR) RR Program. An NR 140 Temporary Injection Exemption was granted in a WDNR letter of June 27, 2018, allowing the injection of RemOx® (Potassium permanganate). An amended exemption was subsequently granted in a letter dated July 9, 2018, allowing the injection of PersulfOx® (Sodium persulfate). The pilot-scale testing was performed on July 19 and July 20, 2018

No additional injection activities are scheduled at this time, pending the results of the pilot-scale testing. However, future remedial actions using chemical injection are anticipated once the pilot-scale testing results are evaluated. The details of the future chemical injections will be proposed to the WDNR RR Program for approval of Remedial Actions, and an updated NR 140 exemption request will be filed. Therefore, termination of coverage under WPDES Permit Number WI-0046566-07-0 is not requested at this time. DMRs indicating “no discharge” for the month will be submitted on monthly basis until additional injections are approved or termination of coverage is requested using Form 3400-221.

The completed DMR form with all required information is included in Attachment A. The form is signed by Mr. Christopher Cailles of DAI as "Person Completing Form" and by Mr. Steven Dukatt as "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**

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

YEAR: 2018

DMR-In-situ Solutions Revised 06/2018

Outfall Number	-	-	-
Sample Point Description	Injection Points	Injection Points	Injection Points
Parameter Name	RemOx® Solution	PerzsulfOx® Solution	RemOx® Solution
Parameter Units	Gallons	Gallons	Gallons
Injection Date(s) Below (mm/dd/year)			
07/19/2018	360-gallons (6 inj pts)		
07/20/2018	225-gallons (3 inj pts)		
07/20/2018		225-gallons (3 inj pts)	
Sample Type	Total	Total	Total
Frequency of Sampling	Daily	Daily	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

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.

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.

SEND TO: SER Wastewater Program
 Department of Natural Resources
 2300 N Dr. Martin Luther King Jr. Dr.
 Milwaukee, WI 53212

Christopher Galles Christopher Galles Project Engineer 8/13/18
 Signature of Person Completing Form Printed Name Title Date

[Signature] Pres. President 8-9-2018
 Signature of Principal Exec. Officer or Authorized Agent Title Date

Steven Dukatt