

4/28/01
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ARCADIS GERAGHTY & MILLER



Michael R. Schmoller
South Central Region Headquarters
Wisconsin Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg, Wisconsin 53711

ARCADIS G & M, Inc.
126 North Jefferson Street
Suite 400
Milwaukee
Wisconsin 53202
Tel 414 276 7742
Fax 414 276 7603

Subject:
Cancelled Checks, Drycleaner Environmental Response Program Application,
Middleton Cleaners, 6617-6619 University Avenue, Middleton, Wisconsin
ARCADIS G & M Project No. WI0008110002

ENVIRONMENTAL

Dear Mr. Schmoller:

As discussed in telephone conversations with you and Mr. Jeff Soellner of the Wisconsin Department of Natural Resources (WDNR), the signed Dry Cleaner Environmental Response Program (DERP) application form and the cancelled checks required to complete the DERP application submitted to you on May 30, 2001 are attached.

Milwaukee, Wisconsin
27 June 2001

Contact:
Jennine Cota

We trust this information meets your needs. If you have any questions or require additional information, please feel free to call at your convenience.

Sincerely,

ARCADIS G & M, Inc.

Jennine L. Cota
Staff Engineer

Telephone Number:
414 276 7742

Enclosures

Copies:
Mr. Jeff Soellner – WDNR
Mr. Aubrey Fowler – Northern Properties
Dr. Edward Hommel – Northern Properties
Mr. Donald Gallo – Reinhart Boerner et al

Notice: This form is authorized under ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. Use of this form is required by the Department for any application filed pursuant to ss. 292.65, 292.66 Wis. Stats. and Ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it was originally being collected. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: Read the instructions that accompany this form. You must submit a separate application for past costs versus current costs. Submit this form with its attachments to your DNR Project Manager.

Applicant Information				Application Type			
Name: First MI Last <i>Aubrey R Fowler, Edward R. Hommel</i>				This application is for (select one): <input type="checkbox"/> Past Costs (1/1/91-10/13/97) <input checked="" type="checkbox"/> Current Costs (10/14/97 - present)			
Business Name <i>Northern Properties</i>				Type of Response Action costs included in this application (select all that apply):			
Mailing Street Address and PO Box <i>1625 North Golf Glen #E</i>				<input type="checkbox"/> Immediate			
City <i>Madison</i>		State <i>WI</i>	ZIP Code <i>53704</i>	<input type="checkbox"/> Interim Remedial (Preliminary site screening, Equipment Installation)			
Telephone Number <i>(608) 249-8159</i>		Fax Number <i>(608) 249-8167</i>		<input type="checkbox"/> Site Investigation			
E-Mail Address				<input checked="" type="checkbox"/> Remedial			
Applicant is (select one):				This reimbursement request is a(n) (select one):			
<input type="checkbox"/> Owner under s. 292.65(1)(h), Wis. Stats.				<input type="checkbox"/> Initial Request			
<input type="checkbox"/> Operator under s. 292.65(l), Wis. Stats.				<input checked="" type="checkbox"/> Partial Request			
<input checked="" type="checkbox"/> Property owner leasing to a facility licensed after October 14, 1997				<input type="checkbox"/> Final Request			
Agent Information (if applicable)				Response Actions Time Period (for this application)			
Name: First MI Last				Actions Start Date <i>12/29/00</i>		Actions End Date <i>5/30/01</i>	
Title				Assignment of Payment			
Mailing Street Address and PO Box				If reimbursement requested on this application should be made to a person who loaned money to the applicant, complete information below.			
City		State	ZIP Code	Name: First MI Last			
Telephone Number		Fax Number		Mailing Street Address and PO Box			
				City		State	ZIP Code
				Telephone Number			
Multiple Responsible Persons							
If more than one owner or operator is eligible for reimbursement from the program for costs related to one or more discharges at this facility, a reasonable effort must be made to notify every potentially eligible applicant prior to filing an application for reimbursement.							
<input type="checkbox"/> Check here if there are no other eligible persons to notify.							
If there are other responsible persons eligible for reimbursement from the program associated with this site, complete the following for each. To report more than two responsible persons, attach a sheet with the additional information.							
Name: First MI Last				Name: First MI Last			
Mailing Street Address and PO Box				Mailing Street Address and PO Box			
City		State	ZIP Code	City		State	ZIP Code
Telephone Number				Telephone Number			

Dry Cleaner Environmental Response Program Application

Form 4400-211 (1/00)

Page 2 of 2

Dry Cleaner Site Information

Dry Cleaning Facility Construction Date, if known 1950's	If not known, was the facility constructed after October 14, 1997? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is perc delivered through a closed loop delivery system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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If constructed after 10/14/97, have the following enhanced pollution prevention measures been implemented?

1. All wastes that are generated at the dry cleaning facility and that contain dry cleaning solvent are managed as hazardous wastes in compliance with ch.291 and 42 USC6901 to 6991i. Yes No
2. Dry cleaning solvent or wastewater from dry cleaning machines are not discharged into any sanitary sewer or septic tank or into the waters of this state. Yes No
3. Each machine or other piece of equipment in which dry cleaning solvent is used, or the entire area in which those machines or pieces of equipment are located, is surrounded by a containment dike or other containment structure that is able to contain any leak, spill or other release of dry cleaning solvent from the machines or other pieces of equipment. Yes No
4. The floor within any area surrounded by a dike or other containment structure under 3 above is sealed or is otherwise impervious to dry cleaning solvent. Yes No
5. All dry cleaning solvent is delivered to the dry cleaning facility by means of a closed, direct-coupled delivery system. Yes No

Is the facility currently operating at this location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, Date Operations Ceased	Most Recent Department of Revenue License Date Jan, 2001	Dry Cleaner License No. DC614854
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Property Location: Street Address 6617-6619 University Ave, Middleton	County Dane	Latitude 43°0'48"	Longitude 89°0'16"
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Discharge Information

When did the discharge occur? (select one): <input type="checkbox"/> Date: _____ <input checked="" type="checkbox"/> Historical, I don't know	What products were released at the discharge site (select all that apply): <input checked="" type="checkbox"/> Perchloroethylene <input type="checkbox"/> Petroleum Solvents <input type="checkbox"/> Other, specify: _____
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Have there been actions taken to address a previous discharge at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has an NR 726 case closure been issued for the past discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Closure Letter Date
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Consultant(s) -- Attach Completed Bid Proposals Summary Sheet(s) and Accepted Proposal(s)

Name of Individual or Firm ARCADIS G&M, Inc.	Name of Individual or Firm
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Insurance Information

At the time the discharge occurred (select one):

There were no insurance policies in effect.

Policies were in effect, but no claims were made.

Policies were in effect but coverage was denied. Enclose a copy of the insurance company's denial of coverage letter.

Policies were in effect that covered part of the clean-up costs. Enclose detailed documentation that indicates the specific invoices or costs that were covered and not covered by insurance. If a specific agreement was reached regarding the insurance settlement, enclose a copy.

Policies were in effect and an insurance claim is pending.

Insurance coverage has not changed since the last application submitted to the Dry Cleaner Environmental Response Program for this discharge.

If insurance policies were in effect, list companies.

Heritage Mutual Insurance Company

Other Sources of Reimbursement

Have you applied for or will you apply for reimbursement from any other program for response action costs associated with this discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, Program Name	Application Date
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Application Certification

To the best of my knowledge and belief, all data in this application are true and correct. I have made a reasonable effort to notify all potentially eligible owners and operators of the site that this application is being filed.

Applicant Signature <i>Edward R. Hummel</i> <i>Aubrey R. Fowler</i>	Title OWNER OWNER	Date
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Department Use Only

Application Received Date	DNR Project Manager Assigned	BRRTS Number	CAOS Number
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Dry Cleaner Environmental Response Program Reimbursement Cost Summary

Form 4400-213 (1/00)

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it was originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: See reverse side. *Copy this form as necessary.*

Applicant Information

Name: First Northern Properties MI Last

The costs summarized below are (select one): Current Costs (10/14/97 - present) Past Costs (1/1/91 - 10/13/97)

Immediate Response Actions, Site Investigations, and Remedial Response Actions

Cost Category	Costs This Claim	Audit Summary (For Department Use)		
		Ineligible Costs	Eligible Costs This Claim	Penalties (Ineligible X 50%)
A. Soil Investigation	—			
B. Soil Remediation	—			
C. Groundwater Investigation	—			
D. Groundwater Remediation	\$53,121.69			
E. Laboratory and Other Analysis	\$4080.00			
F. Miscellaneous Costs	\$179.35			
Totals	\$57,381.04			
		Minus Deductible		
		Base Reimbursement		
		Minus Penalties		
		Total Approved Reimbursement		

Interim Response Actions

G. Preliminary Site Screening	—			
H. Purchase & Installation of Equipment	—			
Totals	—			
		Total Approved Reimbursement		
		50% Cost Share		

Certification

I certify that to the best of my knowledge and belief the billed costs of expenditures are based on actual payments of record and are in accordance with the eligible cost provisions and reimbursement under Chapter NR 169, Wis. Adm. Code. I agree that if I receive future payment from another program or an insurance claim for response actions associated with this discharge that I will repay the Department.

Applicant Signature Edward R. Hummel Date Signed
Aubrey R. Fowler Aubrey R. Fowler

Department Use Only

Bureau of CF Initials	Bureau of FN Initials	Date Audited	Audited Payment Amount
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Dry Cleaner Environmental Response Program Bid Proposals Summary

Form 4400-212 (1/00)

Notice: This form is authorized under ss. 292.65 and 292.66, Wis. Stats., and ch. NR 169, Wis. Adm. Code. The following information about the selection of consultants for interim actions, site investigations, and remedial action activities is required under ch. NR 169, Wis. Adm. Code when (1) obtaining DNR approval to select a consultant other than the lowest bidder and (2) submitting an application for reimbursement. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it is originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: See the reverse side. *Copy this form as necessary.*

Applicant Information

Name: First MI Last

Northern Properties

This Bid Proposal Summary is being submitted (select one):

- to obtain DNR approval to select a consultant other than the lowest bidder. Complete the *Applicant Additional Information, Consultant Information, and Certification* sections below. Attach copies of all proposals and your justification for selecting the consultant.
- with an application for reimbursement. Complete only the *Consultant Information and Certification* sections below. Attach accepted proposal, coded to the cost categories (see application instructions).

Additional Applicant Information

Mailing Address	City	State	ZIP Code
Telephone Number	Fax Number	E-Mail Address	

Consultant Information

Consultant Name	Bid Proposal Amount	Consultant Selected (select one)
<i>ARCADIS G&M</i>	<i>\$223,806</i>	<input checked="" type="checkbox"/>
<i>Strand Associates, Inc.</i>	<i>\$224,700</i>	<input type="checkbox"/>
<i>Dames & Moore</i>	<i>See Attached Letter Dated 4/11/00 From W DNR To Don Gallo</i>	<input type="checkbox"/>
		<input type="checkbox"/>

If this summary is being provided as part of a reimbursement application, did your actual costs exceed the proposal costs by more than \$3,000?
 Yes No

Certification

I certify that the information contained above is true and correct to the best of my knowledge.

Applicant Signature *Edward R. Hummel* Date Signed
Aubrey R. Fowler *Aubrey R. Fowler*

Department Use Only

Project Manager Name	Date	Telephone Number
Consultant Selection <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		Reason For Rejection/Notes