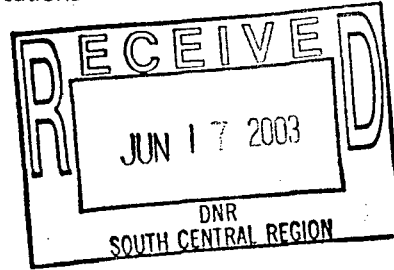


Fowler Property
02-13-096833



Infrastructure, buildings, environment, communications

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
www.arcadis-us.com

Subject:

Drycleaner Environmental Response Program Application, Middleton Cleaners,
6617-6619 University Avenue, Middleton, Wisconsin

ENVIRONMENT

Dear Mr. Schmoller:

On behalf of Northern Properties, ARCADIS has completed the Drycleaner Environmental Response Program (DERP) application for reimbursement of eligible costs incurred during groundwater remediation activities at the above-referenced site. A copy of the application materials is enclosed with this letter.

Date:
11 June 2003

This is the sixth DERP claim to be submitted for this site. The first DERP application for costs incurred prior to the effective date of the DERP was submitted to the Wisconsin Department of Natural Resources (WDNR) on March 15, 2000. This initial application contained a legal description of the site and the site location map. As these specific items were submitted previously, they are not included in the enclosed claim.

Contact:
Jennine Cota Trask
Ed Buc

If you have any questions or require additional information, please feel free to call at your convenience.

Phone:
414 277 6203
414 277 6232

Sincerely,
ARCADIS G&M, Inc.

Email:
jcota@arcadis-us.com
ebuc@arcadis-us.com

Jennine Cota Trask, P.E.
Staff Engineer

Edmund A. Buc, P.E.
Senior Engineer

Our ref:
WI000811.0003

Enclosures

Copies:

Mr. Aubrey Fowler – Northern Properties (w/o enclosures)
Mr. Donald Gallo – Reinhart Boerner et al (w/o enclosures)
Dr. Edward Hommel – Northern Properties (w/o enclosures)
Mr. Jeff Soellner – Wisconsin Department of Natural Resources

Part of a bigger picture

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 may apply for costs incurred October 14, 1997 to present. Submit this form with its attachments to your DNR Project Manager.

Applicant Information				Application Type	
Name: First <input type="checkbox"/> MI <input type="checkbox"/> Last <input type="checkbox"/>				Type of Response Action costs included in this application (select all that apply):	
Business Name <i>Aubrey R. Fowler, Edward R. Hommel</i>				<input type="checkbox"/> Immediate	
Mailing Street Address and PO Box <i>Northern Properties</i>				<input type="checkbox"/> Site Investigation	
<i>1625 North Golf Glen # E</i>				<input checked="" type="checkbox"/> Remedial	
City <i>Madison</i>		State <i>WI</i>	ZIP Code <i>53704</i>	This reimbursement request is a(n) (select one):	
Telephone Number <i>(608) 249-8159</i>		Fax Number <i>(608) 249-8167</i>		<input type="checkbox"/> Initial Request	
E-Mail Address				<input checked="" type="checkbox"/> Partial Request	
				<input type="checkbox"/> Final Request	

Response Actions Time Period (for this application)	
Note: Start date may not overlap previous grant time period.	
Actions Start Date <i>1/1/2002</i>	Actions End Date <i>4/31/2003</i>

Agent Information (if applicable)				Assignment of Payment	
Applicant is (select one):				If reimbursement requested on this application should be made to a person who loaned money to the applicant, complete information below.	
<input type="checkbox"/> Owner under s. 292.65(1)(i), Wis. Stats.				Name: First <input type="checkbox"/> MI <input type="checkbox"/> Last <input type="checkbox"/>	
<input type="checkbox"/> Operator under s. 292.65(1)(h), Wis. Stats.				Mailing Street Address and PO Box	
<input checked="" type="checkbox"/> Property owner of a facility licensed after October 14, 1997 under s. 292.65(1)(i)3.				Mailing Street Address and PO Box	
Title		City		State	ZIP Code
Mailing Street Address and PO Box		City		State	ZIP Code
Telephone Number		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.

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 <input type="checkbox"/> MI <input type="checkbox"/> Last <input type="checkbox"/>				Name: First <input type="checkbox"/> MI <input type="checkbox"/> Last <input type="checkbox"/>			
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 (R 4/02)

Page 2 of 2

Dry Cleaner Site Information

Dry Cleaning Facility Construction Date, if known 1950's	Was the facility constructed after October 14, 1997? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

- 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 perchloroethylene 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, 2002	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: _____		
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	

Consultant(s) – Attach Completed Bid Proposals Summary Sheet(s) and Accepted Proposal(s)

Name of Individual or Firm ARCADIS	Name of Individual or Firm
--	----------------------------

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
--	----------------------	------------------

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>[Signature]</i>	Title Owner	Date 6/5/2003
---	-----------------------	-------------------------

Department Use Only			
Application Received Date	DNR Project Manager Assigned	BRRTS Number	CAOS Number

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 Northern MI Last 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)
ARCADIS	\$223,806	<input checked="" type="checkbox"/>
Strand Associates, Inc.	\$224,700	<input type="checkbox"/>
Dames & Moore	See Attached Letter Dated 4/11/2000 From W DNR To Don Gallo	<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 [Signature] Date Signed 6/5/2003

Department Use Only		
Project Manager Name	Date	Telephone Number

Consultant Selection	Reason For Rejection/Notes
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	

Dry Cleaner Environmental Response Program Bid Proposals Summary

Form 4400-212 (1/00)

Page 2 of 2

Instructions

Note: You are required to submit this form if you initiated your consultant selection process on or after February 1, 2000.

You are required to provide the bid proposals summary information on this form in the following instances:

1. When you apply for reimbursement of interim response action, site investigation, and remedial response action costs. Complete a form for each consultant hiring process you conducted.
 - a. Complete the Applicant Information, Consultant Information, and Certification sections of the form. (You are not required to fill in the Applicant Additional Information section.)
 - b. Submit this form with the Dry Cleaner Environmental Response Program Application, Form 4400-211 to your DNR region Remediation and Redevelopment project manager.
 - c. Attach a copy of the accepted proposal for services, including copies of any records of contract negotiations. Remember to code the detailed costs on the accepted bid proposal to the program's standard cost categories. See the application instructions for information on coding bid proposals.
2. When you seek to obtain DNR approval to select a consultant other than the lowest bidder for an interim response action, a site investigation, or a remedial response action.
 - a. Complete all sections of this form.
 - b. Submit the form with an explanation of your consultant choice to your DNR region Remediation and Redevelopment project manager.
 - c. Include copies of the bid proposals you received.

Definition of Form Sections

Applicant Information: Enter your name and check the appropriate box indicating why you are submitting this form.

Applicant Additional Information: If you are submitting this form to obtain DNR approval to select a consultant other than the lowest bidder, enter your mailing address and telephone number. Enter your fax number and e-mail address if you have them.

Consultant Information: Check the appropriate box to indicate the type of response action services you solicited bid proposals for. For each consultant that you received a bid proposal from (the program requires a minimum of three), list their name, the total amount of their bid proposal, and then in the "Consultant Selected" column check one box to indicate the consultant that you selected or would like to select. If you are submitting this form with a reimbursement application, check the box to indicate whether your actual costs exceeded the original proposal costs by more than \$3,000.

Certification: Sign and date the application, certifying that the information you are submitting is true and correct.

FOR ADDITIONAL INFORMATION: see ch. NR 169.21, Wis. Adm. Code, Consulting and Contract Services, and publications RR #631, The Dry Cleaner Environmental Response Program and RR #635, Hiring a Consultant - What You Should Know. Contact your DNR regional Remediation and Redevelopment project manager, if you have any questions.

**Dry Cleaner Environmental Response Program
 Reimbursement Cost Summary**
 Form 4400-213 (1/00) Page 1 of 2

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 MI Properties 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	\$0.00			
B. Soil Remediation	\$0.00			
C. Groundwater Investigation	\$0.00			
D. Groundwater Remediation	\$39,888.75			
E. Laboratory and Other Analysis	\$4,108.00			
F. Miscellaneous Costs	\$0.00			
Totals	\$43,996.75			
		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 [Signature] Date Signed 6/5/2003
Anthony R. Parker

Department Use Only			
Bureau of CF Initials	Bureau of FN Initials	Date Audited	Audited Payment Amount

Dry Cleaner Environmental Response Program Reimbursement Cost Summary

Form 4400-213 (1/00)

Page 2 of 2

Instructions

Note: This form is required for all reimbursement applications filed for the Dry Cleaner Environmental Response Program. Once you have itemized your costs on the cost detail worksheets, summarize your costs on this form. Note: Current costs and past costs must be summarized on separate copies of the form.

1. Fill in the applicant name and check the appropriate box to indicate whether you are summarizing current (10/14/97 to present) or past costs (1/1/91 to 10/13/97) on the form.
2. Transfer the subtotals from your cost detail worksheets to the appropriate summary section and cost category line on the form. Important: The form contains two summary sections - a section for immediate response actions, site investigations, and remedial response actions and a section for interim actions. You must separate out and summarize costs for interim actions in the summary section for interim action costs. This is necessary because interim actions are reimbursed based on a 50% co-pay versus a deductible.
3. Total each of the sections in the box provided.
4. Sign and date the form in the certification section located at the bottom.
5. Submit your cost summary sheet(s), cost detail worksheets, copies of invoices and canceled checks (copy both sides), and copies of each bid that was accepted with the Dry Cleaner Environmental Response Program Application, Form 4400-211 to your DNR region Remediation and Redevelopment project manager.

FOR ADDITIONAL INFORMATION: See the Application Form instructions and publications RR #631, The Dry Cleaner Environmental Response Program and RR #641, Getting Your Money Back. Contact your DNR regional Remediation and Redevelopment project manager, if you have any questions about organizing and reporting your expenditure documentation for your application.



Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

➤ Legal Name
(as entered with IRS) If Sole Proprietorship enter your Last, First, MI
Northern Properties, A Joint Venture

➤ Trade Name
If doing business as (D/B/A) or enter business name of Sole Proprietorship

➤ Remit Address (where check should be mailed)
PO Box or Number and Street, City, State, ZIP + 4

➤ Order Address (where order should be mailed)
PO Box or number and street, City, State, ZIP + 4

➤ Primary Address (for return of 1099 form if different from remit address)
PO Box or number and street, City, State, ZIP + 4
*1625 North Golf Glen #E
Madison, WI 53704*

➤ Entity Designation (check only one) Required

- Individual / Sole Proprietor
- Corporation (includes service corporations)
- Limited Liability Company - Partnership
- Limited Liability Company - Corporation
- Government Entity
- Hospital Exempt from Tax or Government Owned
- Long Term Care Facility Exempt from Tax or Government Owned
- All Other Entities

➤ Taxpayer Identification Number (TIN)
If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

3 9 1 4 7 6 0 3 6

Check Only One Required

- Social Security Number (SSN)
- Employer Identification Number (EIN)
- Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

➤ Certification
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a US resident alien).

Printed Name <i>Mr Aubrey Fowler Dr Edward Hommel</i>	Printed Title <i>Owners</i>	Telephone Number <i>(608) 249-8159</i>
Signature <i>[Handwritten Signature]</i>		Date (mm/dd/ccyy) <i>06/05/2003</i>

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

Return this form to the address listed below. For your convenience this form has been designed for return in a standard Window envelope.

**Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet**

Name: First MI Last
Northern Properties

The costs itemized below are for the following cost category (select only one):
 A. Soil Investigation C. Groundwater Investigation E. Laboratory and Other Analysis
 B. Soil Remediation D. Groundwater Remediation F. Miscellaneous Costs

The costs itemized below are (select only one):
 Current Costs (10/14/97 - present)
 Past Costs (1/1/99 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action)				
							Interim Remedial Actions				
							Column 1 Immediate Response Action	Column 2 Prelim Site Screening	Column 3 Equip Installation	Column 4 Site Investigation	Column 5 Remedial Actions
		ARCADIS	10815	Labor Costs	See Invoice						\$0.00
		ARCADIS	13726	Labor Costs	See Invoice						\$0.00
		ARCADIS	14617	Labor Costs	See Invoice						\$0.00
		ARCADIS	20226	Labor Costs	See Invoice						\$0.00
		ARCADIS	22672	Labor Costs	See Invoice						\$0.00
		ARCADIS	25296	Labor Costs	See Invoice						\$0.00
		ARCADIS	26943	Labor Costs	See Invoice						\$0.00
		ARCADIS	29240	Labor Costs	See Invoice						\$0.00
		ARCADIS	32040	Labor Costs	See Invoice						\$0.00
		ARCADIS	33261	Labor Costs	See Invoice						\$0.00
		ARCADIS	35781	Labor Costs	See Invoice						\$0.00
		ARCADIS	0038127	Labor Costs	See Invoice						\$0.00
		ARCADIS	0043492	Labor Costs	See Invoice						\$0.00
					Subtotals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
					Worksheet Total			\$0.00			

Dry Cleaner Environmental Response Program

Reimbursement Cost Detail Worksheet

Name: First MI Last
Northern Properties

The costs itemized below are for the following cost category (select only one):
 A. Soil Investigation C. Groundwater Investigation E. Laboratory and Other Analysis
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The costs itemized below are (select only one):
 Current Costs (10/14/97 - present)
 Past Costs (1/1/99 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action)				
							Interim Remedial Actions				
							Column 1 Immediate Response Action	Column 2 Prelim Site Screening	Column 3 Equip Installation	Column 4 Site Investigation	Column 5 Remedial Actions
		ARCADIS	10815	Labor Costs	See Invoice					\$0.00	
		ARCADIS	13726	Labor Costs	See Invoice					\$0.00	
		ARCADIS	14617	Labor Costs	See Invoice					\$0.00	
		ARCADIS	20226	Labor Costs	See Invoice					\$0.00	
		ARCADIS	22672	Labor Costs	See Invoice					\$0.00	
		ARCADIS	25296	Labor Costs	See Invoice					\$0.00	
		ARCADIS	26943	Labor Costs	See Invoice					\$0.00	
		ARCADIS	29240	Labor Costs	See Invoice					\$0.00	
		ARCADIS	32040	Labor Costs	See Invoice					\$0.00	
		ARCADIS	33261	Labor Costs	See Invoice					\$0.00	
		ARCADIS	35781	Labor Costs	See Invoice					\$0.00	
		ARCADIS	0038127	Labor Costs	See Invoice					\$0.00	
		ARCADIS	0043492	Labor Costs	See Invoice					\$0.00	
					Subtotals		\$0.00	\$0.00	\$0.00	\$0.00	
					Worksheet Total		\$0.00				

**Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet**

Name: First MI Last
Northern Properties

The costs itemized below are for the following cost category (select only one):
 A. Soil Investigation C. Groundwater Investigation E. Laboratory and Other Analysis
 B. Soil Remediation D. Groundwater Remediation F. Miscellaneous Costs

The costs itemized below are (select only one):
 Current Costs (10/14/97 - present)
 Past Costs (1/1/99 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action)				
							Interim Remedial Actions				
							Column 1 Immediate Response Action	Column 2 Prelim Site Screening	Column 3 Equip Installation	Column 4 Site Investigation	Column 5 Remedial Actions
		ARCADIS	10815	Labor Costs	See Invoice					\$0.00	
		ARCADIS	13726	Labor Costs	See Invoice					\$0.00	
		ARCADIS	14617	Labor Costs	See Invoice					\$0.00	
		ARCADIS	20226	Labor Costs	See Invoice					\$0.00	
		ARCADIS	22672	Labor Costs	See Invoice					\$0.00	
		ARCADIS	25296	Labor Costs	See Invoice					\$0.00	
		ARCADIS	26943	Labor Costs	See Invoice					\$0.00	
		ARCADIS	29240	Labor Costs	See Invoice					\$0.00	
		ARCADIS	32040	Labor Costs	See Invoice					\$0.00	
		ARCADIS	33261	Labor Costs	See Invoice					\$0.00	
		ARCADIS	35781	Labor Costs	See Invoice					\$0.00	
		ARCADIS	0038127	Labor Costs	See Invoice					\$0.00	
		ARCADIS	0043492	Labor Costs	See Invoice					\$0.00	
					Subtotals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
					Worksheet Total	\$0.00					

**Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet**

Name: First MI Last
Northern Properties

The costs itemized below are for the following cost category (select only one):

- A. Soil Investigation
 C. Groundwater Investigation
 E. Laboratory and Other Analysis
 B. Soil Remediation
 D. Groundwater Remediation
 F. Miscellaneous Costs

The costs itemized below are (select only one):

- Current Costs (10/14/97 - present)
 Past Costs (1/1/99 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action)				
							Interim Remedial Actions				
							Column 1 Immediate Response Action	Column 2 Prelim Site Screening	Column 3 Equip Installation	Column 4 Site Investigation	Column 5 Remedial Actions
		ARCADIS	10815	Labor Costs	See Invoice					\$1,905.30	
		ARCADIS	13726	Labor Costs	See Invoice					\$1,710.30	
		ARCADIS	14617	Labor Costs	See Invoice					\$246.70	
		ARCADIS	20226	Labor Costs	See Invoice					\$630.00	
		ARCADIS	22672	Labor Costs	See Invoice					\$2,141.52	
		ARCADIS	25296	Labor Costs	See Invoice					\$370.60	
		ARCADIS	26943	Labor Costs	See Invoice					\$1,164.60	
		ARCADIS	29240	Labor Costs	See Invoice					\$4,530.70	
		ARCADIS	32040	Labor Costs	See Invoice					\$5,981.53	
		ARCADIS	33261	Labor Costs	See Invoice					\$3,430.22	
		ARCADIS	35781	Labor and Subcontractor Costs	See Invoice					\$11,877.30	
		ARCADIS	0038127	Labor Costs	See Invoice					\$853.30	
		ARCADIS	0043492	Labor and Subcontractor Costs	See Invoice					\$5,046.68	
Subtotals						\$0.00	\$0.00	\$0.00	\$0.00	\$39,888.75	
Worksheet Total							\$39,888.75				

**Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet**

Name: First MI Last
Northern Properties

The costs itemized below are for the following cost category (select only one):
 A. Soil Investigation C. Groundwater Investigation E. Laboratory and Other Analysis
 B. Soil Remediation D. Groundwater Remediation F. Miscellaneous Costs

The costs itemized below are (select only one):
 Current Costs (10/14/97 - present)
 Past Costs (1/1/99 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action)				
							Interim Remedial Actions				
							Column 1 Immediate Response Action	Column 2 Prelim Site Screening	Column 3 Equip Installation	Column 4 Site Investigation	Column 5 Remedial Actions
		ARCADIS	10815	Subcontractor Costs	See Invoice					\$3,098.00	
		ARCADIS	13726	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	14617	Subcontractor Costs	See Invoice					\$330.00	
		ARCADIS	20226	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	22672	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	25296	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	26943	Subcontractor Costs	See Invoice					\$420.00	
		ARCADIS	29240	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	32040	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	33261	Subcontractor Costs	See Invoice					\$260.00	
		ARCADIS	35781	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	0038127	Subcontractor Costs	See Invoice					\$0.00	
		ARCADIS	0043492	Subcontractor Costs	See Invoice					\$0.00	
					Subtotals		\$0.00	\$0.00	\$0.00	\$0.00	\$4,108.00
					Worksheet Total		\$4,108.00				

**Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet**

Name: First MI Last
Northern Properties

The costs itemized below are for the following cost category (select only one):
 A. Soil Investigation C. Groundwater Investigation E. Laboratory and Other Analysis
 B. Soil Remediation D. Groundwater Remediation F. Miscellaneous Costs

The costs itemized below are (select only one):
 Current Costs (10/14/97 - present)
 Past Costs (1/1/99 - 10/13/97)

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action)				
							Interim Remedial Actions				
							Column 1 Immediate Response Action	Column 2 Prelim Site Screening	Column 3 Equip Installation	Column 4 Site Investigation	Column 5 Remedial Actions
		ARCADIS	10815	Labor Costs	See Invoice					\$0.00	
		ARCADIS	13726	Labor Costs	See Invoice					\$0.00	
		ARCADIS	14617	Labor Costs	See Invoice					\$0.00	
		ARCADIS	20226	Labor Costs	See Invoice					\$0.00	
		ARCADIS	22672	Labor Costs	See Invoice					\$0.00	
		ARCADIS	25296	Labor Costs	See Invoice					\$0.00	
		ARCADIS	26943	Labor Costs	See Invoice					\$0.00	
		ARCADIS	29240	Labor Costs	See Invoice					\$0.00	
		ARCADIS	32040	Labor Costs	See Invoice					\$0.00	
		ARCADIS	33261	Labor Costs	See Invoice					\$0.00	
		ARCADIS	35781	Labor Costs	See Invoice					\$0.00	
		ARCADIS	0038127	Labor Costs	See Invoice					\$0.00	
		ARCADIS	0043492	Labor Costs	See Invoice					\$0.00	
Subtotals							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Worksheet Total							\$0.00				