DNR - August 2013
RR-5459

Audit Completion Due Date: 11/26/14 (Add 90 days to date received by PM)
BRRTS# 02-14-522724

Dry Cleaner Environmental Response Program

RR Project Manager Reimbursement Application Checklist

Applicant Name: Virgil Lauth	Site Name: Beaver Cleaners (Beaver Dam)

Type of Response Action (select all that apply):

☐ Site Investigation (SI) #____: Partial Final (circle) ☒ Remedial Action (RA) #7: Partial Final (circle)

☐ Immediate Action #____: Partial Final (circle) ☐ Interim Action #____: Partial Final (circle)

Site Status: ☒ Active ☐ Active with anticipated closure date of: _____ ☐ Closed

For additional DERF documentation and links visit: http://intranet.dnr.state.wi.us/int/aw/rr/team_pages/derf/dirt.htm

AT TIME OF RECEIPT OF REIMBURSEMENT APPLICATION:	**Certification Date and Initials**
Steps	DN
1. Date Stamp Reimbursement Application form 4400-211	8/27/14
2. Complete ***Department Use Only*** section of Reimbursement Application form 4400-211	"
3. Email, mail or fax (608-267-0496) form 4400-211 to DERF Grant Manager in DNR Community Financial Assistance. Include amount of reimbursement or form 4400-214D.xls. Consultant email to Jennifer	"
WITHIN 3 WEEKS OF RECEIPT OF REIMBURSEMENT APPLICATION:	
1. REVIEW PACKET CONTENTS TO CONFIRM IT CONTAINS ALL REQUIRED DOCUMENTATION **All Submissions** ☑ Completed Reimbursement Application form 4400-211 ☐ Completed Reimbursement Cost Detail Linking Spreadsheet form 4400-214D.xls submitted forms 4400-213 + 4400-214 ☑ Detailed invoices ☑ Proof of payment for reported costs ☐ Copies of all change order summaries and DNR approval, if applicable **First Claim for site:** ☐ Bid Proposal Summary Approved by DNR PM **Form 4400-233** for first SI claim **Form 4400-212** for first RA or Interim claim ☐ Site Map and Legal Description of property ☐ Completed Substitute W-9 Taxpayer Identification Number (TIN) Verification DOA Form-6448 ☐ Copy of Agent Agreement, if applicable	
2. BRRTS data entry of code 217 DERP - Application for Cost Reimbursement Rcvd	8/27/14

TECHNICAL REVIEW: Complete within 6 weeks of receipt of reimbursement request	Certification Date and Initials
Steps	
1. Site Risk Classification ☐ Low Risk ☒ Medium Risk ☐ High Risk Determine Site Risk. See 2013 Draft Rule Changes for NR 169 for definitions. Estimate for partial SI payments. Finalize when SI complete.	
2. Total DNR Approved Budget to Date Approved SI Budget: $ 45,424 Approved RA Budget: $ 99,763 Approved Interim Action Budget: $ ☐ Reported costs on reimbursement request are within budget line items. ☐ Total cost does not exceed the greater of $3,000 or 5% of the cost included in the approved workplan. ☐ Immediate Action Only: DNR approval for cost of more than $10,000.	DN 9/9/14
3. Activity on Reimbursement Application was: ☑ Approved by DNR PM ☑ Completed ☐ Compliant with ch. NR 169 and NR 700, Wis. Adm. Code.	DN 9/9/14
4. DERF Data Summary Sheet Complete initial summary at time of first SI claim. Update at time of SI completion.	
5. Confirm regular BRRTS data entry is complete and up to date.	
6. All non-financial reporting/documentation must be retained in regional project file. Financial documents (invoices, W9, cancelled checks) are retained by CF.	
7. Documents to send to GEF 2 Madison (Attn: DERF Grant Manager CF/2) for completion of audit: ☑ R&R Project Manager Reimbursement Application Checklist ☑ Reimbursement Application form 4400-211 ☐ Reimbursement Cost Detail Linking Spreadsheet form 4400-214D.xls Forms 4400-213 + 214 ☑ Detailed invoices ☑ Proof of payment for reported costs ☑ DERF Data Summary Sheet, if initial or updates ☐ Copies of all change order summaries and DNR approval, if applicable ☐ W-9 DOA Form-6448 ☐ Copy of Agent Agreement, if applicable If at time of submission consultant/applicant provided complete copy of Reimbursement Application packet to PM and CF, only completed R&R Project Manager Reimbursement Application Checklist and DERF Data Summary Sheet need to be sent to CF.	
DNR Project Manager's Approval of Reimbursement Request **Signature:** Dennis Mettes **Date:** 9/9/14	

Nettesheim, Denise G - DNR

From: Mark Mejac <mmejac@environcorp.com>
Sent: Wednesday, August 27, 2014 1:50 PM
To: Nettesheim, Denise G - DNR
Cc: Feyerherm, Jennifer A - DNR
Subject: Former Beaver Cleaners Site: DERF Submittal
Attachments: 20140827134041.pdf

Good afternoon, Denise:
Please find appended a completed Dry Cleaner Environmental Response Program Reimbursement Application Form for the referenced site, for the period May 20, 2013 through December 31, 2013. If you have any questions during the course of your review, please feel free to contact me at your convenience.
Thank you, Mark

ENVIRON

Mark M. Mejac, PG | Senior Manager
ENVIRON International Corporation
175 North Corporate Drive, Suite 160 | Brookfield, WI 53045
T: 262.901.0127 | F: 262.901.0079 | M: 414.949.0395
mmejac@environcorp.com

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via email

RECEIVED

AUG 27 2014

DNR R&R
SOUTH CENTRAL REGION

State of Wisconsin
Department of Natural Resources
Box 7921, Madison, WI 53707-7921
dnr.wi.gov

Dry Cleaner Environmental Response Program Reimbursement Application

Form 4400-211 (R 10/05)

Notice: This form is authorized under ss. 292.65 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 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

Applicant Name: Mr. Virgil Lauth

Business Name: Former Beaver Cleaners

Mailing Street Address and PO Box: N5737 South Hwy. 151

City: Beaver Dam | State: WI | ZIP Code:

Telephone Number | Fax Number | E-Mail Address

Applicant is: (select one)

- [X] Owner under s. 292.65(1)(i), Wis. Stats.
- [ ] Operator under s. 292.65(1)(h), Wis. Stats.
- [ ] Property owner of a facility licensed after October 14, 1997 under s. 292.65(1)(i)3.

Application Type

Type of Response Action costs included in this application: (select all that apply)

- [ ] Immediate
- [ ] Site Investigation
- [ ] Interim Action
- [x] Remedial

This reimbursement request is a: (select one)

- [x] Partial Request – Number: 10
- [ ] Final Request

Response Actions Time Period (for this

Note: Start date may not overlap previous time period.

Actions Start Date	Actions End Date
5/20/2013	12/31/2013

Agent Information (if applicable)

Agent Name | Title

Business Name | Telephone Number | Fax Number

Mailing Street Address and PO Box | City | State: WI | ZIP Code

Payment Assignment–Complete if reimbursement requested on this application should be made to a person who loaned money to the applicant

Contact Name | Business Name | Telephone Number | Fax Number

Mailing Street Address and PO Box | City | State: WI | ZIP Code

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.

[x] 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 | Telephone Number

Mailing Street Address and PO Box | City | State | ZIP Code

Name | Telephone Number

Mailing Street Address and PO Box | City | State | ZIP Code

Dry Cleaner Environmental Response Program Reimbursement Application

Form 4400-211 (R 10/05)

Dry Cleaner Site Information

Name of Dry Cleaner Facility (or former facility)	Dry Cleaning Facility Construction Date, If known	Was the facility constructed after October 14, 1997?
Former Beaver Cleaners	July 1970	☐ Yes ☒ No

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?	If no, Date Operations Ceased	Most Recent Department of Revenue License Date	Dry Cleaner License No.
☒ Yes ☐ No			030-0000305981-06

Property Location–Street	City	ZIP Code	County	Latitude	Longitude
111 W. Maple Avenue	Beaver Dam	53916	Dodge	43.45	-88.83

Discharge Information

When did the discharge occur? (select one)

☐ Date: _____

☒ Historical, I don't know

What products were released at the discharge site: (select all that apply)

☒ Perchloroethylene ☐ Petroleum Solvents

☐ Other, specify: _____

Have there been actions taken to address a previous discharge at this site?	If yes, has an NR 726 case closure been issued for the past discharge?	If yes, Closure Letter Date
☐ Yes ☒ No	☐ Yes ☐ No	

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

Contact Name	Business Name	Contact Name	Business Name
Mark Mejac	ENVIRON		

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, policies and effective dates. If needed, attach separate sheet of paper.

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?	If yes, Program Name	Application Date
☐ Yes ☒ No		

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 or Agent Signature	Title	Company Name	Date
Virgil Lawton			8-20-14

Department Use Only

Application Received Date	DNR Project Manager Signature	BRRTS Number
8/27/14		02-14-522724

State of Wisconsin
Department of Natural Resources
Box 7921, Madison, WI 53707-7921

Dry Cleaner Environmental Response Program
Interim and Remedial Action Bid Proposals Summary

Form 4400-212 (R 4/04)

Notice: This form is authorized under s. 292.65, 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. 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: Complete this form and attach a copy of the accepted signed bid. See reverse side for detailed instructions. ***Copy this form as necessary.***

Applicant Information

Applicant Name	Business Name
Mr. Virgil Lauth	Former Beaver Cleaners
Dry Cleaning Facility Name	**Location**
Former Beaver Cleaners	111 W. Maple Avenue, Beaver Dam 53916

Consultant Information

Consultant Name	Bid Proposal Amount	Consultant Selected (select one)
AECOM and ENVIRON International	$58,618	☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

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 or 5% of the original estimate (whichever is larger).

☐ Yes ☒ No

If yes, send a copy of he acepted amendment, signed by the DNR project manager.

Certification

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

Applicant Signature	Date Signed
Virgil Lauth	8-28-14

Department Use Only

Project Manager Signature	Date	Telephone Number

Consultant Selection	Reason For Rejection/Notes
☐ Accepted ☐ Rejected	

Print... | Next Page | Help

State of Wisconsin
Department of Natural Resources
Box 7921, Madison, WI 53707-7921

Dry Cleaner Environmental Response Program
Reimbursement Cost Summary

Form 4400-213 (R 9/03)

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by ss. 292.65 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

Applicant Name	Business Name
Mr. Virgil Lauth	Former Beaver Cleaners
Dry Cleaning Facility Name	**Location**
Former Beaver Cleaners	111 W. Maple Avenue, Beaver Dam 53916

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	$3,595.44			
C. Groundwater Investigation				
D. Groundwater Remediation				
E. Air/Vapor Investigation	$2,063.62			
F. Air/Vapor Remediation				
G. Laboratory and Other Analysis	$868.00			
H. Miscellaneous Costs				
Totals	$6,527.06			
		Minus Deductible		
		Base Reimbursement		
		Minus Penalties		
		Maximum Estimated Cost		
		Total Approved Reimbursement		

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	Date Signed
Virgil Lauth	8-20-14

Department Use Only

Bureau of CF Initials	Bureau of FN Initials	Date Audited	Audited Payment Amount
Project Number		**Funding Code**	

State of Wisconsin
Department of Natural Resources
Box 7921, Madison, WI 53707-7921

Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet

Form 4400-214 (R 9/03)

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by s. 292.65 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 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 Name

Mr. Virgil Lauth

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

- [ ] A. Soil Investigation
- [x] B. Soil Remediation
- [ ] C. Groundwater Investigation
- [ ] D. Groundwater Remediation
- [ ] E. Air/Vapor Investigation
- [ ] F. Air/Vapor Remediation
- [ ] G. Laboratory and Other Analysis
- [ ] H. Miscellaneous Costs

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action) Column1 Immediate Response Action	Column 2 Site Investigation	Column 3 Remedial Actions
12/27/2013	6037	ENVIRON	362141	Soil Remediation	1	$3,595.44		$3,595.44	
mm/dd/yyy									
mm/dd/yyyy									
mm/dd/yyyy									
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mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
				Subtotals			0.00	$3,595.44	0.00
				Worksheet Total *(sum Columns 1-3)*			3,595.44		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, Form 4400-213.

State of Wisconsin
Department of Natural Resources
Box 7921, Madison, WI 53707-7921

Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet

Form 4400-214 (R 9/03)

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

Applicant Name

Mr. Virgil Lauth

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

- ☐ A. Soil Investigation
- ☐ B. Soil Remediation
- ☐ C. Groundwater Investigation
- ☐ D. Groundwater Remediation
- ☒ E. Air/Vapor Investigation
- ☐ F. Air/Vapor Remediation
- ☐ G. Laboratory and Other Analysis
- ☐ H. Miscellaneous Costs

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action) Column1 Immediate Response Action	Column 2 Site Investigation	Column 3 Remedial Actions
12/27/2013	6037	ENVIRON	362141	Vapor Investigation	1	$1,616.62		$1,616.62	
02/06/2014	8	ENVIRON	366588	Vapor Investigation	1	$447.00		$447.00	
mm/dd/yyyy									
mm/dd/yyyy									
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mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
				Subtotals			0.00	$2,063.62	0.00
				Worksheet Total *(sum Columns 1-3)*			2,063.62		

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, Form 4400-213.

State of Wisconsin
Department of Natural Resources
Box 7921, Madison, WI 53707-7921

Dry Cleaner Environmental Response Program
Reimbursement Cost Detail Worksheet

Form 4400-214 (R 9/03)

Notice: Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by s. 292.65 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 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 Name

Mr. Virgil Lauth

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

☐ A. Soil Investigation ☐ C. Groundwater Investigation ☐ E. Air/Vapor Investigation ☒ G. Laboratory and Other Analysis

☐ B. Soil Remediation ☐ D. Groundwater Remediation ☐ F. Air/Vapor Remediation ☐ H. Miscellaneous Costs

Date of Check	Check Number	Firm Name	Invoice Number	Description	No. of Units	Price/ Unit	Total Amount (enter by type of response action) Column1 Immediate Response Action	Column 2 Site Investigation	Column 3 Remedial Actions
12/27/2013	6037	ENVIRON	362141	Laboratory Analysis	1	$868.00		$868.00	
mm/dd/yyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
mm/dd/yyyy									
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mm/dd/yyyy									

Transfer the worksheet subtotals to the appropriate line on the Reimbursement Cost Summary, Form 4400-213.

Subtotals	0.00	$868.00	0.00
Worksheet Total *(sum Columns 1-3)*	868.00		