Amungwafor, Binyoti - DNR

From:

Amungwafor, Binyoti - DNR

Sent:

Tuesday, December 12, 2017 2:38 PM

To:

Trent Ott (tott@edsinc.us)

Cc: Subject: Mylotta, Pamela A - DNR RE: Ivarson 02-41-275896

Trent:

This is in response to your e-mail sent to Pam on December 4, 2017 Please, fill out the GIS Checklist found by opening the link below and attach closure documents according to this form. Submit the documents following RR-690 and advise us of the submission.

klist -

Thanks Binyoti

We are committed to service excellence.

Visit our survey at http://dnr.wi.gov/customersurvey to evaluate how I did.

Binyoti F. Amungwafor Phone: [414) 263-8607

Binyoti.Aungwafor@Wisconsin.gov

----Original Message-----

From: Mylotta, Pamela A - DNR

Sent: Tuesday, December 12, 2017 1:55 PM

To: Amungwafor, Binyoti - DNR <Binyoti.Amungwafor@wisconsin.gov>

Subject: FW: Ivarson 02-41-275896

We are committed to service excellence.

Visit our survey at http://dnr.wi.gov/customersurvey to evaluate how I did.

Pamela A. Mylotta

Southeast Region Team Supervisor – Remediation & Redevelopment Program Division of Environmental Management Phone: (414) 263-8561 or (414) 374-2423 Pamela.Mylotta@wisconsin.gov

----Original Message----

From: Trenton Ott [mailto:tott@fecinc.us]
Sent: Monday, December 04, 2017 2:04 PM

To: Mylotta, Pamela A - DNR < Pamela. Mylotta@wisconsin.gov>

Subject: Ivarson 02-41-275896

Pam-

I just wanted to follow up on this one as the last time we spoke I think you were going to try and decide what we might need to put together for the GIS for the site. I received a call from the client wondering on status so I thought I would check in. Thanks and let me know.

Trent.

Trenton J. Ott Project Manager Friess Environmental Consulting, Inc. office (414) 228-9815 mobile (414) 688-6683 tott@fecinc.us State of Wisconsin

Department of Natural Resources http://dnr.wi.gov

PLEASE ASSEMBLE IN THIS ORDER

GIS Registry Checklist

Form 4400-245 (R 8/11)

Page 1 of 3

This Adobe Fillable form is intended to provide a list of information that is required for evaluation for case closure. It is to be used in conjunction with Form 4400-202, Case Closure Request. The closure of a case means that the Department has determined that no further response is required at that time based on the information that has been submitted to the Department.

NOTICE: Completion of this form is mandatory for applications for case closure pursuant to ch. 292, Wis. Stats. and ch. NR 726, Wis. Adm. Code, including cases closed under ch. NR 746 and ch. NR 726. The Department will not consider, or act upon your application, unless all applicable sections

not and	the Department's determining the	form and the closure intention to use any need for additional 19.31 - 19.39, Wis. St	personally identifia response action.	ble information from	nted under Ch. NR 749, W this form for any purpos provide this information	e other than r	eviewing clo	sure requests
BR	RTS #:	(1	No Dashes)	PARCEL ID #:				
AC	TIVITY NAME:				WTM COORDIN	ATES: X:		Y:
CL	OSURE DOCUM	MENTS (the Depa	artment adds th	ese items to the f	inal GIS packet for p	osting on th	e Registry)
	Continuing Ob Conditional Cl	ligation Cover Le	tter (for property		lition (land use control) y residual contaminati			
so	URCE LEGAL D	OCUMENTS						
To the state of	Deed: The most recent deed as well as legal descriptions, for the Source Property (where the contamination originated). Deeds for other, off-source (off-site) properties are located in the Notification section. Note: If a property has been purchased with a land contract and the purchaser has not yet received a deed, a copy of the land contract which includes the legal description shall be submitted instead of the most recent deed. If the property has been inherited, written documentation of the property transfer should be submitted along with the most recent deed.							
Γ	Certified Survey Map: A copy of the certified survey map or the relevant section of the recorded plat map for those properties where the legal description in the most recent deed refers to a certified survey map or a recorded plat map. (lots on subdivided or platted property (e.g. lot 2 of xyz subdivision)).							
	Figure #:	Title:						
Г	Signed Statem				, which states that he o	or she believe	es that the a	attached legal
	Signed Statemed description accu	ent: A statement s	ne correct contam	ninated property.	, which states that he o	or she believe	es that the a	attached legal
MA	Signed Statemedescription accu	ent: A statement surately describes the visual aid requi	re correct contam rements of s. N	ninated property.		or she believe	es that the a	attached legal
MA Ma	APS (meeting the ps must be no later in sufficient detay wells within 120 Note: Due to see	ent: A statement surately describes the evisual aid requirger than 11 x 17 in A map outlining all to permit easy loof feet of the site.	ne correct contamirements of s. Nonches unless the nuless the nules withing the properties withing cation of all parchipal wells are not	ninated property. R 716.15(2)(h)) map is submitted e in the contaminate rels. If groundwater		U.S.G.S. topo ed, include th	ographic ma ne location	ap or plat map of all potable
MA Ma	APS (meeting the ps must be no later in sufficient detay wells within 120 Note: Due to see	ent: A statement surately describes the evisual aid requirer than 11 x 17 in A map outlining aloil to permit easy loud of feet of the site.	ne correct contamirements of s. Nonches unless the nuless the nules withing the properties withing cation of all parchipal wells are not	ninated property. R 716.15(2)(h)) map is submitted e in the contaminate rels. If groundwater	lectronically. d site boundaries on a standards are exceed	U.S.G.S. topo ed, include th	ographic ma ne location	ap or plat map of all potable
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M <i>A</i>	Signed Statemed description accurates (MPS) (meeting the laps must be no lated as Location Map: in sufficient details within 120 Note: Due to see must be identified Figure #: Detailed Site Mutility lines, mon contaminated propoundaries of graph boundaries of graph boundaries of see (SSRCL) as determined the laps of	ent: A statement surately describes the evisual aid required reger than 11 x 17 in A map outlining all to permit easy loo feet of the site. Title: ap: A map that should on Case Closure R Title: ap: A map that should on the site of the site. Title: Title:	irements of s. Nonches unless the record of s. Nonches unless the record of s. Nonches unless the record of all parchical wells are not request maps. The cord of all relevant fewer of the record of all relevant fewer of the record of the r	ninated property. R 716.15(2)(h)) map is submitted eximited exim	lectronically. d site boundaries on a standards are exceedence the transe of the trans	U.S.G.S. topoed, include the locations of show the location and or in recific Residual ap is to show to show to show the location and the loca	ographic mane location of these munication of ald in relation to the location soil contamination con	ap or plat map of all potable icipal wells inant sources, If to the he ant Levels

Dep	e of Wisconsin artment of Natural Resource o://dnr.wi.gov	s	GIS Registry Checklist Form 4400-245 (R 8/11) Page 2 of 3					
	RTS #:	ACTIVITY NAME:						
M	APS (continued)							
Γ	Geologic Cross-Section Map: A map showing the source location and vertical extent of residual soil contamination exceeding a Residual Contaminant Level (RCL) or a Site Specific Residual Contaminant Level (SSRCL). If groundwater contamination exceeds a ch. NR 140 Enforcement Standard (ES) when closure is requested, show the source location and vertical extent, water table and piezometric elevations, and locations and elevations of geologic units, bedrock and confining units, if any.							
	Figure #: Title:							
	Figure #:	Title:						
	Groundwater Isoconcentration Map: For sites closing with residual groundwater contamination, this map shows the horizontal extent of all groundwater contamination exceeding a ch. NR140 Preventive Action Limit (PAL) and an Enforcement Standard (ES). Indicate the direction and date of groundwater flow, based on the most recent sampling data. Note: This is intended to show the total area of contaminated groundwater.							
	Figure #:	Title:						
Γ		ction Map: A map that represents groundwater mov istory of the site, submit 2 groundwater flow maps sh						
	Figure #:	Title:						
	Figure #:	Title:						
TAI	BLES (meeting the requ	irements of s. NR 716.15(2)(h)(3))						
	Tables must be no larger than 11 x 17 inches unless the table is submitted electronically. Tables <u>must not</u> contain shading and/or cross-hatching. The use of BOLD or <i>ITALICS</i> is acceptable.							
Γ								
	Table #:	Title:						
	Groundwater Analytical Table: Table(s) that show the <u>most recent</u> analytical results and collection dates, for all monitoring wells and any potable wells for which samples have been collected.							
	Table #:	Title:						
Г	Water Level Elevations: Table(s) that show the previous four (at minimum) water level elevation measurements/dates from all monitoring wells. If present, free product is to be noted on the table.							
	Table #:	Title:						
IM	PROPERLY ABANDON	ED MONITORING WELLS						
No		t properly abandoned according to requirements of s. on the GIS Registry for only an improperly abandoned m the GIS Registry Packet.						
П	Not Applicable							
Γ	Site Location Map: A map showing all surveyed monitoring wells with specific identification of the monitoring wells which have not been properly abandoned. Note: If the applicable monitoring wells are distinctly identified on the Detailed Site Map this Site Location Map is not needed.							
	Figure #:	Title:						
Г	Well Construction Repo	rt: Form 4440-113A for the applicable monitoring we	ells.					
П	Deed: The most recent deed as well as legal descriptions for each property where a monitoring well was not properly abandoned.							
П	Notification Letter: Cop	by of the notification letter to the affected property ow	mer(s).					

State of Wisconsin Department of Natural Resources http://dnr.wi.gov			GIS Registr Form 4400-245	y Checklis (R 8/11)	t Page 3 of 3		
BF	RRTS #:		ACTIVITY NAME:				
NO	OTIFICATIONS						
So	ource Property						
Г	Not Applicable						
			: If the source property is owned b notifying the current owner of the	•	•		
Γ	Return Receipt/Signature Confirmation: Written proof of date on which confirmation was received for notifying current source property owner.						
Gr	f-Source Property oup the following info f-Source Property" atta		property and label each group acc	ording to alphabe	tic listing on th	e "Impacted	
Г	Not Applicable						
Γ.	groundwater exceed under s. 292.12, Wis.	ing an Enforcement Sta Stats.	Copies of all letters sent by the Res ndard (ES), and to owners of prope arding residual contamination must	erties that will be a	iffected by a lar	nd use control	
	Number of "Off-Sou	rce" Letters:					
Γ	Return Receipt/Sign property owner.	ature Confirmation: V	Written proof of date on which con	ifirmation was rece	eived for notify	ing any off-source	
П		" Property: The most r loes not apply to right-o	ecent deed(s) as well as legal desc of-ways.	riptions, for all affe	cted deeded o	ff-source	
	Note: If a property has been purchased with a land contract and the purchaser has not yet received a deed, a copy of the land contract which includes the legal description shall be submitted instead of the most recent deed. If the property has been inherited, written documentation of the property transfer should be submitted along with the most recent deed.						
Γ	where the legal descrip		ed survey map or the relevant secti deed refers to a certified survey map)).				
	Figure #:	Title:					
Γ	municipality, state ag within or partially wit	ency or any other entity hin <u>the contaminated a</u>	ay" Owners: Copies of all letters so y responsible for maintenance of a rea, for contamination exceeding (RCL) or a Site Specific Residual Co	public street, high a groundwater Ent	nway, or railroa forcement Stan	d right-of-way,	

Number of "Governmental Unit/Right-Of-Way Owner" Letters: