State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
107 Sutliff Avenue
Rhinelander WI 54501-3349

Tony Evers, Governor Preston D. Cole, Secretary Telephone 608-266-2621 Toll Free 1-888-936-7463 TTY Access via relay - 711



CERTIFIED MAIL/RETURN RECEIPT REQUESTED

July 25, 2019

Lakeshore Systems, Inc. Attn: Jake Bishop-Safety & Environmental Manager P.O. Box 813 Rhinelander, WI 54501

SUBJECT:

Contamination Detected (Municipal Well #7), Rhinelander, Wisconsin

WDNR BRRTS # 02-44-584094

Dear Mr. Bishop:

The Wisconsin Department of Natural Resources ("the Department") was recently notified of Per- and Polyfluoroalkyl Substances (PFAS) detected in Rhinelander's Municipal Well #7. As part of the ongoing investigation, the Department is looking for potential sources of this contamination, of which your property at 3600 Lakeshore Lane has been identified, due to its proximity to Municipal Well #7.

PFAS compounds are a class of man-made chemicals. They can be found in firefighting foam (AFFF) products, dust suppressants used in chrome plating, stain repellants such as *Scotchgard*, and in the manufacturing of non-stick cookware, specialty papers, textiles (waterproof fabrics, tanneries), and personal care products.

The Department is investigating whether you and any past owners or occupants of your property may potentially be responsible for causing or contributing to the PFAS contamination in Municipal Well #7. The Department is sending this letter to request any information that you can provide regarding the use or storage of PFAS compounds by yourself or other past owners or occupants of your property.

The Department also requests that you provide us with a history of the owners, occupants and land uses of your property. Please provide any information that you may have as to any manufacturing that occurred on your property in the past and the years of its operation. Also include a description of any documented hazardous substance spills, groundwater or surface water contamination, and any environmental investigation or remediation efforts that have occurred on your property. Please provide any additional information that may aid in determining the source of contamination of the above-referenced site.

Within (30) thirty days of receipt of this notice, please provide me with a <u>letter</u> containing the <u>information requested above</u>. This information is requested by the Department under the authority of Wisconsin Statute sections 292.11(7) (a) and s. 292.11(8).

Your cooperation in this matter is appreciated. If you have any questions regarding the content of this letter, please contact me at (715) 365-8942 or by email at Carrie.Stoltz@Wisconsin.gov)

Sincerely,



Carrie Stoltz Hydrogeologist Remediation & Redevelopment Program

cc: Chris Saari – DNR Ashland (via email)
Mark Pauli – DNR Rhinelander (via email)
James Yach – DNR Rhinelander (via email)
Aryn Webster – DNR Rhinelander (via email)
Austin Griesbach – DNR Rhinelander (via email)
Linda Conlon- Oneida County Health Department (via email)
Disa Patel – Department of Health Services (via email)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Gomplete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: LONES HONE SYSTEMS, Inc. CHIN: Take Bishop P.O. Box 813 Chinelanden Ut 5750	A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery 7-30-/9 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
9590 9402 3506 7275 0628 92 2. Article Number (Transfer from service label) 7012 1010 0001 7359 820	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Cortified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Restricted Delivery ☐ Collect on Delivery ☐ Restricted Delivery ☐ Collect On Delivery ☐ Restricted Delivery ☐ Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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