

GIS Registry Disclaimer

This case was closed by the DNR prior to August 1, 2002, when DNR began adding approved cleanups with residual soil contamination into the GIS Registry. Certain documents that are currently required by ch. NR 726, Wis. Adm. Code may therefore not be included in this packet as they were unavailable at the time the original case was closed.

The information contained in this document was assembled by DNR from a previously closed case file, and added to the GIS Registry to provide the public with information on closed sites with residual soil and/or groundwater contamination remaining above applicable state standards.

GIS REGISTRY

Cover Sheet

July, 2008
(RR 5367)

Source Property Information

BRRTS #: 03-36-001939

ACTIVITY NAME: Holy Family Memorial Mediical Ctr/Site B

PROPERTY ADDRESS: 333 Reed Ave

MUNICIPALITY: Manitowoc

PARCEL ID #: 817-304-010-9

CLOSURE DATE: Sep 11, 2001

FID #: 999832790

DATCP #:

COMM #:

*WTM COORDINATES:

X: 708048 Y: 407062

** Coordinates are in
WTM83, NAD83 (1991)*

WTM COORDINATES REPRESENT:

Approximate Center Of Contaminant Source

Approximate Source Parcel Center

Please check as appropriate: (BRRTS Action Code)

Contaminated Media:

Groundwater Contamination > ES (236)

Contamination in ROW

Off-Source Contamination

*(note: for list of off-source properties
see "Impacted Off-Source Property")*

Soil Contamination > *RCL or **SSRCL (232)

Contamination in ROW

Off-Source Contamination

*(note: for list of off-source properties
see "Impacted Off-Source Property")*

Land Use Controls:

Soil: maintain industrial zoning (220)

*(note: soil contamination concentrations
between residential and industrial levels)*

Structural Impediment (224)

Site Specific Condition (228)

Cover or Barrier (222)

*(note: maintenance plan for
groundwater or direct contact)*

Vapor Mitigation (226)

Maintain Liability Exemption (230)

*(note: local government or economic
development corporation)*

Monitoring wells properly abandoned? (234)

Yes No N/A

** Residual Contaminant Level*

***Site Specific Residual Contaminant Level*

This fillable form is intended to provide a list of information that must be submitted for evaluation for case closure. It is to be used in conjunction with Form 4400-202, Case Closure Request (Section H). 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 are completed on this form and the closure fee and any other applicable fees, required under ch. NR 749, Wis. Adm. Code, Table 1 are included. It is not the Department's intention to use any personally identifiable information from this form for any purpose other than reviewing closure requests and determining the need for additional response action. The Department may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

BRRTS #: PARCEL ID #:

ACTIVITY NAME: WTM COORDINATES: X: Y:

CLOSURE DOCUMENTS (the Department adds these items to the final GIS packet for posting on the Registry)

- Closure Letter**
- Maintenance Plan** (if activity is closed with a land use limitation or condition (land use control) under s. 292.12, Wis. Stats.)
- Conditional Closure Letter**
- Certificate of Completion (COC)** for VPLE sites

SOURCE LEGAL DOCUMENTS

- Deed:** The most recent deed as well as legal descriptions, for the **Source Property**. 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.
- 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:**
- Signed Statement:** A statement signed by the Responsible Party (RP), which states that he or she believes that ALL legal descriptions attached to the statement are complete and accurate.
Note: The point here is that the legal descriptions are describing the correct (i.e., contaminated) properties.

MAPS (meeting the visual aid requirements of s. NR 716.15(2)(h))

Maps must be no larger than 8.5 x 14 inches unless the map is submitted electronically.

- Location Map:** A map outlining all properties within the contaminated site boundaries on a U.S.G.S. topographic map or plat map in sufficient detail to permit easy location of all parcels. If groundwater standards are exceeded, include the location of all potable wells within 1200 feet of the site.
Note: Due to security reasons municipal wells are not identified on GIS Packet maps. However, the locations of these municipal wells must be identified on Case Closure Request maps.
Figure #: 1 **Title: Site Location Map**
- Detailed Site Map:** A map that shows all contaminated properties within site boundaries, showing buildings, roads, property boundaries, contaminant sources, utility lines, monitoring wells and potable wells. This map shows the location of all contaminated public streets, and highway and railroad rights-of-way in relation to the source property and in relation to the boundaries of groundwater contamination exceeding a ch. NR 140 Enforcement Standard (ES), and/or in relation to the boundaries of soil contamination exceeding a Generic Residual Contaminant Level (GRCL) or a Site Specific Residual Contaminant Levels (SSRCL) as determined under s. NR 720.09, 720.11 and 720.19.
Figure #: 2 **Title: Site Detail Map**
- Soil Contamination Contour Map:** For sites closing with residual soil contamination, this map shows the location of all soil and a single contour showing the horizontal extent of each area of contiguous residual soil contamination that exceeds a Generic Residual Contaminant Level (GRCL) or a Site Specific Residual Contaminant Level (SSRCL) as determined under s. NR 720.09, 720.11 and 720.19.
Figure #: **Title:**

BRRTS #: 03-36-001939

ACTIVITY NAME: Holy Family Memorial Medical Ctr/Site B

MAPS (continued)

- Geologic Cross-Section Map:** A map showing the source location and vertical extent of residual soil contamination exceeding a Generic Residual Contaminant Level (GRCL) 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:**

- Groundwater Flow Direction Map:** A map that represents groundwater movement at the site. If the flow direction varies by more than 20° over the history of the site, submit 2 groundwater flow maps showing the maximum variation in flow direction.

Figure #: **Title:**

Figure #: **Title:**

TABLES (meeting the requirements of s. NR 716.15(2)(h)(3))

Tables must be no larger than 8.5 x 14 inches unless the table is submitted electronically. Tables must not contain shading and/or cross-hatching. The use of **BOLD** or *ITALICS* is acceptable.

- Soil Analytical Table:** A table showing remaining soil contamination with analytical results and collection dates.
Note: This is one table of results for the contaminants of concern. Contaminants of concern are those that were found during the site investigation, that remain after remediation. It may be necessary to create a new table to meet this requirement.

Table #: 1, 2 **Title:** **Summary of Field Headspace Analysis , Summary of Laboratory Analysis**

- Groundwater Analytical Table:** Table(s) that show the most recent analytical results and collection dates, for all monitoring wells and any potable wells for which samples have been collected.

Table #: na **Title:**

- 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:**

IMPROPERLY ABANDONED MONITORING WELLS

For each monitoring well not properly abandoned according to requirements of s. NR 141.25 include the following documents.

Note: If the site is being listed on the GIS Registry for only an improperly abandoned monitoring well you will only need to submit the documents in this section for the GIS Registry Packet.

- Not Applicable**

- 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:**

- Well Construction Report:** Form 4440-113A for the applicable monitoring wells.

- Deed:** The most recent deed as well as legal descriptions for each property where a monitoring well was not properly abandoned.

- Notification Letter:** Copy of the notification letter to the affected property owner(s).

BRRTS #: 03-36-001939

ACTIVITY NAME: Holy Family Memorial Medical Ctr/Site B

NOTIFICATIONS

Group the following information per individual property and label each group according to alphabetic listing on the "Impacted Off-Source Property" attachment.

- Letter To Current Source Property Owner:** If the source property is owned by someone other than the person who is applying for case closure, include a copy of the letter notifying the current owner of the source property that case closure has been requested.
- Return Receipt/Signature Confirmation:** Written proof of date on which the RP received confirmation for notifying current source property owner.
- Letter To Off-Source Property Owners:** Copies of all letters sent by the Responsible Party (RP) to owners of properties with groundwater exceeding an Enforcement Standard (ES), and to owners of properties that will be affected by a land use control under s. 292.12, Wis. Stats.
Note: Letters sent to off-source properties regarding residual contamination must contain standard provisions in Appendix A of ch. NR 726.

Number of "Off-Source" Letters:

- Return Receipt/Signature Confirmation:** Written proof of date on which the RP received confirmation for notifying any off-source property owner.
- Deed of "Off-Source" Property:** The most recent deed(s) as well as legal descriptions, for all affected deeded **off-source property(ies)**. This does not apply to right-of-ways.
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.
- Letter To Governmental Unit/Right-Of-Way Owners:** Copies of all letters sent by the Responsible Party (RP) to a city, village, municipality, state agency or any other entity responsible for maintenance of a public street, highway, or railroad right-of-way, within or partially within the boundaries of the contaminated site, for contamination exceeding a groundwater Enforcement Standard (ES) and/or soil exceeding a Generic Residual Contaminant Level (GRCL) or a Site Specific Residual Contaminant Level (SSRCL).

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



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Scott McCallum, Governor
Darrell Bazzell, Secretary
Ronald W. Kazmierczak, Regional Director

Northeast Region Headquarters
1125 N. Military Ave., P.O. Box 10448
Green Bay, Wisconsin 54307-0448
Telephone 920-492-5800
FAX 920-492-5913
TTY 920-492-5912

September 11, 2001

Mr. Jerry Miller
Holy Family Memorial, Inc.
P.O. Box 1450
Manitowoc, WI 54221-1450

SUBJECT: Case closure for Holy Family Memorial Medical Center – site B,
333 Reed Avenue, Manitowoc, WI
WDNR BRRTS # 03-36-001939

Dear Mr. Miller:

On October 5, 1994, the Wisconsin Department of Natural Resources provided a notice to you that the degree and extent of the petroleum contamination at the above named site was required to be investigated and remediated. We have since been informed that the required investigation and remediation has been accomplished.

On January 3, 1995, the above named site was reviewed by the Bureau for Remediation and Redevelopment's Northeast Region Closure Committee for a determination as to whether or not the case qualified for closeout under ch. NR 726, Wis. Adm. Code.

The Department has received a copy of the completed deed restriction for the above referenced site and proof of filing this record with the Manitowoc County Register of Deeds. Based on the investigative and remedial documentation provided to the Department, it appears that the petroleum contamination at the above named site has been remediated to the extent practicable under current site conditions. Therefore, closure of this site has been granted on September 11, 2001, and no further action is necessary at this time. In the future, this deed restriction may be amended with approval from the Department if conditions change at the site and the residual contamination has been remediated.

If you have any additional relevant information concerning this matter which was not formerly provided to the Department, you should submit this information to the Department for reevaluation.

If you have any questions or concerns, please contact me in Green Bay at (920) 492-5921.

Sincerely,

Keld B. Lauridsen
Hydrogeologist
Remediation & Redevelopment Program

NOW THEREFORE, the owner hereby declares that all of the property described above is held and shall be held, conveyed or encumbered, leased, rented, used, occupied and improved subject to the following limitation and restrictions:

Structural impediments existing at the time of clean-up, a garage, made complete remediation of the soil contamination on this property impracticable. If the structural impediments on this property that are described above are removed, the property owner shall conduct an investigation of the degree and extent of petroleum contamination. To the extent that contamination is found at that time, the Wisconsin Department of Natural Resources shall be immediately notified and the contamination shall be properly remediated in accordance with applicable statutes and rules. If the currently-inaccessible contaminated soil that remains on the property is excavated in the future, it will have to be sampled and analyzed and the treatment or disposal of the soil as a solid or hazardous waste may be necessary.

This restriction is hereby declared to be a covenant running with the land and shall be fully binding upon all persons acquiring the above-described property whether by descent, devise, purchase or otherwise. This restriction inures to the benefit of and is enforceable by the Wisconsin Department of Natural Resources, its successors or assigns. The Department, its successors or assigns, may initiate proceedings at law or in equity against any person or persons who violate or are proposing to violate this covenant, to prevent the proposed violation or to recover damages for such violation.

Any person who is or becomes owner of the property described above may request that the Wisconsin Department of Natural Resources or its successor issue a determination that one or more of the restrictions set forth in this covenant is no longer required. Upon the receipt of such a request, the Wisconsin Department of Natural Resources shall determine whether or not the restrictions contained herein can be extinguished. If the Department determines that the restrictions can be extinguished, an affidavit, attached to a copy of the Department's written determination, may be recorded by the property owner or other interested party to give notice that this deed restriction, or portions of this deed restriction, are no longer binding.

By signing this document, James Vopat asserts that he or she is duly authorized to sign this document on behalf of Holy Family Memorial, Inc.



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IN WITNESS WHEREOF, the owner of the property has executed this Declaration of Restrictions, this 12 day of July, 2001.

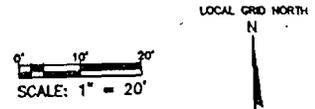
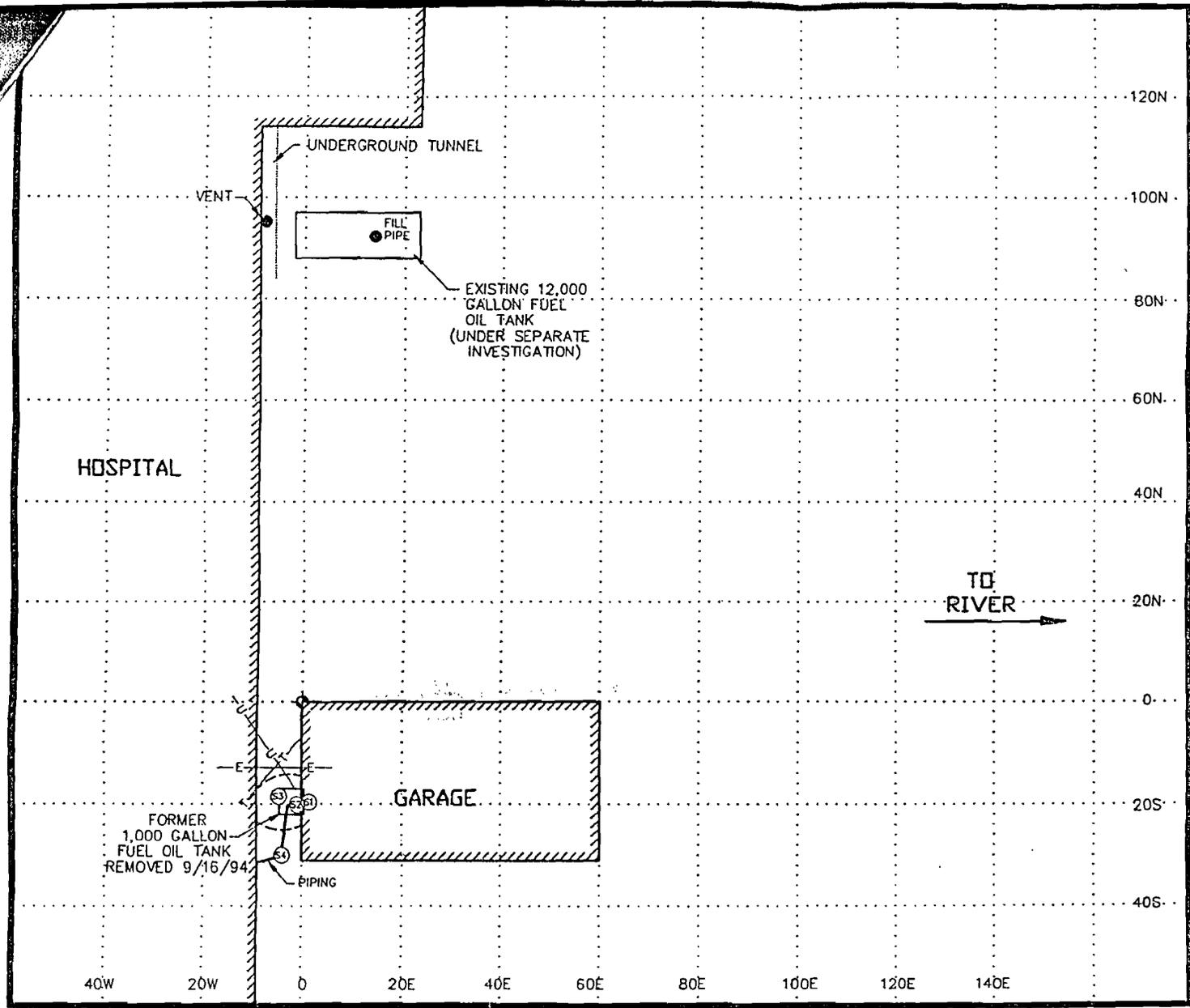
Signature: [Handwritten Signature]
Printed Name: JAMES VOPAT
Title: Interim CEO

Subscribed and sworn to before me
this 12 day of July, 2001.

[Handwritten Signature]
Notary Public, State of Wisconsin
My commission does not expire

This document was drafted by the Wisconsin Department of Natural Resources based on information provided by Holy Family Memorial, Inc. and OMNNI Associates.





LEGEND:

- LIMIT OF EXCAVATION
- (S) SOIL SAMPLE LOCATION
- ////// BUILDING FACE
- PRODUCT PIPING
- T— TELEPHONE CABLE
- E— ELECTRIC CABLE
- U— UNKNOWN UTILITY CONDUIT
- ◆ REFERENCE POINT
- 20N ····· GRID LINE (20' INTERVAL)

**FIGURE 2
SITE DETAIL MAP**

HOLY FAMILY MEMORIAL
MEDICAL CENTER
333 REED AVENUE
MANITOWOC, WI 54221

	PROJECT : N109/
	CAD FILE: N1097/
	DRAWN : DLD/
	DATE : 11/14/
LEVEL : 1	

303 SOUTH BLUEMOUND DRIVE APPLETON, WI 5
PHONE : (414) 739-7814 FAX : (414) 739-7



grantor..... of..... Manitowoc..... County, Wisconsin, hereby conveys and warrants to
Manitowoc County Memorial Hospital Incorporated, a Wisconsin
non-profit corporation,
 grantee, of..... Manitowoc..... County, Wisconsin, for
 the sum of One (\$1.00) Dollar and other valuable considerations- - - - ~~Eighty~~
 the following tract of land in..... Manitowoc..... County, State of Wisconsin:

A part of Lot Four (4) of the Subdivision of the Southwest Quarter and the Southeast Quarter (SW $\frac{1}{4}$ & SE $\frac{1}{4}$) of Section Seventeen (17), Township Nineteen (19) North of Range Twenty-four (24) East, in the city of Manitowoc, Wisconsin, more particularly described as follows:
 Beginning at a point in the south line of Reed Avenue, which is 2105.0 feet East of the West line and 1202.08 feet south of the North line of the Southwest Quarter (SW $\frac{1}{4}$) of Section Seventeen (17), thence along the South line of Reed Avenue N. 89° 47' E., 790.0 feet, thence S. 0° 02' 30" E. 410.0 feet, thence S. 44° 05' 30" W., 128.7 feet, to the South line of Lot 4, thence along the South line of Lot Four (4), S. 89° 47' W., 700.0 feet, to the future East line of North 4th Street, thence N. 0° 02' 30" W., 497.42 feet, to the place of beginning.
 Containing 8.93 acres of land.

13.70



In Witness Whereof, the said grantor... has... hereunto set her... hand... and seal... this 16th

day of... January..... A. D., 19... 51..

SIGNED AND SEALED IN PRESENCE OF

Leslie J. Valleskey
ARLETTE ROSINSKY

Bertha Rosinsky (SEAL)
Bertha Rosinsky (SEAL)
 (SEAL)
 (SEAL)

State of Wisconsin,
Manitowoc..... County, } ss.
 Personally came before me, this 16th day of January, A. D., 19... 51
 the above named, Bertha Rosinsky

to me known to be the person... who executed the foregoing instrument and acknowledged the same.
RECEIVED FOR RECORD
 1951 JAN 16 PM 2 34AL)
 JOS. M. ZAHORIK, Register of Deeds.
Leslie J. Valleskey
 Notary Public, Manitowoc..... County, Wis.
 My commission expires July 19 A. D., 19... 53

NOTE - The names of the parties to this instrument and of the witnesses and notary must be printed or typewritten thereon to entitle it to be recorded, Section 59.51 (1) (11), Wisconsin Statutes. 3-307

TXC010

Tax Master Maintenance

4/10/01
11:49:05

Parcel Id: 817-304-010-9 Neighborhood: 17000 Tid: Class: 2
Address: Num 333 Apt Direct Name REED Type AVE
Zip -

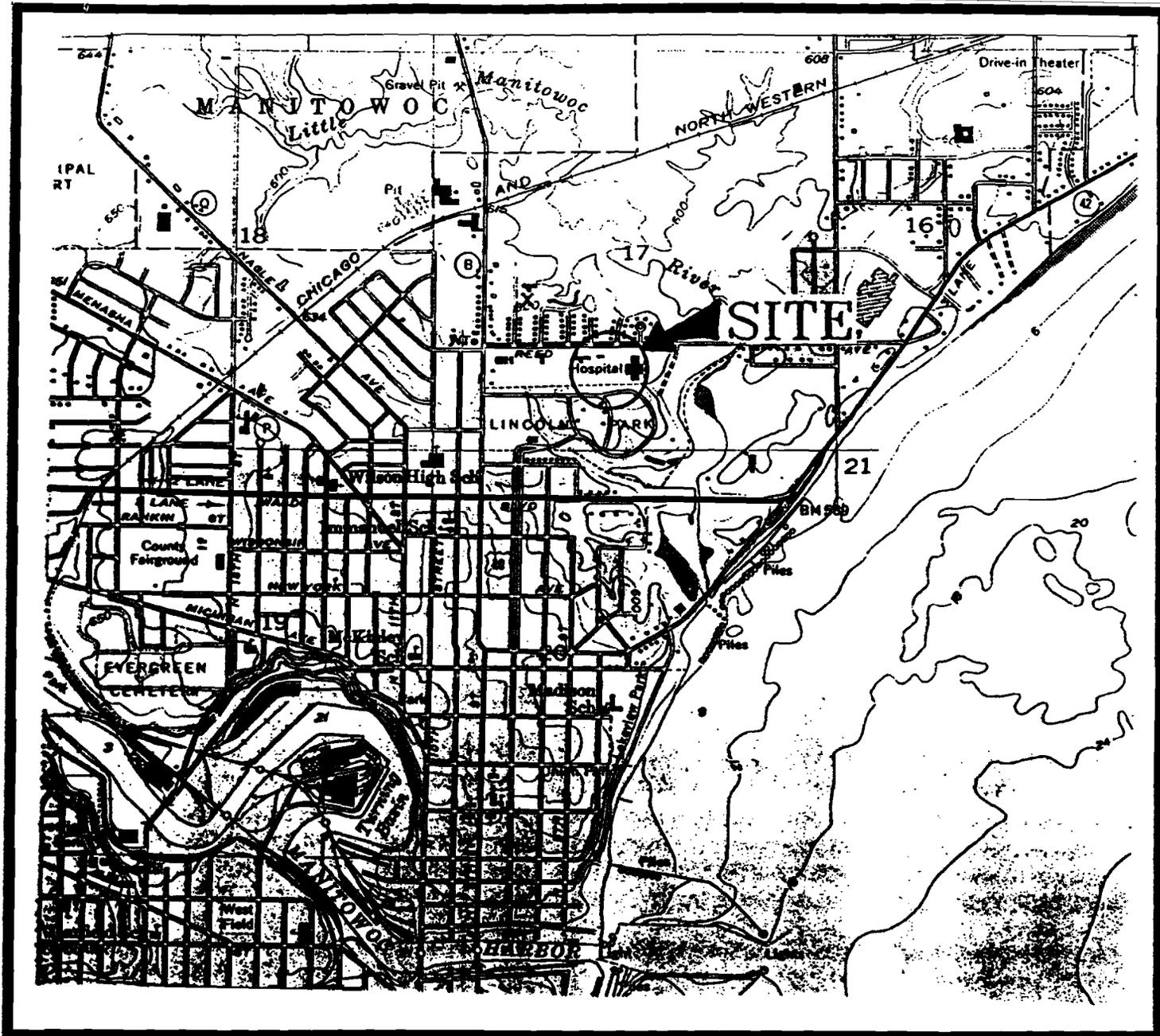
Owner: Last Name HOLY FAMILY MEMORIAL First Name MEDICAL CENTER Int
Mailing: Last Name First Name Int
Address P O BOX 1450
Addition Address
City MANITOWOC State WI Zip 54221 - 1450

Legal Description

1 PARCEL DES. V. 252 P. 364 2 EX. PT. REC. V. 319 P. 529
3 S. 17 T. 19 R. 24 8.1 AC. 4
5 6

Legal Notes:

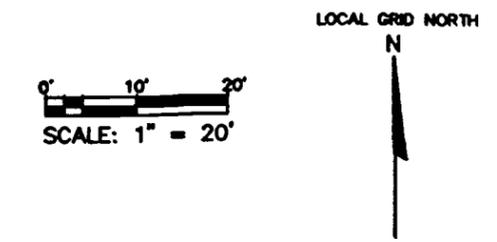
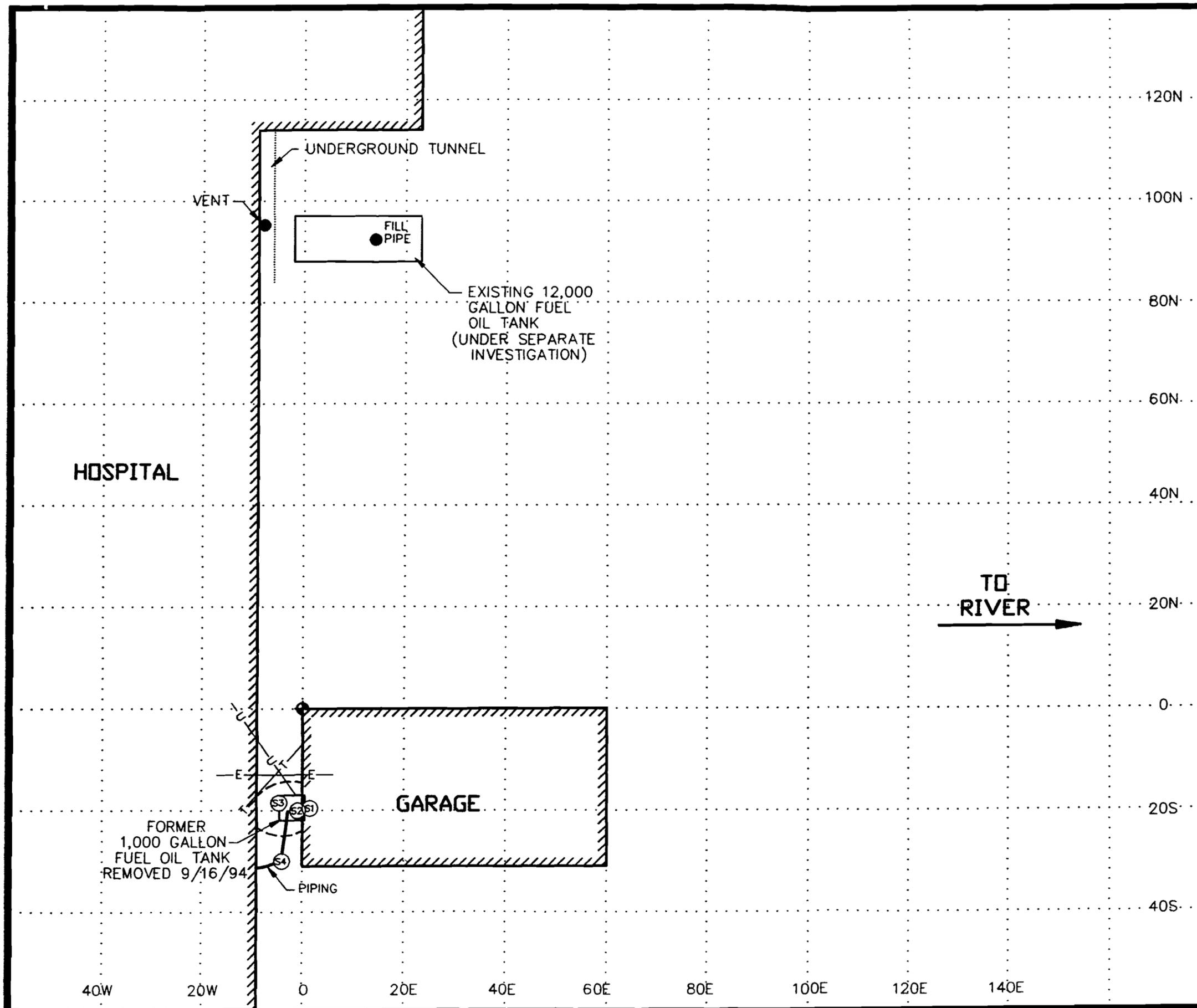
values
Land Size: I 630.00 X 553.7 Year Built: 1952 Story Height: 2.0
Total Square Ft.: 66,020 Living Units: Other Features: 0
Assessed Value: 92,600 Ratio: .86460 Est. Market: 107,101
Type of Business: 651 KRISHNA BHATT MD SC, FAMILY SER
F1-Help F3-Exit F12-Cancel RollUp/Down



SOURCE: USGS 7.5 MINUTE TOPOGRAPHIC MAP, MANITOWOC, WISCONSIN QUADRANGLE, 1954 - PHOTOREVISED 1973.



<p>FIGURE 1 SITE LOCATION MAP</p>	
<p>HOLY FAMILY MEMORIAL MEDICAL CENTER 333 REED AVENUE MANITOWOC, WISCONSIN 54221</p>	
	<p>PROJECT : N1097A94 CAD FILE: N1094A1.DWG</p>
	<p>DRAWN : DLD REVIEWED : DATE : 11/14/94</p>
<p>303 SOUTH BLUEMOUND DRIVE APPLETON, WI 54914 PHONE : (414) 739-7814 FAX : (414) 739-7765</p>	



LEGEND:

- LIMIT OF EXCAVATION
- (S) SOIL SAMPLE LOCATION
- ////// BUILDING FACE
- PRODUCT PIPING
- T— TELEPHONE CABLE
- E— ELECTRIC CABLE
- U— UNKNOWN UTILITY CONDUIT
- ⊕ REFERENCE POINT
- 20N ····· GRID LINE (20' INTERVAL)

**FIGURE 2
SITE DETAIL MAP**

**HOLY FAMILY MEMORIAL
MEDICAL CENTER
333 REED AVENUE
MANITOWOC, WI 54221**

	PROJECT : N1097A94
	CAD FILE: N1097A2.DWG
	DRAWN : DLD/SP
	DATE : 11/14/94
LEVEL: 1	
303 SOUTH BLUEMOUND DRIVE APPLETON, WI 54914 PHONE : (414) 739-7814 FAX : (414) 739-7765	

TABLE 1
SUMMARY OF FIELD HEADSPACE ANALYSIS
TANK REMOVAL SOIL SAMPLES
SEPTEMBER 16, 1994, SAMPLING EVENT

SAMPLE ID	SAMPLE LOCATION	DEPTH (ft)	PID (ppm*)	SOIL CHARACTERISTICS
S1	East side under garage	3	155	Brown silt with clay.
P- S2	East side, edge of building	8	109	Tan fine sand with silt.
P- S3	West side	8	1.4	Tan fine sand with silt.
P- S4	Piping	3	0.3	Tan fine sand.
BACKFILL	Backfill	-	5.5	Tan fine sand.

- * = isobutylene equivalents
- P- = samples sent to U.S. Oil for laboratory analysis

TABLE 2
SUMMARY OF LABORATORY ANALYSIS
TANK REMOVAL SOIL SAMPLES
SEPTEMBER 16, 1994, SAMPLING EVENT

PARAMETER (mg/kg)	DNR	SAMPLE ID		
	GUIDE	S2	S3	S4
DIESEL RANGE ORGANICS	100*	4000	ND	ND

- ND = not detected
- 4000 = concentration detected over the DNR guide

* A permeability test was not run on these samples. The guideline for permeable soils has been used because these are sandy soils.