

**WEST ALLIS COMMON COUNCIL
SAFETY AND DEVELOPMENT COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against**

AMENDED COMPLAINT

John Scherff d/b/a Central Wastewater Treatment of Wisconsin, LLC

**STATE OF WISCONSIN)
) ss.
COUNTY OF MILWAUKEE)**

John F. Stibal, being duly sworn, on oath deposes and states as a complaint against John Scherff d/b/a Central Wastewater Treatment of Wisconsin, LLC (hereinafter "CWT") as follows:

1. That the complainant is the Director of Development for the City of West Allis.
2. That the information contained in this complaint comes from the complainant's review of the subject property and official records maintained by the City of West Allis, which records complainant believes to be reliable and accurate.
3. That the property owner of 356-360 S. Curtis Rd. is the Accetta Family LTD Partnership.
4. That CWT is a tenant of the above-referenced property and has operated on premise since 2004.
5. That CWT is the holder of a special use permit, Resolution R-2004-0119, to establish a wastewater treatment facility within a portion of a building, located at 356-360 South Curtis Road under West Allis Revised Municipal Ordinance Sections 12.16 and 12.45(2), granted by the West Allis Common Council on April 5, 2004. See attached Exhibit 1.
6. That in July 2008, Elite Environmental (hereinafter "Elite") began to co-occupy the premises at 356-360 South Curtis Road to operate a wastewater facility; Elite has never possessed an occupancy permit or special use permit from the City of West Allis.
7. That according to West Allis Health Department records, several neighboring businesses to

CWT have complained of foul odors emanating from CWT's premises from 2009 to 2014. These businesses are: Maintenance Server Corporation by owner David Marsek, located at 232 South Curtis Road; WE Energies, located at 345 South 116 St.; Quad Graphics, located at 555 South 108th St.; Chris Briscoe, property owner of 430-450 South Curtis Rd.; Nick Crawley of Diamond Freight Systems, located at 450 South Curtis Rd; RBP Chemical Technology, Inc. at 150 South 118th Street.

8. That the special use permit requires CWT's operation hours to be Monday through Friday from 7:00 a.m. to 5:00 p.m. and Saturday from 7:00 a.m. to 1:00 p.m.
9. That on November 4, 2013, at 5:55 p.m., the West Allis Fire Department was dispatched to 360 South Curtis Road for a possible chemical release. Upon arrival, firefighters smelled a foul odor in the air and observed an Elite employee, Zack Martin, cleaning a gas tank that was filled with a waste product. Martin told the firefighters that he was cleaning the tank due to degrading organ material in it, and the cleaning was being done at night because Elite had received prior complaints about the odor when the company cleaned the tank during the day.
10. That on January 23, 2014, WE Energies noticed odors inside its building several times on that day and complained to the West Allis Health Department. WE Energies employee Jeff Chmielewski noted that odors were present in the men's and women's restrooms at 5:30 a.m. The odor became strong enough to require the restroom doors to be opened from 9:00 to 11:00 a.m. and for employees to pour water down the drain to try to stop the smell. Three employees complained of nausea due to the smell.
11. That on January 24, 2014, WE Energies noted that the smell in the restrooms was so strong that employees could not enter the restrooms.
12. That due to the complaints received, the West Allis Health Department requested that toxicologists from the Wisconsin Department of Health Services conduct air monitoring at

CWT, Elite, and WE Energies.

13. That on April 3, 2014, Ryan Wozniak, a toxicologist from the Wisconsin Department of Health Services, inspected the premises at CWT, Elite, and WE Energies. He observed mild odors emanating from Elite, moderate to strong odors emanating from CWT, and no odor present at WE Energies. He did not find CWT or Elite to be a human health hazard; however, due to WE Energies' employees noticing that the odor was intermittent, he asked them to complete weekly odor event logs.
14. That from April 1, 2014 to July 3, 2014, WE Energies' employees compiled a log of the dates when the odors were noticed. The log indicated that the employees smelled odors on 23 days during that time period. See attached Exhibit 2.
15. That in in April, May, and June 2014, the Milwaukee Metropolitan Sewerage District (hereinafter "MMSD") sampled wastewater originating from CWT. The sampling demonstrated that CWT exceeded MMSD's standards for discharging wastewater to the sewerage system for the following pollutants: copper, lead, nickel, HEM, and SGT-HEM, contrary to MMSD Rule 11.201(1). Due to the violations, MMSD sent notices of non-compliance to CWT. See attached Exhibit 3.
16. That on November 18, 2014, several inspectors from the West Allis Building Inspection and Neighborhood Services Department performed an inspection of the premises at 360 South Curtis Road. Their inspection revealed the following violations:
 - a. An office being constructed without any building, electrical, or HVAC permits, inspections or approvals, in violation of West Allis Revised Municipal Code (hereinafter "WARMC") Section 13.05(1)(a).
 - b. An exterior door cut into the east elevation of the building to provide access to the unauthorized office without a building permit or building inspector approval, in violation of WARMC Section 13.05(1)(a).

- c. The northwest exit door of the building being obstructed, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 361.05, adopting International Building Code Section 1003.6.
- d. A gas-powered pump being operated indoors without proper mechanical ventilation, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 361.05, adopting International Fuel Gas Code Section 304.1.
- e. Outdoor storage not being in compliance with the approved landscape and screening plan, in violation of WARMC Section 13.28(10)(k)3 and WARMC Section 12.13(15).
- f. The shed's metal siding being defective, in violation of WARMC Section 13.28(9)(g)1.
- g. The premises having broken windows, in violation of WARMC Section 13.28(9)(b)1.
- h. The gutters and downspouts not being maintained in good working order, in violation of WARMC Section 13.28(9)(d)3.
- i. An extension cord being improperly used to supply electricity from the office to the holding tank area, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 316.009, adopting National Electrical Code Section 400.8(1).
- j. A motor on a storage barrel being wired with a flexible cord, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 316.009, adopting National Electrical Code Section 400.08(1).
- k. A cover on an outlet box being damaged and missing screws on the south wall of the building, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 316.009, adopting National Electrical Code

Section 300.11(A).

- l. A tankless water heater being installed without a permit and improperly supplied by a cord, in violation of WARMC Sections 13.05(1)(a) and 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 316.009, adopting National Electrical Code Section 400.08(1).
 - m. The piping system not having an air gap/break above the point of discharge into the sanitary sewer system, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 382.33(7).
 - n. Maintenance/cleaning records for the oil interceptor being unable to be provided, in violation of WARMC Section 16.81(1).
 - o. The annual performance test for the existing reduced pressure backflow preventer not being performed since 8/29/07, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 382.22(8)(b)1.
 - p. The existing reduced pressure backflow preventer and all non-potable piping downstream of the backflow preventer not being labeled and tagged, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 382.40(3)(d)1.
 - q. The existing piping in and out of the water meter being corroded, defective, and leaking, in violation of WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 382.22(1)(a)-(c).
17. That on December 5, 2014, the West Allis Fire Department was dispatched to RBP Chemical Technology, Inc. (hereinafter "RBP"), located at 150 South 118th Street, for a report of a strong odor being present in the air. The odor was so strong that the RBP evacuated its employees from the building, and medical personnel treated four employees for illness due to the odor. Fire Department personnel traced the odor to Elite

Environmental where a tank was being pumped into a truck; once the tank stopped pumping, the Fire Department personnel noted that the odor disappeared.

18. That Ernest Litynski, vice president of operations for RBP, reported to the Health Department that the odor had been causing his employees to suffer nausea on at least six occasions prior to December 5, 2014. Due to the odor, RBP had to evacuate its building during the summer of 2012; eventually, personnel from RBP traced the odor to Elite Environmental.
19. That the operation of the business owned by John Scherff, d/b/a Central Wastewater Treatment of Wisconsin, LLC, is detrimental and endangers the public health, safety, morals, comfort or general welfare, contrary to WARMC Section 12.16(8)(a); substantially impairs or diminishes the use, value, and enjoyment of other property in the surrounding area for permitted uses, contrary to WARMC Section 12.16(8)(b); does not comply with the regulations imposed on it in the special use permit, contrary to WARMC Section 12.16(8)(f); and is in violation of WARMC Sections 12.13(15), 13.01(3)(a), 13.05(1)(a), 13.28(9)(b)1, 13.28(9)(d)3, 13.28(9)(g)1, 13.28(10)(k)3, 16.37, 16.81(1), and 18.03(1)(a); and are grounds for revocation of the business's special use permit, pursuant to WARMC Section 12.16(13)(a), (c), and (e).
20. That on November 13, 2014, City plumbing inspector Mike Romens performed a plumbing inspection of CWT and discovered that the reduced pressure backflow preventer had been replaced without a permit and without registering it with the State or testing it, in violation of WARMC Section 16.37 and WARMC Section 13.01(3)(a), adopting Wisconsin Administrative Code Section SPS 382.22(8)(b)1. CWT still has not obtained a permit as of the date of the amended complaint.
21. That on or about October 6, 2015, MMSD discovered oily material in the sewer downstream

from CWT. An investigation revealed that no other potential sources possessed this oily material; CWT had oily material on its floor and around a trench drain similar to the material found in the sewer. Additionally, MMSD found that CWT discharged this oily material without treatment and was unable to provide records that identified the source, category, and characteristics of the oily material.


22. That MMSD found that the above-referenced discharge violated the limit of 100mg/l for silica gel treated hexane extractable materials, in violation of MMSD Rules 1.02(4) and 1.03(3); that CWT failed to report the discharge as an upset, spill, emergency, or other type of slug discharge, in violation of MMSD Rule 3.04(1); that CWT failed to minimize the amount of oily material discharged, in violation of MMSD Rule 4.04; that CWT failed to make shipment records available to MMSD upon request, in violation of MMSD Rule 5.04; that CWT failed to provide treatment before discharge, in violation of MMSD Rule 5.05(1); that CWT failed to discharge the oily material through the designated sampling point, in violation of MMSD Rule 5.05(2).
23. That on October 19, 2015, at approximately 7:40 a.m., City of West Allis resident Jeff Cottrill was traveling in his vehicle near CWT when he observed a foul odor emanating from CWT. Cottrill reported that this was the third or fourth time he had smelled a foul odor in that area.

WHEREFORE, John Stibal, requests that John Scherff, d/b/a Central Wastewater Treatment of Wisconsin, LLC, be summoned to appear before the Safety and Development Committee of the West Allis Common Council to answer this complaint and, if the material allegations of the complaint are denied, that a hearing be held to determine whether the Special Use Permit of Central Wastewater Treatment of Wisconsin, LLC should be revoked.

Dated at this 9th day of November, 2015

By: 
John F. Stibal, Director of Development

Subscribed and sworn to before me
this 9th day of November, 2015.


(Jenna Merten)
Notary Public, State of Wisconsin
My Commission expires: is permanent



City of West Allis

7525 W. Greenfield Ave.
West Allis, WI 53214

Resolution

File Number: R-2004-0119

Final Action:
APR 05 2004

Resolution relative to determination of Special Use Application submitted by John Sherff, d/b/a Central Wastewater Treatment of Wisconsin, to establish a wastewater treatment facility within a portion of a building located at 356-60 S. Curtis Rd.

WHEREAS, John Sherff, d/b/a Central Wastewater Treatment of Wisconsin (CWT) duly filed with the City Administrative Officer, Clerk/Treasurer an application for a Special Use Permit, pursuant to Sec. 12.45(2) and Sec. 12.16 of the Revised Municipal Code, to establish a wastewater treatment facility within a portion of a building located at 356-60 S. Curtis Rd.; and,

WHEREAS, after due notice, a public hearing was held by the Common Council on April 5, 2004, at 7:00 p.m., in the Common Council Chamber to consider the application; and,

WHEREAS, the Common Council, having carefully considered the evidence presented at the public hearing and the following pertinent facts noted:

1. The applicant, John Sherff, d/b/a Central Wastewater Treatment of Wisconsin, will relocate his office to the proposed site at 360 S. Curtis Rd., West Allis, WI 53214.
2. The applicant has a valid offer to lease said premises located at 360 S. Curtis Rd., West Allis, Milwaukee County, Wisconsin, more particularly described as follows, to-wit:

Parcel 12 of Certified Survey Map No. 6480 (3.046 acres), being located in the Northwest 1/4 of Section 31, Township 7 North, Range 21 East, in the City of West Allis, Milwaukee County, State of Wisconsin.

Tax Key Number: 413-9999-038

Said land being located at 356-60 S. Curtis Rd.

3. The applicant is proposing to establish a wastewater treatment facility on site to treat wastewater from local industrial clients throughout the metro area. CWT treats the wastewater to the limits determined by the EPA and then discharges the clean water to the sanitary sewer. The discharged water is monitored continually (24 hours, 7 days per week) by MMSD to ensure that it meets the EPA treatment limits. Any remaining solids left after the treatment process are non-hazardous and can be sent to a landfill. The entire treatment process is highly automated with controls to monitor tank levels, flow rates, chemical additions and a system-failure automated stop.

The whole space within the facility that is used for wastewater unloading, holding, treatment and discharge is contained for accidental spills per Wisconsin DNR regulations.

Business operations within the application indicate 6 tanker deliveries per day, Monday through Saturday. This accommodates applicant's Milwaukee Metropolitan Sewerage District (MMSD) discharge permit of a maximum of 22,000 gallons per day at a maximum flow rate of 70 gallons/minute. Each tanker will take about 1 hour for testing and unloading (deliveries by appointment).

4. The aforesaid premises is zoned M-1 Manufacturing District under the Zoning Ordinance of the City of West Allis, which permits wastewater treatment facilities pursuant to Sec. 12.45(2) of the Revised Municipal Code.

5. The subject property is located on the east side of S. Curtis Rd. between W. Theodore Trecker Way and W. Dixon St. Properties to the north, south, east and west are developed as manufacturing uses.

6. The use, value and enjoyment of other property in the surrounding area for permitted uses will not be substantially impaired or diminished by the establishment, maintenance or operation of the special use.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of West Allis that the application of John Sherff, d/b/a Central Wastewater Treatment of Wisconsin be and is hereby granted on the following grounds:

That the establishment, maintenance and operation of the proposed use, with the imposition of certain conditions hereinafter set forth, reasonably satisfies the standards set forth in Secs. 12.16 and Sec. 12.45(2) of the Revised Municipal Code, so as to permit the issuance of a special use permit as therein provided.

BE IT FURTHER RESOLVED that said special use permit is granted subject to the following conditions:

1. Site, Landscaping, and Architectural Plans. The grant of this special use permit is subject to and conditioned upon the approval of site, landscape, and architectural plans approved March 24, 2004, by the City of West Allis Plan Commission. No alteration or modification of the approved plan shall be permitted without approval by the West Allis Plan Commission.

2. Building Plans and Fire Codes. The grant of this special use is subject to building plans being submitted to and approved by the Department of Building Inspections and Zoning and by the Fire Department.

3. Paving and Drainage. The grant of this special use is subject to a paving and drainage plan being submitted to and approved by the Department of Building Inspections and Zoning.

4. Parking. A total of 27 parking stalls for the property, including 2 ADA stalls, are required per the Zoning Code. Twenty-nine parking stalls will be provided on site including two (2) ADA stalls. Business, employee and customer vehicles shall not be parked in the public right of way.

5. Hours of Operation. Hours of operation shall be Monday through Friday from 7:00 a.m. to 5:00 p.m. and Saturday from 7:00 a.m. to 1:00 p.m.

6. Business Operations. Six tanker deliveries per day by appointment only. MMSD discharge permit for a maximum release to sanitary sewer of 22,000 gallons per day at a maximum flow rate of 70 gallons per minute.

7. Master Signage Plans. A master sign plan for the property and its tenants shall be prepared and submitted to the Plan Commission for approval. Any non-conforming signage shall be removed.

Applicant is advised that the foregoing conditions are reasonably necessary to protect the public interest and to secure compliance with the standards and requirements specified in Sec. 12.16 of the Revised Municipal Code; that the issuance of the special use is expressly subject to compliance with said conditions.

The grant of this special use shall become null and void within one year of the date thereof, unless construction is under way or the current owner possesses a valid building permit under which construction is commenced, within sixty (60) days of the date thereof and which shall not be renewed unless construction has commenced and is being diligently pursued. No extension of these time limitations will be permitted under any circumstances, including the applicant's failure to obtain other necessary building and zoning approvals.

The special use, as granted herein, is subject to applicant's compliance with all other state and local laws and regulations which may be applicable to the proposed use of the real estate in question.

The special use, as granted herein, shall run with the land and benefit and restrict all future owners and occupants of the property, unless the use shall lapse or be terminated and the use will not be altered or extended (including structural alterations and/or additions) without the approval of the Common Council, following public hearing, all as provided in Sec. 12.16 of the Revised Municipal Code.

The City Attorney is hereby authorized to make such non-substantive changes, modifications, additions and deletions to and from the various provisions of the Special Use Permit, including any and all attachments, exhibits, addendums and amendments, as may be necessary and proper to correct inconsistencies, eliminate ambiguity and otherwise clarify and supplement said provisions to preserve and maintain the general intent thereof, and to prepare and deliver such other and further documents as may be reasonably necessary to complete the transactions contemplated therein.

Mailed to applicant on the
13th day of April, 2004

Monica Schultz
Assistant City Clerk

cc: Dept. of Development
Dept. of Building Inspections and Zoning

Resolution

Div. of Planning

ZON-R-425-4-5-04\jmg

ADOPTED

April 5, 2004

Paul M. Ziehler

Paul M. Ziehler, City Admin. Officer, Clerk/Treas.

APPROVED

April 9, 2004

Jeannette Bell

Jeannette Bell, Mayor

Weekly Odor Event Log

(Fill in Each Day)

WEEK OF 3/31

Address: 345 S 16th St

Room/Location: MAIN OFFICE Person Completing Log: R. SIMATIC

Room/Location: REST ROOMS

INPUT FROM EMPLOYEES

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
4/1/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	2:05 HRS 9:00 PM	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense	CHEMICAL TERPENTINE VENTILATED RID.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 43 Wind Speed: 18 MPH Wind Direction: WSW Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
4/2/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0630	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense	CHEMICAL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 38 Wind Speed: 10 MPH Wind Direction: NE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/3/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0530	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	CHEMICAL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 36 Wind Speed: 13 MPH Wind Direction: ENE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/4/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 37 Wind Speed: 8 MPH Wind Direction: W Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/5/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0830	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input checked="" type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	GARBAGE ROTTING SWEET CORN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 55 Wind Speed: 22 Wind Direction: SE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (you may use other terms):

air freshener, ammonia, asphalt, cherry, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint stripper, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

Exhibit 2
p. 1 of 9

Weekly Odor Event Log

(Fill in Each Day)

Address: 345 S. 16th St. Room/Location: MEN Rm Person Completing Log: R. SIMARE - INPUT FROM STAFF

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
4/3/14 R.S.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	0715	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	<u>Temp. CHEM.</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>51°</u> Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4/7	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	↓	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
4/9	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>60</u> Wind Speed: <u>22</u> Wind Direction: <u>SW</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/10	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>60</u> Wind Speed: <u>21</u> Wind Direction: <u>SW</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/11	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>66</u> Wind Speed: <u>20</u> Wind Direction: <u>W</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/12 SAT.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (You may use other terms):
 air freshener, ammonia, asphalt, cherry, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint stripper, gasoline, garlic, musty, mildew, motorballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

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Week of 4/6

Weekly Odor Event Log

(Fill in Each Day)

Address: 345 S. 116th St. Room/Location Women Rm Person Completing Log: R. Simatic - Input From Staff

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
4/6/14 J.C. & J.W.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor	0700	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	CHEMICAL SMELL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 52° Wind Speed: 1-2 MPH Wind Direction: SSE Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4/7/14 J.C. & J.W.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	CHEMICAL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 54° Wind Speed: 5-6 MPH Wind Direction: WNW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/9/14	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 60° Wind Speed: 1-2 MPH Wind Direction: SSW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/10/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor	0730	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input checked="" type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	Sour becomes basic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 60° Wind Speed: 22 MPH Wind Direction: SW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/11/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor	0830	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input checked="" type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	SAME	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 63° Wind Speed: 19 Wind Direction: NW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (you may use other terms):
 air freshener, ammoniac, asphalt, cherry, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint stripper, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

Exhibit 2
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Weekly Odor Event Log

(Fill in Each Day)

WEEK OF 4/6

Address: 345 S. 116th St. Room/Location: Main Office Bld. Person Completing Log: R. SIMATIC Input From Employees

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
4/9/14 R.S. - J.V.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	6:40 AM 0640 2:05 PM	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	TURPENTINE CHEMICAL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 56° Wind Speed: 7-8 MPH Wind Direction: E-SE Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4/9/14 J.P. - J.V.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	0715	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	CHEMICAL - ADDING CLEANING WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 55° Wind Speed: 9 MPH Wind Direction: NW Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4/9/14 R.S.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0550 0800 0135	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 61° Wind Speed: 13-14 MPH Wind Direction: SW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/10/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	10:45 1045	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	CHEMICAL / PROPANE ROTTING CREAM SOAP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 67° Wind Speed: 23 MPH Wind Direction: SW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/11/14	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0700 1530	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	ROTTING CREAM SOAP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input checked="" type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 65° Wind Speed: 21 MPH Wind Direction: W Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (you may use other terms):

air freshener, ammonia, asphalt, cherry, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint stripper, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

Exhibit 2
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Weekly Odor Event Log

(Fill in Each Day)

WEEK OF 4/13

Address: 345 S. 16th ST. Room/Location: MAIN OFFICE REST ROOMS Person Completing Log: REBOND SIMATIC

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
4/14/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor	0800 1000	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	ROTTEN PERFUME CITY DUMP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 32 Wind Speed: 16 MPH Wind Direction: NW Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4/15/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor	0530 0830 1330	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	ROTTEN CREAM CORN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 29° @ 0530 Wind Speed: 20 MPH Wind Direction: ESE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/16/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor	0700 1330	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	OLD SOCKS - RIPPEN ROTTEN DREAMS CORN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 45° Wind Speed: 30 MPH Wind Direction: NW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/17/14	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor	0630	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 52 Wind Speed: 12 Wind Direction: SW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (You may use other terms):

air freshener, ammonia, asphalt, chery, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint stripper, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

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Weekly Odor Event Log

(Fill in Each Day)

Address: 345 S. 116th St. Room/Location: SSCM Person Completing Log: R. SIMATIC & D.A. STAFF

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
5/5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Indoor - <u>V170</u> Outdoor - <u>M14</u>	0730 ↓ 0830	<input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	<u>ROTTEN SWEET SMELL - UNDER TUBE CHEMICAL</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>56</u> Wind Speed: <u>9L</u> Wind Direction: <u>W</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Indoor Outdoor	0810	<input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	<u>SOME CHEMICAL ODOR ALSO</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>55</u> Wind Speed: <u>20</u> Wind Direction: <u>NE</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/7	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Indoor Outdoor	9:00	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	<u>BIGGEST OF ODOR in the AM (LAWMENS FORM) CHEMICAL SMELL</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>53</u> Wind Speed: <u>B</u> Wind Direction: <u>EAVE</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Indoor Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>77</u> Wind Speed: <u>11</u> Wind Direction: <u>SW</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/9	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Indoor Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: <u>72</u> Wind Speed: <u>22</u> Wind Direction: <u>SW</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor Outdoor		<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (You may use other terms):
 air freshener, ammonia, asphalt, chert, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint stripper, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

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Weekly Odor Event Log

(Fill in Each Day)

REST ROOM

Room/Location SSCM

Address: 345 S. 116th ST.

Person Completing Log: R. SIMATIC

E.O.A.'s

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
5/12	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor: <input checked="" type="checkbox"/> Outdoor: <input checked="" type="checkbox"/>		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 72 Wind Speed: _____ Wind Direction: E Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/13	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor: <input checked="" type="checkbox"/> Outdoor: <input checked="" type="checkbox"/>		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 57 Wind Speed: _____ Wind Direction: W Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/14	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor: <input checked="" type="checkbox"/> Outdoor: <input checked="" type="checkbox"/>		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 54 Wind Speed: _____ Wind Direction: NE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/15	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor: <input checked="" type="checkbox"/> Outdoor: <input type="checkbox"/>	0745 0845	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	SWEET - ROTTEN PERFUME / CHEMICAL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 52 Wind Speed: 13 Wind Direction: AAWW Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5/16	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor: <input checked="" type="checkbox"/> Outdoor: <input type="checkbox"/>		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	↓ SAME	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor: <input checked="" type="checkbox"/> Outdoor: <input checked="" type="checkbox"/>	0835	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense	NEUTRAL GAS ODDOR (STRONGER OUTSIDE IS ALSO PRESENT) EMPLOYEES SIDE FROM OFFICES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 58 Wind Speed: _____ Wind Direction: EYE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes Indoor: <input type="checkbox"/> Outdoor: <input type="checkbox"/>		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (you may use other terms):

- air freshener, ammonia, asphalt, cherry, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint strippers, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke

DID NOT SMELL IN REST ROOM'S

DHS 03/27/2014

Weekly Odor Event Log

(Fill in Each Day)

Address: 345 S. 16th St. Room/Location: SSCM Person Completing Log: R. SIMATIC & D.A. STAFF

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
6/23	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	0630 WE ARE VENTING LOCKER ROOMS	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense	CWT - MENS LOCKER RM WOMENS & MENS RESTROOM - VERY BAD @ 2:45 - 3:30 PM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6/24	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	QUICK IN OF AROUND IN RESTROOM	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense	Rotten reformed ESTN - CUT ALSO NOTED IN OFFICE @ 8:45 (BREATHER) APR 4:00 PM - MENS RM COULD NOT ENTER STALL DOOR TO STRONG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6/25	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 64 Wind Speed: 4 Wind Direction: NNE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6/29	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense	ASAME 6/27	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 70 Wind Speed: 7 Wind Direction: E Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6/27	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0650 1950	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 78 Wind Speed: 10 SE Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (You may use other terms):

air freshener, ammonia, asphalt, chert, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint, stripper, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweet, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

Exhibit 2
P. 8 of 9

Weekly Odor Event Log

(Fill in Each Day)

Address: 348 S. 116th St. Room/Location WIM Person Completing Log: R. SIMPSON & D.A. STAFF

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
6/30	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	0700	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	CWT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 79 Wind Speed: H Wind Direction: SW Rain/Snow: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7/1	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0700	<input type="checkbox"/> Once <input checked="" type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	BE BELT FILTER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 73 Wind Speed: 10 Wind Direction: WSW Rain/Snow: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7/2	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	WAX	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 56 Wind Speed: B Wind Direction: ENE Rain/Snow: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7/3	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0730	<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	CWT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: 72 Wind Speed: 5 Wind Direction: ENE Rain/Snow: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7/4 HOLIDAY	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Once <input type="checkbox"/> Several Times <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input type="checkbox"/> Off	High Temp: Wind Speed: Wind Direction: Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Odor Descriptions (you may use other terms):
 air freshener, ammonia, asphalt, cherry, coal tar, diesel fuel, dry cleaning solvent, feces/manure, floral, fruity, fuel oil, furniture paint stripper, gasoline, garlic, musty, mildew, mothballs, nail polish remover, natural gas, perfume, paint, paint thinner, urine, rotting fish, rotting animal carcass, roofing tar, sweat, sour, sharp, sulfur/rotten eggs, vehicle/engine exhaust, vomit, wood smoke.

Exhibit 2
P. 9 of 9



May 19, 2014

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. John Scherff
CWT of Wisconsin, LLC
360 South Curtis Road
West Allis, Wisconsin 53214

Subject: *Notice of Required Action
Wastewater Discharge Permit 200.03*

Dear Mr. Scherff:

The CWT of Wisconsin, LLC (CWT) facility at 360 South Curtis Road, West Allis is regulated by Wastewater Discharge Permit 200.03. This permit sets forth pretreatment standards and requirements applicable to the discharge of wastewater to the sewerage system. This *Notice of Required Action* responds to recent sampling downstream of your facility.

District sampling identified the following violations of its Local Limits:

Pollutant	Date	Result	Pretreatment Standard
Nickel	April 17, 2014	9.6 mg/L	4.0 mg/L
Zinc		19.0 mg/L	8.0 mg/L
HEM	April 18, 2014	1100 mg/L	300 mg/L
SGT-HEM		210 mg/L	100 mg/L
Zinc	April 21, 2014	67.0 mg/L	8.0 mg/L
HEM	April 22, 2014	460 mg/L	300 mg/L
SGT-HEM		320 mg/L	100 mg/L
HEM	April 30, 2014	83000 mg/L	300 mg/L
SGT-HEM		54000 mg/L	100 mg/L

Mr. John Scherff
 May 19, 2014
 Page 2

Pollutant	Date	Result	Pretreatment Standard
Nickel	May 5, 2014	7.7 mg/L	4.0 mg/L
Zinc		8.3 mg/L	8 mg/L
HEM		1500 mg/L	300 mg/L
		2600 mg/L	
SGT-HEM		1000 mg/L	100 mg/L
		1800 mg/L	
HEM	May 6, 2014	3400 mg/L	300 mg/L
SGT-HEM		2100 mg/L	100 mg/L

Based upon the downstream sampling results mentioned above, and the joint inspection conducted on May 14, 2014, in conjunction with Wisconsin Department of Natural Resources and Environmental Protection Agency staff, the District is requiring the following actions be undertaken by CWT:

1. All floor trenches and drains located within the CWT facility must be cleaned by May 30, 2014, to allow District monitoring staff to perform dye testing to verify flow patterns.
2. Any and all records related to centralized wastewater treatment process intake and discharge (including proof of wastewater category), as required by sec. 5.04 of Wastewater Discharge Permit 200.03, must be maintained on CWT's premises for review, upon request, at all times. CWT must locate and store all such records on-site by May 30, 2014. If CWT stores this information electronically, then this information must be accessible from CWT's premises during an inspection.
3. Follow the quality assurance plan CWT submitted to the District on February 3, 2010, as part of a settlement agreement with the District, which includes the presence and use of a fully functional Atomic Absorption analytical unit for sampling incoming waste loads. At the May 14 inspection, CWT was unable to demonstrate implementation of this plan.

Exhibit 3
 p. 2 of 7

Mr. John Scherff
May 19, 2014
Page 3

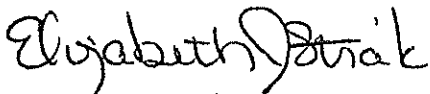
4. Install an outside sampling manhole that includes all discharges from CWT and allows the collection of flow proportioned composite samples. This new sampling point is necessary to allow the District to evaluate discharges from CWT before mixing with other discharges. CWT must submit plans and specifications to the District before July 19 and complete construction before August 31.

The District will continue its downstream sampling until this situation is resolved. Should it be determined that CWT is the source of the violations noted above, the District may charge CWT for some or all samples related to this situation, according to sec. 11.803(3) and (4), MMSD Rules.

If further sampling by the District shows violations continuing for more than 45 days after May 19, 2014, then the District may take further enforcement action. Other circumstances may also result in further enforcement action. The enforcement actions available to the District are set forth in secs. 11.807 to 11.818, MMSD Rules. Potential actions include, but are not limited to: issuing a *Notice of Violation*; publishing CWT in the District's periodic public notice of users in significant noncompliance; revoking CWT's wastewater discharge permit; or seeking injunctive relief or civil penalties up to \$10,000 per day per violation.

If you have any questions regarding this *Notice of Required Action*, please contact Beth Stroik at 414-225-2157 or estroik@mmsd.com.

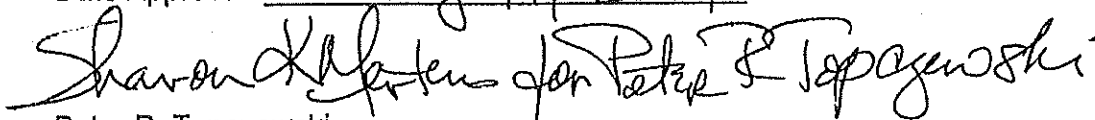
Sincerely,



Elizabeth J. Stroik
Senior Industrial Waste Engineer

Date Approved

May 19, 2014



Peter R. Topczewski
Director of Water Quality Protection

c: Robert Liska, Randal Malek, Amy Walden, WDNR
Kathy Halbur, U.S. EPA



July 14, 2014

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. John Scherff
CWT of Wisconsin, LLC
360 South Curtis Road
West Allis, Wisconsin 53214

Subject: *Notice of Noncompliance
Wastewater Discharge Permit 200.03*

Dear Mr. Scherff:

The CWT of Wisconsin, LLC (CWT) facility at 360 South Curtis Road, West Allis is regulated by Wastewater Discharge Permit 200.03. This permit sets forth pretreatment standards and requirements applicable to the discharge of wastewater to the sewerage system. This *Notice of Noncompliance* responds to recent sampling at your facility.

District sampling identified the following violations at Outfall 1.2:

Pollutant	Date	Result	Pretreatment Standard
Copper	May 22, 2014	1.60 mg/L	0.50 mg/L
	May 2014 (monthly average)	0.80 mg/L	0.242 mg/L
Lead	May 22, 2014	1.80 mg/L	0.35 mg/L
	May 2014 (monthly average)	0.946 mg/L	0.16 mg/L

CWT must respond to this *Notice of Noncompliance* within 15 days after CWT receives it. CWT must explain the violations and describe the remedial actions CWT has taken or will take to achieve compliance. The response must also include the shortest possible schedule for implementation of these remedial actions.

Mr. John Scherff
July 14, 2014
Page 2

The District is responsible for assuring that its users remain in consistent compliance with all applicable pretreatment standards. Therefore, the District will increase its sampling frequency at CWT. This sampling will continue until CWT ceases discharging or demonstrates consistent compliance. The District will charge CWT for a minimum of one sample per month and any additional violations, according to sec. 11.803(3) and (4), MMSD Rules.

If further sampling by CWT or the District shows violations continuing for more than 45 days after July 14, 2014, then the District will take further enforcement action. Other circumstances may also result in further enforcement action. The enforcement actions available to the District are set forth in secs. 11.807 to 11.818, MMSD Rules. Potential actions include, but are not limited to: issuing a *Notice of Violation*; publishing CWT in the District's periodic public notice of users in significant noncompliance; revoking CWT's wastewater discharge permit; or seeking injunctive relief or civil penalties up to \$10,000 per day per violation.

Please note that several sample results showing compliance may be necessary to ensure that CWT does not meet the criteria set forth in sec. 11.810, MMSD Rules, for including a user in the District's periodic public notice of users in significant noncompliance. CWT should consider the significant noncompliance criteria and past sample results when planning future sampling.

If you have any questions regarding this *Notice of Noncompliance*, please contact Beth Stroik at 414-225-2157 or estroik@mmsd.com.

Sincerely,



Elizabeth J. Stroik
Senior Industrial Waste Engineer

Date Approved

7/14/14



Peter R. Topczewski
Director of Water Quality Protection



PARTNERS FOR A CLEANER ENVIRONMENT

August 11, 2014

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. John Scherff
CWT of Wisconsin, LLC
360 South Curtis Road
West Allis, Wisconsin 53214

Subject: *Notice of Continuing Violation*
Wastewater Discharge Permit 200.03

Dear Mr. Scherff:

The CWT of Wisconsin, LLC (CWT) facility at 360 South Curtis Road, West Allis is regulated by Wastewater Discharge Permit 200.03. This permit sets forth pretreatment standards and requirements applicable to the discharge of wastewater to the sewerage system. This *Notice of Continuing Violation* responds to recent sampling at your facility.

District sampling identified the following violations at Outfall 1.2:

Pollutant	Date	Result	Pretreatment Standard
Lead	June 10, 2014	1.80 mg/L	0.35 mg/L
	June 2014 (monthly average)	0.95 mg/L	0.16 mg/L

These noncompliant results follow previous noncompliant results for Lead, for which a *Notice of Noncompliance* was issued on July 14, 2014.

CWT has already explained the violations, therefore, this *Notice* is for your information only, and a written response to this *Notice* is not required.

The District is responsible for assuring that its users remain in consistent compliance with all applicable pretreatment standards. Therefore, the District will continue its increased sampling frequency at CWT. This sampling will continue until CWT ceases discharging or demonstrates consistent compliance. The District will charge CWT for a

Milwaukee Metropolitan Sewerage District
260 W. Seeboth Street, Milwaukee, WI 53204-1446
414-272-5100 www.mmsd.com

Exhibit 3
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Mr. John Scherff
August 11, 2014
Page 2

minimum of one sample per month and any additional violations, according to sec. 11.803(3) and (4), MMSD Rules.

Please note that several sample results showing compliance may be necessary to ensure that CWT does not meet the criteria set forth in sec. 11.810, MMSD Rules, for including a user in the District's periodic public notice of users in significant noncompliance. CWT should consider the significant noncompliance criteria and past sample results when planning future sampling.


If you have any questions regarding this *Notice of Continuing Violation*, please contact Beth Stroik at 414-225-2157 or estroik@mmsd.com.

Sincerely,



Elizabeth J. Stroik
Senior Industrial Waste Engineer

Date Approved 8/12/14



Peter R. Topczewski
Director of Water Quality Protection