



# 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  
13<sup>th</sup> day of April, 2004

Maura Schulte  
Assistant City Clerk

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

Resolution

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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 11th St Room/Location MAIN OFFICE Person Completing Log: R. SIMATIC - INPUT FROM EMPLOYEES & REST ROOMS

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 Indoor <input checked="" 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 type="checkbox"/> Moderate <input checked="" type="checkbox"/> Intense	CHEMICAL TURPENTINE VENTILATED Bld.	<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: <del>18</del> 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 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 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 Indoor <input 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: 18 MPH Wind Direction: ENE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/4/14	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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 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 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 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, 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)

Address: 345 S. 116th. ST. Room/Location MEN 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
4/6/19 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 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	TURP. CHEM.	<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 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: _____ Wind Speed: _____ Wind Direction: _____ Rain/Snow? <input type="checkbox"/> Yes <input type="checkbox"/> No
4/9	<input checked="" type="checkbox"/> No <input 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: <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 checked="" 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 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 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: <u>60</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 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		<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 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  
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# Weekly Odor Event Log

(Fill in Each Day)

*Week of 4/6*

Address: 345 S. 116th St. Room Location Women Rm Person Completing Log: R. Simanic - Input from Staff

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
<i>4/8/14</i> <i>S.C. &amp; J.W.</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<i>0700</i>	<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	<i>CHEMICAL SMELL</i>	<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: <i>52°</i> Wind Speed: <i>1-2 MPH</i> Wind Direction: <i>ESE</i> Rain/Snow? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>4/7/14</i> <i>S.C. I.S.</i>	<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 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	<i>CHEMICAL</i>	<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: <i>54°</i> Wind Speed: <i>5-6 MPH</i> Wind Direction: <i>WNW</i> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>4/9/</i>	<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 type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Intense	<i>N/A</i>	<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: <i>60°</i> Wind Speed: <i>13 MPH</i> Wind Direction: <i>SSW</i> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>4/10</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	<i>0730</i>	<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	<i>Sour Creamed Beans</i>	<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: <i>60°</i> Wind Speed: <i>22 MPH</i> Wind Direction: <i>SW</i> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>4/11</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	<i>0830</i>	<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	<i>same</i>	<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: <i>63°</i> Wind Speed: <i>19</i> Wind Direction: <i>NW</i> 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. 3 of 9*



# 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
4/7/14 P.R.S. J.W.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	6:40 AM 0640 2:05 PM	<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 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: SE-W Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4/8/14 J.M. J.W.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	0715	<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 - RODDING 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-W 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 type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0850 0850 07345	<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: 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 type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	10:45 1045	<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 type="checkbox"/> Intense	CHEMICAL / PROPANE ROTTING CREAM CAR	<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: 62° 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 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 type="checkbox"/> Moderate <input type="checkbox"/> Intense	ROTTING CREAM CAR	<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.

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# Weekly Odor Event Log

(Fill in Each Day)

WEEK OF 4/13

Address: 345 S. 116th ST. Room/Location: REST ROOMS Person Completing Log: TRAVIS SYMATIC

Date	Odor Observed?	Time First Observed	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 <input type="checkbox"/> 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 checked="" type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	ROTTEN PERFUME LITY DUMP	<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: 32 Wind Speed: 16 MPH Wind Direction: NNW Rain/Snow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4/15/14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" 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 checked="" 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 <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	0700 1730	<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 checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	OLD SOCKS - HIDDEN ROTTEN CREAMED 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: 45° Wind Speed: 30 MPH Wind Direction: NNW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4/17/14	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 <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.

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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	Odor Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
5/5	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	0730 ↓ 1030	<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	ROTTEN SWEET SMELL - UNDER TONE 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: 46 Wind Speed: 9.6 Wind Direction: 4.7 Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/6	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	0810	<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	SOME CHEMICAL ODOR ALSO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> A/C on <input type="checkbox"/> Heat on <input checked="" type="checkbox"/> Off	High Temp: 55 Wind Speed: 10 Wind Direction: NE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/7	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	9:00	<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	Blast of odor in the AM (women's room). chemical smell	<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: 53 Wind Speed: 8 Wind Direction: ENE Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/8	<input type="checkbox"/> No <input type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		<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: 77 Wind Speed: 11 Wind Direction: SSW Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5/9	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Indoor <input checked="" type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		<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: 22 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"/>		<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"/>		<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, fruit, 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. 16th St.

Person Completing Log: R. Simatic

60.15

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 type="checkbox"/> Yes 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 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 type="checkbox"/> Yes 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 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 type="checkbox"/> Yes 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 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	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: NNW 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"/> 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	0835	<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 type="checkbox"/> Intense	NATURAL GAS ODOR - (STRONG OUTSIDE) is also present EMPLOYEES SICK FROM ODORS	<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: 48 Wind Speed: _____ Wind Direction: ESE 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

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.

DID NOT SMELL IN RESTROOMS

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# Weekly Odor Event Log

(Fill in Each Day)

Person Completing Log: R. SIMATIC & O.A. STAFF

Room/Location SSCM

Address: 345 S. 116th St.

Date	Odor Observed?	Time First Observed	Odor Duration	Odor Intensity	Description (see below)	Windows Open?	HVAC On?	Outdoor Weather Observations
6/23	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Frequent <input checked="" type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input 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 checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Duration of Air 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 type="checkbox"/> Intense	Rotten cleaned cotn - cut - ALSO NOTED IN OFFICE @ 8:45 (for help) All 4:00 PM - MENS RM COULD NOT ENTER STALL DOORS	<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>80</u> Wind Speed: <u>15</u> Wind Direction: <u>NE</u> 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 type="checkbox"/> Constant	<input type="checkbox"/> Weak <input type="checkbox"/> Mild <input 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: <u>64</u> Wind Speed: _____ Wind Direction: <u>WNE</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6/26	<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	<u>ASAME</u>	<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: <u>70</u> Wind Speed: _____ Wind Direction: <u>E</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6/27	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	0650 1300	<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		<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>78</u> Wind Speed: _____ Wind Direction: <u>LO SE</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" 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.

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# Weekly Odor Event Log

(Fill in Each Day)

Person Completing Log: W.M. R. SIMONTIC & D.A. STAFF

Address: 348 S. 116th St. Room/Location OFFICE

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 checked="" 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 - OFFICE <input checked="" type="checkbox"/> Moderate - W.M. <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: <u>79</u> Wind Speed: <u>H</u> Wind Direction: <u>SW</u> Rain/Snow: <u>NR</u> Yes <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Moderate <input type="checkbox"/> Intense	CWT. P. FELITE	<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>73</u> Wind Speed: <u>0-14</u> Wind Direction: <u>WSW</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7/2	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	0700	<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: <u>56</u> Wind Speed: <u>B</u> Wind Direction: <u>ENE</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7/3	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Indoor <input 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: <u>72</u> Wind Speed: <u>5</u> Wind Direction: <u>ENE</u> Rain/Snow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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, sweet, 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



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](mailto:estroik@mmsd.com).

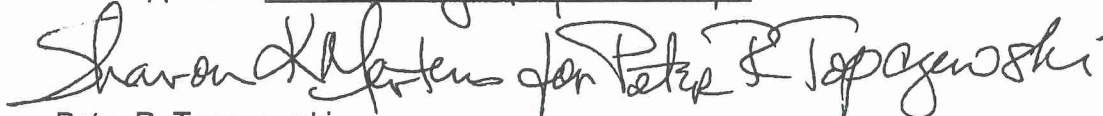
Sincerely,



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](mailto:estroik@mmsd.com).

Sincerely,



Elizabeth J. Stroik  
Senior Industrial Waste Engineer

Date Approved

7/14/14



Peter R. Topczewski  
Director of Water Quality Protection





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

*Exhibit 3  
p. 6 of 7*

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](mailto:estroik@mmsd.com).

Sincerely,



Elizabeth J. Stroik  
Senior Industrial Waste Engineer

Date Approved 8/12/14



Peter R. Topczewski  
Director of Water Quality Protection