



Dry Cleaner Environmental Response Application

Instructions

Please type or print in ink all items. This application must be completed for each dry cleaning facility. If an item does not apply, write "NA." Additional information may be provided by attaching additional sheets.

In 1995 Oregon's Environmental Cleanup Laws were revised to provide specific operating requirements and exemptions from cleanup liability for dry cleaning owners and operators in Oregon (ORS 465.500 through 465.545). If you are an owner or operator of a dry cleaning facility, and dry cleaning solvents from your facility have caused contamination that requires cleanup, you may complete this application to request financial assistance from the Dry Cleaner Environmental Response Account. Only those facilities determined to be eligible in accordance with the law will be able to obtain financial assistance through this account.

If you need assistance completing this application please contact Richard De Zeeuw at (503) 229-6240 or (800) 452-4011.

I. Site Identification

1) Site Information:

- a) Fill in the information concerning the actual FACILITY. A dry cleaning facility means a facility engaged in dry cleaning apparel and household fabrics for the general public. Please provide the physical address of the dry cleaning facility.

Name of Store: _____
Street Address: _____
City/County/Zip: _____

- b) What is the DEQ/U.S. Environmental Protection Agency identification number for this facility?

2) Dry Cleaner Operator Information:

- a) The OPERATOR is the person who owns and/or directs the operations of the dry cleaning business, not the property upon which the business is located.

Name of business owner/operator: _____ DBA _____
Street Address: _____
City/State/Zip: _____
Telephone: _____ FAX _____
Contact Person: _____

- b) Name of person responsible for day to day operations. If same as above, mark "same as 2a".
Name: _____ Title: _____

- c) Does the jurisdiction in which the site is located require a business license?
yes ____ no ____ If yes, attach copy of business license.

- d) Partners or Officers

Name: _____ Title: _____
Home Address: _____
Telephone: _____ FAX: _____

Partners or Officers Cont.

Name: _____ Title: _____

Home Address: _____

Telephone: _____ FAX: _____

e) Number of additional employees at this facility: _____

- 3) Other dry cleaning businesses currently operated in Oregon by operator (name and address of facility) You are an OPERATOR if either (1) you have a business license to operate a facility or (2) you own or direct the operations at a facility that does not have a business license.

- 4) Dry Cleaning businesses previously operated in Oregon by this operator (name and address of facility). You are an OPERATOR if either (1) you had a business license to operate a facility or (2) you owned or directed the operations at a facility that did not have a business license.

- 5) Dry Cleaner (property) Owner Information: Fill in information concerning the OWNER of the dry cleaning facility. The OWNER is the person who owns the real property where a dry cleaning facility is located.

Business Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Contact Person: _____

- 6) Has the operator of this facility paid all the annual fee to the Department of Revenue for this facility?
yes ___ no ___
- 7) If the operator of this facility also is the operator of other facilities in Oregon, have the annual fees been paid for those facilities? yes ___ no ___

II. Operational History

- 1) Is site currently operating as a dry cleaner? yes ___ no ___ If YES, indicate the date that the current operator began operation at this location: ___/___/____. If NO, indicate the date the operator began operations and the date the operator ceased operations: from ___/___/____ to ___/___/____.

- 2) Has there been a dry cleaning operation at this facility previous to the current operator?
yes ___ no ___ If YES, indicate the dates that the previous dry cleaning operator was active: from ___/___/____ to ___/___/____. Indicate the name of the facility and the owner/operator if known.

- 3) Was this facility an active dry cleaning facility at all times between April 1, 1995 and June 30, 1995?
yes ___ no ___

III. Background Information

1) Spills and Releases

- a) Are you aware of any solvent releases at this facility? yes ___ no ___
- b) For each release answer the following questions:
1. How did the release occur? _____
 2. When did the release occur? _____
 3. What substances were released? _____
 4. How did you remedy the situation? _____
 5. Was the release reported in accordance with applicable spill reporting requirements?
yes ___ no ___

2) **Machine Specific Information** (If more than one dry cleaning machine is located at this facility, use a separate sheet for each machine. Photocopy this page or request duplicates from DEQ.)

- a) Age of machine: _____ Make and model of machine: _____ Date put into operation at this location: _____
- b) Machine type (transfer, dry to dry vented, dry to dry non-vented, other (explain):

- c) Has there ever been a transfer machine at this facility? yes ___ no ___
- d) Type of solvent used (past and current) _____
- e) Amount of solvent used annually: _____ gallons.

3) Waste Management

- a) Indicate how the wastes you generate are **currently** being disposed/handled by placing a "C" in the space provided for each method that applies and indicate the date you started using this practice. Indicate **past** disposal/handling practices by placing a "P" in the space provided. If wastes were/are handled by a hazardous waste disposal company, indicate the name of the company in the space provided.

Waste	Sanitary Sewer	Septic Tank	Dumpster	Hazardous Waste Disposal Firm	Other
Sludges/Still Bottoms					
Filter Cartridges					
Lint					
Separator Waters					

What is the hazardous waste category of facility?

- Dry Cleaner generating less than 220 pounds of hazardous waste per month,
- Small Quantity Generator: more than 220 pounds but less than 2200 pounds of hazardous waste per month
- Large Quantity Generator: 2200 pounds or more of hazardous waste per month.

If you are not sure of your hazardous waste category, refer to the fact sheet *Dry Cleaner Hazardous Waste Management*.

- b) Describe type of filtration used and methods employed to recover solvent from the waste stream prior to disposal.

4) Storage and Containment

- a) Indicate the correct description of the method or methods used to store solvent. Include the capacity in gallons of each storage method.

- above ground tank: _____
- underground storage tank: _____
- container: _____
- dry cleaning machine: _____

Which of these have secondary containment? _____

- b) Is there a containment system around the dry cleaning machine? yes ____ no ____ If YES, indicate the capacity and the construction material of the containment area.

gallon capacity: _____
construction material: _____

- c) In areas of the facility where solvents are used have floor surfaces been coated with a sealant impervious to the solvents? yes ____ no ____

- d) Are there floor drains inside the facility? yes ____ no ____

- e) Are the floor drains open or closed? open ____ closed ____
Where do they empty? _____

IV. Contamination

Indicate what contamination you are aware of at this facility. Indicate the date, nature (cause) and extent (quantity/size) of the spill or leak. Attach any consultant reports or environmental test results that are available. You do not need to have environmental testing done to complete and submit this application.

V. Land and Water Use:

1) Describe land uses (zoning) surrounding your facility.

2) Do you know whether or not there are drinking water wells in the vicinity?

Yes__ no__ If yes, please describe.

VI. Certification:

Either dry cleaner owner or dry cleaner operator can be applicant. Owner and operator may apply jointly. The owner/operator or an authorized representative of the dry cleaning facility must sign this application. Include their title and the date signed. For a corporation, a responsible corporate officer should sign the application. A responsible corporate officer means: a president, secretary, treasurer, vice-president or other person who performs similar policy or decision making functions for the corporation. For a partnership or sole proprietorship, the application should be signed by the general partner or proprietor.

I certify that the information contained in this form and on any attachments, is true, accurate, and complete to the best of my knowledge.

Type or Print Name of Applicant

Signature of Owner, or Authorized Representative

Title

Date

Signature of Operator, or Authorized Representative

Title

Date