

KDHE REGISTRATION FOR KANSAS DRY CLEANING FACILITIES (2011)



Please return completed form to:
 Kansas Department of Health and Environment - BER
 Assessment & Restoration Section
 1000 SW Jackson, Suite 410
 Topeka, KS 66612-1367

State Use Only
Registration Number:
Date Received:

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section 5. This form must be completed for each drycleaning facility that uses dry cleaning solvents. **ALL LINE ITEMS MUST BE FILLED IN OR THE FORM WILL BE RETURNED, DELAYING APPLICATION.** If an item does not apply, write "NA". On-line registration is available at www.kdheks.gov/dryclean.

1. LOCATION OF FACILITY	2. REAL PROPERTY OWNER
Name of Facility _____	Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
(Area Code) Phone Number _____	(Area Code) Phone Number _____
Contact Name (Facility Manager) _____ Title _____	Contact Name _____ Phone Number _____
Email Address _____	Email Address _____
3. OWNER OF FACILITY/EQUIPMENT	4 TYPE OF FACILITY OWNER (Mark all that apply)
Owner Name or Company Site Identifier, as applicable _____	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limit Liability Company _____ Business Entity ID Number (issued by Kansas Secretary of State) _____ Federal Employers Identification Number (FEIN) _____ Name of Owner, Designated Managing Partner, or Chief Executive Officer _____ E-mail Address _____
Contact Person _____	
Street Address or County Rd., as applicable _____	
City _____ State _____ Zip _____	
(Area Code) Phone Number _____	
Kansas Retailer's Sales Tax Number _____	

5. CERTIFICATION (Read and sign after completing applicable Sections on page 2 and any accompanying forms.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature of Owner _____ Date _____

PRINT name of Owner _____

6. DESCRIPTION OF DRY CLEANING MACHINES AND FACILITY
(Complete for each machine currently at this location.)

Dry cleaning machine identification number or arbitrarily assigned sequential number (1,2,3...)	Machine No.	Machine No.	Machine No.	Machine No.
a. Installation date of dry cleaning machine(s) in use. _____				
b. List solvent type used by each machine: PCE, Petroleum (Stoddard, Naptha, DF-2000), Rynex, Green Earth, CO2, and Other (Please specify). _____				
c. Is the machine "permanently out of use", but still located at this facility. (Indicate Y or N) _____				
d. If the machine's "permanently out of use", has it been drained of all dry cleaning solvents? (Indicate Y or N) _____				

7. SOLVENT PURCHASE, USE, DELIVERY, STORAGE, AND DISPOSAL

a. From whom do you purchase solvent? (Name-City) _____

b. What is your current average annual usage in Gallons? *See the Kansas SBEAP Compliance Calendar for guidance.*
 PCE _____ Petroleum (Stoddard, Naptha, DC-2000) _____ Rynex _____
 Green Earth _____ CO2 _____ Other _____

c. Are virgin (new) petroleum-based solvents stored in containers other than the dry cleaning machine? YES - NO - NA
please circle

d. Are chlorinated dry cleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system? YES - NO - NA
please circle

e. Are PCE solvent wastes (muck, filters, etc.) stored in marked sealed containers within secondary containment? YES - NO - NA
please circle

f. If separator water is generated, how is it disposed of?
 1. Heated Evaporation Unit: _____ 2. Licensed Waste Hauler: _____ 3. Misting Unit: _____ 4. Sanitary Sewer _____
 5. Sanitary Landfill: _____ 6. Storm Sewer: _____ 7. Other (Specify): _____

8. ADDITIONAL INFORMATION

a. Are you a dry cleaning facility for other retailers? YES - NO
If yes, please list them, attaching a continuation sheet if necessary. *please circle*

Store Name	Address	City	State	ZIP	Phone Number
1					
2					

If you would like to apply to the Dry Cleaning Facility Release Trust Fund for site prioritization, please contact KDHE at (785) 296-6370. Copies of this registration form, the prioritization application form and additional information of the Dry Cleaning Facility Release Trust Fund are available on KDHE Website at: <http://www.kdheks.gov/dryclean>