



**Massachusetts Department of Environmental Protection**  
 Bureau of Waste Prevention  
 Environmental Results Program  
**2009 Compliance Certification For Dry Cleaners**

Facility Account # (If Known) \_\_\_\_\_

**A. Facility Information**

**Important:**  
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**DEP USE ONLY**

Date Received  
 (mm/dd/yyyy)

**1. Facility Site Location**

\_\_\_\_\_

a. Name

\_\_\_\_\_

b. Street Address 1

\_\_\_\_\_

c. Street Address 2

\_\_\_\_\_

d. City/Town

\_\_\_\_\_

e. State

\_\_\_\_\_

f. Zip Code

\_\_\_\_\_

g. Phone Number

\_\_\_\_\_

h. Fax Number

\_\_\_\_\_

i. Facility Contact – First Name

\_\_\_\_\_

j. Facility Contact – Last Name

\_\_\_\_\_

k. Facility Contact – Title

\_\_\_\_\_

l. Email Address

\_\_\_\_\_

m. Number of Full-Time Employee Equivalents (FTEs)

**You must provide this FTE information.**

**2. Mailing Address (For Receiving Certification Reminders)**

\_\_\_\_\_

a. Mailing Address 1

\_\_\_\_\_

b. Mailing Address 2

\_\_\_\_\_

c. City/Town

\_\_\_\_\_

d. State

\_\_\_\_\_

e. Zip Code

\_\_\_\_\_

f. Country

**3. Owner/Annual Compliance Fee Billing Address**

\_\_\_\_\_

a. Owner Name

\_\_\_\_\_

b. Owner Mailing Address 1

\_\_\_\_\_

c. Owner Mailing Address 2

\_\_\_\_\_

d. City/Town

\_\_\_\_\_

e. State

\_\_\_\_\_

f. Zip Code

\_\_\_\_\_

g. Country



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**A. Facility Information** (continued)

4. Check any of the following conditions that apply to your operation:

- a.  This is a Pre-Existing Facility under New Ownership
- b.  This is a New Facility (opened since September 15 of previous year)

\_\_\_\_\_  
New Owner as of Date (mm/dd/yyyy)

\_\_\_\_\_  
Date Opened (mm/dd/yyyy)

5. Is your business a **Co-Residential Facility?** (i.e., your business is located in a building with an apartment or other residential space, even if vacant at the time of this certification.)

- Yes
- No

6. Is your business a **Co-Located Facility?** (i.e., your business is located in a building *without* a residence, but *with* one or more of the following:

- Yes
- No

- licensed day care center
- health care facility
- prison
- school (elementary, middle, or high)
- children's pre-school
- youth or senior center.)

**B. Change in Status**

**You are required to indicate below if any of the following apply to your operation.** Check any that apply, then skip to Section D (Comments) and Section E (Certification Statement).

(If none apply, then continue to Section C).

1.  No dry cleaning operations exist on-site

\_\_\_\_\_  
Dry Cleaning Ceased as of Date (mm/dd/yyyy)

2.  The facility does not use perchloroethylene (perc) for dry cleaning

\_\_\_\_\_  
Perc Not Used as of Date (mm/dd/yyyy)

Which of the following dry cleaning methods do you use?

- a. Hydrocarbon
- b. Siloxane (GreenEarth)
- c. Rynex
- d. Wet Cleaning
- e. Liquid CO<sub>2</sub>
- f. N-Propyl Bromide (NPB)
- g. Other (Specify)

\_\_\_\_\_  
Specify "Other"

Number of machines using alternate solvent(s)

\_\_\_\_\_  
Number of Machines Using Alternate Solvent(s)

Estimated number of gallons of alternate solvent(s) used per year

\_\_\_\_\_  
Gallons

3.  The facility now has only coin-operated dry cleaning machines

\_\_\_\_\_  
Only Coin-Operated as of Date (mm/dd/yyyy)



## C. Compliance Information

### DRY CLEANING MACHINE INFORMATION

1. Please enter the data below for each dry cleaning machine installed at your facility. When a machine is replaced, enter the date removed; then enter the new replacement machine in a separate column.

Enter all dates as  
(mm/dd/yyyy)

Machine	Machine	Machine
a. Manufacturer & Model	a. Manufacturer & Model	a. Manufacturer & Model
b. Serial #	b. Serial #	b. Serial #
<input type="checkbox"/> c. Installed before 12/9/1991	<input type="checkbox"/> c. Installed before 12/9/1991	<input type="checkbox"/> c. Installed before 12/9/1991
<input type="checkbox"/> d. Installed between 12/9/1991 & 01/01/2000	<input type="checkbox"/> d. Installed between 12/9/1991 & 01/01/2000	<input type="checkbox"/> d. Installed between 12/9/1991 & 01/01/2000
e. Install Date if after 01/01/2000	e. Install Date if after 01/01/2000	e. Install Date if after 01/01/2000
f. Date Removed	f. Date Removed	f. Date Removed
g. Control Device(s)*	g. Control Device(s)*	g. Control Device(s)*

\*Control devices: refrigerated condenser; carbon adsorber; or both (refrigerated condenser & carbon adsorber)

**NOTE: You must provide control device information.**

Answer ALL questions unless you are directed to skip a question. Do not answer questions that you are directed to skip.

2. Do you operate a transfer machine?
  - Yes - Cease operation and submit a *Return to Compliance Plan*
  - No
  
3. Did you install a dry-to-dry machine after 12/21/2005?
  - Yes
  - No - Skip to question 6
  - a. Is the machine equipped with a secondary carbon adsorber in addition to a refrigerated condenser?
    - Yes
    - No - submit a *Return to Compliance Plan*
  
4. If your business is a Co-Residential Facility, did you install a perc machine after 7/13/2006?
  - Yes – **Cease Operation** of the perc machine and submit a *Return to Compliance plan*
  - No
  - Not Applicable - Not Co-Residential

**NOTICE:** If you installed a perc machine in a Co-Residential building between 12/21/05 and 7/13/06 you are subject to federal regulations. For more information see the following URL: <http://www.epa.gov/region1/contact/index.html>



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**C. Compliance Information** (continued)

5. If your business is a Co-Located Facility, have you installed a perc machine after 11/05/2008?  Yes - **Cease Operation** of the perc machine and submit a *Return to Compliance Plan*  
 No  
 Not Applicable – Not Co-Located
6. Do you close all dry cleaning machine doors immediately after transferring articles and keep the dry cleaning machine doors closed at all times except during maintenance?  Yes  
 No - Submit a *Return to Compliance Plan*
7. Do all of your dry-to-dry machines installed before 12/9/1991 have a carbon adsorber or refrigerated condenser?  Yes  
 No - submit a *Return to Compliance Plan*  
 Not Applicable
8. Do all of your dry-to-dry machines installed after 12/9/1991 have a refrigerated condenser?  Yes  
 No - Submit a *Return to Compliance Plan*  
 Not Applicable
9. Do you monitor on a weekly basis: -  Yes  
 No - Submit a *Return to Compliance Plan*
- the refrigeration system high and low pressure during the drying phase, **or**
  - the temperature at the end of the cycle on the outlet side of the refrigerated condenser?
10. Does the temperature of the refrigerated condenser outlet fall to 45° F or less (**or** are the high and low pressures in the range specified by the manufacturer's operating instructions) at the end of the cool down cycle?  Yes  
 No - Submit a *Return to Compliance Plan*
11. Do you fix all emission control equipment problems within 24 hours or order parts within 2 days and complete repairs within 5 days?  Yes  
 No - Submit a *Return to Compliance Plan*  
 Not Applicable - No problems have been experienced
12. Do you conduct weekly leak checks of your dry cleaning system using a leak detection device in compliance with the standards included in the workbook? (See standards B-5 and B-6 of the Dry Cleaners Environmental Certification Workbook (the "Workbook"))  Yes  
 No - Submit a *Return to Compliance Plan*



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**C. Compliance Information** (continued)

13. If you find leaks, are repairs conducted within 24 hours or parts ordered within 2 days and repairs completed within 5 days?  Yes  
 No - Submit a *Return to Compliance Plan*  
 Not Applicable - No leaks found

14. Do you maintain all required air quality management records for at least 3 years?  Yes  
 No - Submit a *Return to Compliance Plan*  
Required records include:
- perc purchase receipts and log
  - weekly leak checks
  - weekly emission control monitoring
  - repair logs and receipts/invoices
  - manufacturer's operating manual onsite

(See Standard B-17 in the Workbook.)

15. Do you operate and maintain your dry cleaning system (including the refrigerated condenser and/or carbon adsorber) in accordance with the manufacturer's specifications and recommendations?  Yes  
 No - Submit a *Return to Compliance Plan*.

16. How many gallons of perc did you purchase in the last 12 months? (See Standard A-2 in the Workbook.) \_\_\_\_\_  
Gallons

**INDUSTRIAL WASTEWATER REQUIREMENTS**

17. Do you place separator water into a device which evaporates it to the air?  Yes  
 No

18. Do you use a wet cleaning process or standard laundry machine?  Yes  
 No

19. Are you connected to a public sewer?  Yes  
 No - Skip to question 20

- a. If yes, do you discharge industrial wastewater (e.g. separator water or laundry water) to the public sewer?  Yes  
 No - Skip to question 20

- b. If yes, do you have permission from the local POTW or sewer authority?  Yes  
 No - Contact the local POTW and submit a *Return to Compliance Plan*.



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**C. Compliance Information** (continued)

- c. Do you ever discharge any of the following to the public sewer?  Yes - Contact the local POTW and submit a *Return to Compliance Plan*.  
 No
- perc
  - flammable materials (such as solvents or oils)
  - corrosive chemicals
  - solid materials that might obstruct the sewer
  - heated wastewater (i.e., > 40° C or 104° F)
20. Do you discharge industrial wastewater (e.g. separator water or laundry wastewater) to a storm drain, pond, lake, stream or other waterway?  Yes  
 No - Skip to question 21
- a. Do you have a NPDES permit?  Yes  
 No - You must cease discharge and submit a *Return to Compliance Plan*. Skip to question 21.
- b. If yes, are you in compliance with the conditions of your NPDES permit?  Yes  
 No - Submit a *Return to Compliance Plan*.
21. Are you connected to a septic system?  Yes  
 No - skip to question 22
- a. If yes, do you discharge industrial wastewater (e.g. separator water or laundry wastewater) from your dry cleaning facility to a septic system (including a leach field and/or or cesspool)?  Yes - You must **cease discharge** and submit a *Return to Compliance Plan*.  
 No
22. Do you discharge industrial wastewater (e.g. separator water or laundry wastewater) from your dry cleaning facility to the ground?  Yes  
 No - Skip to question 23
- a. Do you have a groundwater discharge permit?  Yes  
 No - You must **cease discharge** and submit a *Return to Compliance Plan*. Skip to question 23.
- b. If yes, are you in compliance with the conditions of that permit?  Yes  
 No - Submit a *Return to Compliance Plan*



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**C. Compliance Information** (continued)

23. Do you store separator water in container(s) and ship it off-site?  Yes  
 No - Skip to question 24
- a. If yes, is separator water stored and shipped as hazardous waste?  Yes  
 No - Submit a *Return to Compliance Plan*
24. Do you store other industrial wastewater (e.g. laundry water) in tank(s) and/or container(s) and ship it off-site?  Yes  
 No - skip to question 25
- a. If yes, are you in compliance with applicable Industrial Wastewater standards for tanks and containers in Standards C-14 and C-15 of the Workbook.  Yes  
 No - Submit a *Return to Compliance Plan*

**HAZARDOUS WASTE REQUIREMENTS**

25. What is your hazardous waste generator identification number? (See Standard A-4 in the Workbook.) \_\_\_\_\_  
Hazardous Waste ID Number (12 characters)
26. Indicate your hazardous waste generator status by placing a check next to the appropriate category. (See Standards A-5 and A-6 in the Workbook.)  VSQG (< 220 lbs Generated per Month)  
 SQG (220 - 2,200 lbs Generated per Month)
27. How many pounds of waste perc did you properly dispose of in the last 12 months? (See Appendix B-3 in the Workbook.) \_\_\_\_\_  
Pounds
28. Do you ship your hazardous waste offsite as frequently as required?  Yes  
 No - Submit a *Return to Compliance Plan*
- VSQG – no time limit
  - SQG – within 180 days
29. VSQG only – Do you ship your hazardous waste offsite before you accumulate 2,200 pounds of hazardous waste?  Yes  
 No - Submit a *Return to Compliance Plan*



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**C. Compliance Information** (continued)

30. Do you have copies of hazardous waste manifests that show where hazardous waste is being shipped?  Yes  
 No - Submit a *Return to Compliance Plan*
31. Is all hazardous waste stored in a separate, marked off hazardous waste storage area?  Yes  
 No - Submit a *Return to Compliance Plan*
32. Are containers of hazardous waste always kept closed except when adding or removing hazardous waste?  Yes  
 No - Submit a *Return to Compliance Plan*
33. Are all containers of hazardous waste in good condition?  Yes  
 No - Submit a *Return to Compliance Plan*
34. Are all containers of hazardous waste labeled as hazardous waste, with the name of the waste, and the hazard classification?  Yes  
 No - Submit a *Return to Compliance Plan*
35. Are all containers of hazardous waste located on an impervious surface?  Yes  
 No - Submit a *Return to Compliance Plan*
36. Did you have any spills or releases that were required to be reported to MassDEP? (spills greater than 10 lbs or 0.7 gallons of perc)  Yes – Please go to the MassDEP web site: <http://mass.gov/dep/service/online/erpforms.htm#dc>, download a *Spill/Release Form*, fill in, sign, and then mail to the MassDEP Boston Office and submit a *Return to Compliance Plan*  
 No
37. SQG only – Do you have a telephone or other communication system in areas near where hazardous waste is stored or generated?  Yes  
 No - Submit a *Return to Compliance Plan*
38. SQG only – Do you have a sign next to the telephone in each work area near where hazardous waste is stored or generated that tells what to do in an emergency?  Yes  
 No - Submit a *Return to Compliance Plan*





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## **E. Certification Statement**

"I attest under the pains and penalties of perjury:

(i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

(ii) that, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete;

(iii) that systems to maintain compliance are in place at the facility or unit and will be maintained even if processes or operating procedures are changed; and

(iv) that I am fully authorized to make this attestation on behalf of this facility or unit.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for submitting false, inaccurate, or incomplete information."

\_\_\_\_\_  
1. Print First Name of Responsible Official

\_\_\_\_\_  
2. Print Last Name of Responsible Official

\_\_\_\_\_  
3. Title of Responsible Official

\_\_\_\_\_  
4. Email of Responsible Official

\_\_\_\_\_  
5. Signature of Responsible Official

\_\_\_\_\_  
6. Date Signed (mm/dd/yyyy)

7. Source of Signatory Authority:

If a Corporation:

a.  President

b.  Secretary

c.  Treasurer

d.  Vice President (if authorized by corporate vote)

e.  Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

f.  General Partner

If a Sole Proprietorship:

g.  Proprietor