



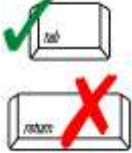
Massachusetts Department of Environmental Protection
 Bureau of Waste Prevention
 Environmental Results Program
Dry Cleaner Compliance Certification for 20 ◀

Facility ID # _____

**Complete Year
Field Above**

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.



1. Physical Location

a. Name

b. Street Address 1

c. Street Address 2

d. City/Town

MA

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.

*Add up all of the hours worked (during the previous 12 months) by the owner, family members, part-time, contract and full-time employees and divide by 2,000. Do not include employees at locations without perc machines, such as store fronts. See the Facility Information in the compliance workbook for an example calculation of FTE.

DEP USE ONLY

Date Received
(MM/DD/YYYY)

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 _____
 New Owner as of Date (MM/DD/YYYY)
- b. This is a New Facility (opened since September 15 of previous year) _____
 Date Opened (MM/DD/YYYY)

Note: ALL co-residential and ALL co-located perc machines must cease operation on or by December 21, 2020.

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 complete the remaining sections of this form.

(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?
- | | |
|---|--|
| <input type="checkbox"/> a. Hydrocarbon | <input type="checkbox"/> d. Wet Cleaning |
| <input type="checkbox"/> b. Siloxane (GreenEarth) | <input type="checkbox"/> e. Acetal (Solvon, K4) |
| <input type="checkbox"/> c. Propylene Glycol (Rynex, Gen-X) | <input type="checkbox"/> f. N-Propyl Bromide (NPB) |
| | <input type="checkbox"/> 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)

Perc Machine	Perc Machine	Perc 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 & 1/1/2000	<input type="checkbox"/> d. Installed between 12/9/1991 & 1/1/2000	<input type="checkbox"/> d. Installed between 12/9/1991 & 1/1/2000
e. Install Date if after 1/1/2000	e. Install Date if after 1/1/2000	e. Install Date if after 1/1/2000
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 above and non-perc machine information in Section E.

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. Did you install a perc machine after 7/13/2006 while your business was a Co-Residential Facility? (See Section A, Question 5)
 - 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. Did you install a perc machine after 11/5/2008 while your business was a Co-Located Facility? (See Section A, Question 6)
- 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

Note: Remember to record the date and result in your weekly record-keeping log. See Section C9 of the Workbook.

9. Do you monitor on a weekly basis: -
- 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?
- Yes
 No - Submit a *Return to Compliance Plan*

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*

Note: Keep records of all repairs to the dry cleaning system. See Section C11 of the Workbook.

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

Note: Record the dates and results of all leak checks in your weekly recordkeeping log. See Section C12 & Form C-3 in the Workbook.

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 Section C12 in the Workbook.)
- Yes
 No - Submit a *Return to Compliance Plan*

Tips: Follow detector manufacturer's instructions. Turn on and/or "zero" the detector in a perc-free (outdoor) area. Check parts for leaks as solvent is flowing through them.



C. Compliance Information (continued)

Note: Finding and repairing perc leaks in a timely manner is an effective way to reduce perc use costs and health effects.

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? 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
- Yes
 No - Submit a *Return to Compliance Plan*

(See Section C14 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 Section C16 in the Workbook.)
- _____ Gallons

INDUSTRIAL WASTEWATER REQUIREMENTS

17. Do you place separator water into a device which evaporates it to the air? (See Section C17 in the Workbook.)
- 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. laundry water or separator 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. (See C24 in the Workbook.) Yes
 No - Submit a *Return to Compliance Plan*

HAZARDOUS WASTE REQUIREMENTS

25. What is your hazardous waste generator identification number? (See Section C25 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 Section C26 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 Section C27 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 download a *Spill/Release Form* from the MassDEP web site, complete and sign it, 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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C. Compliance Information (continued)

39. SQG Only – Do the containers of hazardous waste in the storage area show the date accumulation began in each container?
- Yes
 No - Submit a *Return to Compliance Plan*

D. Comments

1. Please include in the space below any additional information that will help MassDEP understand your certification.

Continue to Next Page ►



E. Non-Perc Machine Information (Mandatory for validation purposes)

Note: Do not include standard laundry machines.

1. Do you use a non-perc dry cleaning or professional wet cleaning machine in your facility?

Yes - Complete 2. below. No – Skip to F.

2. Please enter the data below for each non-perc dry cleaning or professional wet 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.

Non-Perc Machine	Non-Perc Machine	Non-Perc Machine
a. Manufacturer & Model	a. Manufacturer & Model	a. Manufacturer & Model
b. Serial #	b. Serial #	b. Serial #
c. Type of Solvent or Process	c. Type of Solvent or Process	c. Type of Solvent or Process
d. eDEP Filers Only	d. eDEP Filers Only	d. eDEP Filers Only
e. Install Date	e. Install Date	e. Install Date
f. Date Removed	f. Date Removed	f. Date Removed

Enter all dates as (MM/DD/YYYY)

Note: The total of 3a + 3b + 3c must equal 100%

3. If you use a non-perc process, what approximate percentage of your business is done using:

%	%	%
a. Perc	b. Alternative Solvent	c. Professional Wet Cleaning*

*Do not include traditional laundered items such as shirts, table linens or sheets.

F. Useful Pollution Prevention Information (Completing this section is voluntary.)

Note: Section F of the Workbook provides information to help you evaluate alternative methods for professional cleaning.

1. Calculating your solvent mileage and tracking changes in your mileage over time are good ways to determine if your machine operates efficiently and helps you save money.

For example, if you clean 20,000 pounds of clothing during a year in which you use 40 gallons of perc, your solvent mileage is calculated: 20,000 pounds / 40 gallons = 500 pounds of clothing per gallon of solvent.

Do you track your solvent mileage? Yes No

An increase in solvent mileage means you reduced solvent consumption, your costs, and solvent emissions. A decrease means you should review your operating and maintenance practices.

2. In how many years do you plan to replace your perc machines? (Check your best estimate.)

0-2 Years 2-5 Years 5-10 Years > 10 Years Action Other Than Replacement



F. Useful Pollution Prevention Information (continued)

3. Did you complete the comparative analysis worksheet? (Section F of Workbook) Yes
 No
4. Have you observed alternative cleaning equipment in action (at vendor fairs, trade shows, visits to businesses using it)? Yes
 No
5. Did your research lead you to think that an alternative process will work for you? Yes
 No
6. What solvent or technology will you consider to replace perc?
- a. Hydrocarbon
 - b. Siloxane (GreenEarth)
 - c. Propylene Glycol (Rynex, Gen-X)
 - d. Wet Cleaning
 - e. Acetal (Solvon K4)
 - f. N-Propyl Bromide (DrySolve)
 - g. Other - Specify:
7. What will be or were the most important considerations in your choice of a perc alternative? (Check all that apply.)
- a. Cost
 - b. Performance (cycle time, materials being cleaned, etc.)
 - c. Regulatory Requirements
 - d. Safety
 - e. Health
 - f. Energy Use
 - g. Environmentally Preferable
 - h. Facility/Location Limitations or Landlord Requirements (e.g. co-located or on septic system)
 - i. Other - Specify:

Complete **Certification Statement** on Next Page ►



G. 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