



**Tennessee Department of Environment and Conservation  
Division of Remediation - Drycleaner Environmental Response Program  
401 Church Street, 4<sup>TH</sup> Floor, L&C Annex  
Nashville, Tennessee 37243**

**Drycleaning Facilities Registration**

**1. REGISTRATION TYPE: (Circle one)** Initial Renewal Initial Abandoned Renewal Abandoned

(a) Indicate the date drycleaning operations began or will begin at this location (initial registration only) \_\_\_\_\_

Providing the facility no longer has on-site drycleaning operations at this location registration is not necessary unless the property owner chooses to register as an abandoned facility. Notification of the change to DCERP is necessary. Maintain a copy for your records.

**2. FACILITY INFORMATION:**

Registration No.: D- \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Tax ID or EIN# \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Facility Owner (name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Facility Owner Address: \_\_\_\_\_

Property Owner (name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Preferred Mailing Address (Circle One):      Facility      Facility Owner      Property Owner

(a.) Is the dry cleaning facility located in a building with: (Circle all that apply)

A Residence      No Residence      Leased Space      Owner/Occupants.

(b.) Did you submit each quarterly solvent report during the past year? (Yes/No) Do the solvent purchases identified in the quarterly reports represent all solvent that was obtained and on which the appropriate surcharge was paid? (Yes/No) If no, explain. \_\_\_\_\_

(c.) In the past year did you sell or transfer solvent to another drycleaning facility? (Yes/No) If yes, identify the date, facility and quantity of solvent sold or transferred. \_\_\_\_\_

(d.) Did the drycleaner purchase solvent in the past year? (Yes / No) If no solvent was purchased in the past year explain how the facility operated without additional solvent. \_\_\_\_\_

**3. CED/ECT:**

All registered drycleaning facilities must be staffed by at least one person who is a Certified Environmental Drycleaner (CED) or has a DCERP Environmental Compliance Training (ECT) certificate. Attach a copy of the CED or ECT certificate. Registrations will be withheld if proof of CED or ECT is not submitted.

Circle appropriate category (CED or ECT). Expiration Date of CED/ECT: \_\_\_\_\_

**4. MACHINE SPECIFIC INFORMATION:**

Fill out the information requested for each drycleaning machine at your facility. If you have only one drycleaning machine fill out the information listed under Machine A. If your facility has two drycleaning machines, designate one machine as machine A and the other as machine B and fill out the information for each. If your facility has more than two drycleaning machines, make a copy of the following page and designate additional drycleaning machines C, D, etc. and complete the information requested for each machine.

**Machine A:** Machine Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type of Solvent used: \_\_\_\_\_

(a) Age of machine: \_\_\_\_\_ Date put into operation at this location: \_\_\_\_\_: Machine type (Circle One) transfer, dry to dry vented, dry to dry non-vented: How is the solvent obtained? (Circle one) Closed loop /direct coupled or other. If other, explain \_\_\_\_\_ delivery method: \_\_\_\_\_

(b) All sludges, still bottoms, filters, lint, dust and separator water contains remnants of drycleaning solvent and must be disposed of properly. Please identify the hazardous waste company you use to dispose of this waste \_\_\_\_\_.

(c) Separator water may be disposed of using an evaporator with a carbon filter or a mister with a carbon filter. If you are using this type of machine please give the make/model of the machine you are using: \_\_\_\_\_. Does this piece of equipment have secondary containment as required by the DCERP Rules? (Circle one) Yes/No

(d) Containment is required by DCERP Rules. What is the capacity? \_\_\_\_\_ Circle the containment material type; Metal Concrete Other. If other is circled explain material type. \_\_\_\_\_

**Machine B:** Machine Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type of Solvent used: \_\_\_\_\_

(a) Age of machine: \_\_\_\_\_ Date put into operation at this location: \_\_\_\_\_: Machine type [transfer, dry to dry vented, dry to dry non-vented, (Circle one): How is the solvent obtained? (Circle one) Closed loop /direct coupled or other. If other, explain delivery method: \_\_\_\_\_

(b) All sludges, still bottoms, filters, lint, dust and separator water contains remnants of drycleaning solvent and must be disposed of properly. Please identify the hazardous waste company you use to dispose of this waste \_\_\_\_\_.

(c) Separator water may be disposed of using an evaporator with a carbon filter or a mister with a carbon filter. If you are using this type of machine please give the make/model of the machine you are using \_\_\_\_\_. Does the water treatment unit have secondary containment as required by the DCERP Rules? (Circle one) Yes/No

(d) Containment is required by DCERP Rules. What is the capacity? \_\_\_\_\_ Circle the containment material type; Metal Concrete Other. If other is circled explain material type. \_\_\_\_\_

**Best Management Practices:**

Best Management Practices (BMPs) are designed to prevent possible future releases of drycleaning solvents into the environment. Rule 1200-1-17-.04 requires all drycleaning facilities to be in compliance with Best Management Practices. Additional details about the requirements can be found on the following web page <http://www.state.tn.us/sos/rules/1200/1200-01/1200-01-17.pdf> or call 615-741-2281 for more information.

**5. CERTIFICATION:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Printed Name and Title Signature Date

In accordance with Rule 1200-1-17-.04, after being duly sworn, I certify under penalty of law, including but not limited to penalties for perjury, the facility identified above is in compliance with all required Best Management Practices for drycleaning facilities and that the information contained in this form and on any attachments is true, accurate and complete to the best of my knowledge.

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned, a Notary Public within and for the State and County aforesaid, \_\_\_\_\_, with whom I am personally acquainted, and acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_