



**Drycleaner Eligibility Application
Drycleaning Facility Restoration Trust Fund**

Bureau of Land & Waste Management 2600 Bull St., Columbia, SC 29201-1708
(See the instructions on pages 5 and 6.)

NOTE: Personal information provided on this document is subject to public scrutiny or release.

SCDHEC USE ONLY

Date Received:

Application Completed: Yes No - / /

Project Number:

A. Registrant Information (Type or Print All Entries)

1.	Registrant Name [Owner/Partnership/Corporate Charter registered with the S.C. Department of Revenue (DOR)]:	DOR ID:
2.	Application Contact Person:	
	Telephone:	E-mail:
3.	Company Mailing Address:	
	City:	State: Zip:

B. Facility Information

4.	Facility Street Address:	Suite/Unit:
	City:	State: Zip:
5.	Facility Contact Person:	
	Title/Position:	
	Telephone:	E-mail:
6.	Has the Facility only operated as a Wholesale Supply Facility supplying drycleaning solvents to drycleaning facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a.	Has the Facility registered for the Drycleaning Facility Restoration Trust Fund with DOR and paid all annual fees, surcharges and solvent fees for this and all drycleaning facilities under the applicants control after July 1, 1995?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7b.	If "No," check reason below. <input type="checkbox"/> Drycleaning solvents have not been used at this location after October 1, 1995. <input type="checkbox"/> Facility is only a Wholesale Supplier of Drycleaning Solvents. <input type="checkbox"/> Other (specify):	
8.	Placard Name of the Business Currently Occupying the Site:	
9.	What is the current use of the Facility? (Check one.) <input type="checkbox"/> Active facility (i.e., a drycleaning machine or drycleaning solvents are on the premises). <input type="checkbox"/> Currently used only as a Dry-drop facility (i.e., drycleaning is done elsewhere). <input type="checkbox"/> Other (specify):	
10a.	Does the Fund Registrant (from line #1 above) own all property and buildings occupied by this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10b.	If "No," provide contact information for a representative of the property owner/landlord.	
	Contact Person:	Parcel Number:
	Company Name:	
	Telephone:	E-mail:
	Mailing Address:	
	City:	State: Zip:

C. Facility Chemical and Historical Waste Information

11.	When did the facility first start operating as a Drycleaner or Wholesaler?	Date:
12.	Total Number of Years operating as a Drycleaning Facility or Wholesaler. (Include any period operated by any other drycleaner or wholesaler. Do not include shutdown periods longer than six months or periods when the facility only operated as a "dry drop" location.)	Years:
13a.	Is the facility an active drycleaning operation ("Wet Site") or active wholesale supply facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13b.	If "NO," list the last date of Operation as a Wet Site or active Wholesaler.	Date:

14.	Solvents Used On-site: Indicate whether the solvents listed below were ever used, stored and/or disposed at the facility. Mark each solvent with a: K – if the solvent is KNOWN to have been used at the facility; P – if the solvent was PROBABLY used at the facility; N – if the solvent was NEVER used at the facility; or U – if it is UNKNOWN whether or not the solvent may have been used.		
	Perchloroethylene (i.e., "Tetrachloroethylene," "Perc," "PCE," "DowPer," "Perclene")		Petroleum Based Solvent (i.e., "Stoddard," "Varsol," "Naphtha," "Mineral Spirits," "DF2000," etc.)
	Trichloroethylene (i.e., "TCE")		Fluorocarbon 113 (i.e., "Valclene," "Freon-113")
	Carbon Tetrachloride (i.e., "Freon 10")		Other (specify):
15.	Based on the applicant's knowledge of the operation history, contamination of the environment at this facility is the PROBABLE or POSSIBLE result of: (Check all that apply.)		
	<input type="checkbox"/> Spillage of solvents while transferring from containers to drycleaning machines or other equipment.	<input type="checkbox"/> Pouring or other disposal of solvent or solvent-containing liquids onto the facility grounds (including hard or paved surfaces).	
	<input type="checkbox"/> Leaking underground solvent storage tanks and/or piping.	<input type="checkbox"/> Sudden or unexpected spillage of solvents in storage areas as a result of burst containers, accidental container overturns, or other failure of the solvent containers or tanks.	
	<input type="checkbox"/> Venting of solvent-containing vapors outside of the building with condensation onto the ground.	<input type="checkbox"/> Releases or discharges of solvents onto floor surfaces while transferring clothing to dryers.	
	<input type="checkbox"/> Disposal of solvent or solvent-containing wastes into pipes, sewers or septic tanks – including such disposal from accidental spills in the vicinity of floor drains near the drycleaning equipment.	<input type="checkbox"/> Disposal of muck cooker bottoms or still residues on the facility property.	
	<input type="checkbox"/> Leakage from pipes, tubing, gaskets, door seals, etc., associated with drycleaning machines, vacuum presses, spotting boards or other equipment.	<input type="checkbox"/> Leaching or draining of solvents from used cartridge filters/filter cake/diatomaceous earth ("diatomite") stored outside of the facility or in garbage cans or dumpsters while waiting for pick-up by waste haulers.	
	<input type="checkbox"/> Use of separator water or other solvent-containing liquids for general housekeeping, mopping floors, cleaning equipment, etc.	<input type="checkbox"/> Unknown – Applicant has no direct knowledge of the facility operations.	
16a.	Does the applicant know of any other potential releases of solvent or solvent-containing waste into the environment at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16b.	If "Yes," please describe. (Attach additional pages if needed.)		
17a.	Have steps been taken to eliminate future occurrences of any items checked in #16 or described in #17 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17b.	If "Yes," please describe these measures. (Attach additional pages if needed.)		

18a.	Is the applicant aware of any evidence suggesting contamination of nearby properties has occurred because of this facility or other sources of contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18b.	If "Yes," please, describe. (Attach additional pages if needed.)	
19a.	Has a septic tank, cesspool, dry-well or on-site lagoon ever been used for any type of wastewater disposal since the facility first began operating as a Drycleaning Facility or Wholesale Supply Facility (including waste from toilets, laundry or drycleaning areas)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19b.	If "Yes," is it still in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Hazardous Waste Generator Status (See Instructions on page 6 for equivalent measurements.)		
20a.	Does the Facility have a S.C. Hazardous Waste Generator ID Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20b.	If "Yes," please provide Identification Number.	#
21.	Is more than 2,200 pounds of solvent-containing waste currently stored or disposed of on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22a.	If the facility is in operation, does it ever produce more than 220 pounds of solvent-containing waste in any one-month period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (facility not in operation)
22b.	If "Yes," is all solvent-containing waste removed from the facility premises within six months (180 days) from when it was first produced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23a.	If the facility is in operation, provide details on how solvent-containing waste is disposed of from the facility. Include the names of any waste haulers that are used. (Attach additional pages if needed.)	<input type="checkbox"/> N/A (facility not in operation)
23b.	How is "separator water" disposed of? (Attach additional pages if needed.)	
E. Natural Resources and Nearby Land Use		
24.	Are any wells located at the facility (including drinking water wells, irrigation wells, monitoring wells, test wells, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25a.	Is drinking water at the facility currently supplied from a private well?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25b.	If "Yes," what is the approximate depth of the well?	Feet:
26.	Where does excess rainwater flow from the facility? (Check all that are applicable.)	
	<input type="checkbox"/> Residential Areas	<input type="checkbox"/> Wooded Areas or Open Fields
	<input type="checkbox"/> Ditches/Drainage Canals Dry Up Regularly	<input type="checkbox"/> Streams, Ponds, Lakes, Canals or Other Permanent Water Bodies
	<input type="checkbox"/> Commercial/Industrial Areas	<input type="checkbox"/> Retention/Detention Ponds
		<input type="checkbox"/> Storm Drains Areas
		<input type="checkbox"/> Run-off Soaks into the Ground and Does Not Leave the Property
		<input type="checkbox"/> Other:
27.	Describe the land uses on all sides of the facility. Indicate if the adjacent properties are residential, commercial or industrial areas. If the adjacent properties are occupied by commercial businesses, please identify the type of business (e.g., "Auto Repair," "Retail," etc.). If a road or street borders the facility, please describe the land use on the other side of the street. Also indicate if the adjacent properties are known or suspected of using private wells as their source of drinking water.	

F. Spills and Releases		
28.	Has this facility ever operated as a Drycleaning Facility or Wholesale Supply Facility after July 1, 1995? If “No,” please skip to Section G.	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Since July 1, 1995, have any spills or other releases of drycleaning solvents and/or substances mixed with solvents not been captured by the containment pans or other structures around the drycleaning machine(s) or solvent storage areas? If “No,” please skip to Section G.	<input type="checkbox"/> Yes. Spills HAVE occurred outside of containment structures.
		<input type="checkbox"/> No. Spills HAVE NOT occurred outside of containment structures.
<p>NOTE: This section refers to spills in excess of the Federal “Reportable Quantity” (RQ). RQs are defined in Federal Hazardous Waste Laws and vary depending on the type of solvent in use at the facility. <i>The RQ applies regardless of whether the spill is pure solvent or a mixture of other liquids containing trace amounts of the solvent.</i></p> <p>For Halogenated Solvents such as Perchloroethylene, the RQ is 100 pounds. A spill of slightly more than 7 gallons of pure solvent or water containing solvent must be reported.</p> <p>For Non-halogenated Solvents such as Stoddard, a release that causes a film, sheen upon or discoloration of the surface of the waters of the United States must be reported.</p>		
30.	Did the amount of solvent and/or substances mixed with solvent exceed the Federal Reportable Quantity (see above)? If “No,” please skip to Section G.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31a.	Upon discovery of the spill, was it immediately reported to DHEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31b.	If “Yes,” provide the date of spill(s).	Date(s):
G. Sampling Information		
32.	Has any environmental testing been conducted at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Does the applicant currently own, rent or otherwise have legal access to the facility property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Complete the Application Package		
In order to submit a complete application, additional forms and documentation (as indicated below) should be submitted with this application. Failure to submit the required forms may result in loss of Fund Eligibility for the facility.		
34.	If the facility operates as a drycleaning or wholesale facility after July 1, 1995, attach the Containment Structure Certification Form (DHEC 3879).	<input type="checkbox"/> Form Attached
35.	If this is the first Drycleaner Eligibility Application for any facility under the control of this Applicant, attach Findings of Due Diligence (DHEC 3471).	<input type="checkbox"/> Form Attached <input type="checkbox"/> Applicant has submitted a Findings of Due Diligence with another application.
36.	If any other environmental testing has been conducted, include copies of analytical data, diagrams, chain-of-custody and other documentation. NOTE: Costs of other environmental data are not reimbursable from the Fund and do not count toward the deductible.	<input type="checkbox"/> Documentation Attached <input type="checkbox"/> N/A – No other environmental testing has been done.
I. Applicant Signature and Notarization		
I hereby attest that all information contained in this application is accurate. I request that DHEC evaluate this facility to determine its eligibility for the Drycleaning Facility Restoration Trust Fund.		
37.	Signature of Company Executive (Application Contact Person):	
	Title:	
	SWORN to before me this	DAY day of MONTH YEAR
	Notary Public for South Carolina:	
	My commission expires:	
		IMPRINT NOTARY SEAL HERE

INSTRUCTIONS FOR
DRYCLEANER ELIGIBILITY APPLICATION

PURPOSE

This form is used to apply to become eligible for the Drycleaning Facility Restoration Trust Fund. This application can be used for Drycleaning Facilities and Wholesale Supply Facilities that are either currently operating or formerly operated.

DEFINITIONS

- **Drycleaning Solvent** means any cleaning liquid, formula or solution designed to minimize swelling of fabric fibers and containing less than 51 percent of water by volume.
- **Drycleaning Facility** means a location where drycleaning solvents are used, or have been used in the past, for cleaning of clothing and/or other fabrics for members of the public. Also commonly known as a "Wet Site."
- **Dry-drop Facility** means any location (store, etc.) used for pick-up or delivery of items that are drycleaned at a different location. Dry-drop facilities may have been used as Wet Site locations in the past.
- **Wet Site** means the drycleaning facility and includes the building where the drycleaning machine is actually located along with any support functions (pressing, spotting, customer counter, etc.).
- **Wholesale Supply Facility** means a location that is used – or has been used in the past – as a warehouse or distribution point for drycleaning solvents to Drycleaning Facilities.

A. REGISTRANT INFORMATION

1. **The Registrant Name** should be the same as the "Owner/Partnership/Corporate Charter Name" filed with the Department of Revenue (DOR) on DOR form L-2093. If the **Company Name** has changed since the initial registration with DOR, the most recent company name registered with DOR should be entered on this application.

The DOR ID Number starts with 39120 and will look like 39120 000-0.

2. **The Application Contact Person** is be the Registrant's owner, partner, corporate executive or other fiduciary agent with responsibility for ensuring the accuracy of the information submitted on the application.

3. Enter the complete **Mailing Address** of the contact person listed above.

B. FACILITY INFORMATION

4. The specific street **Address** of the facility should be listed. Include the suite or unit number.
5. **The Facility Contact Person** is a manager or other reliable employee that will normally be at the facility during daytime business hours. Enter the Facility Contact Person's position or title and a daytime telephone number.
6. Self explanatory.
- 7a. The facility is registered with the Restoration Trust Fund by submitting DOR Form L-2093 to DOR.
- 7b. Self explanatory.
8. List the **Name of the Business** currently occupying the site. This should be the visible name on the building, sign, placard or other advertisement indicating the facility location.
9. Check the appropriate box indicating the **Current Use of the Facility**. If the facility is not an Active Facility or a Dry-Drop facility, provide general information on its current use (e.g., "Restaurant," "Abandoned Building," etc.)
10. Check "Yes" if the Registrant owns all property and buildings occupied by the facility. Check "No" and provide contact information of landlords or property managers if any portions of the facility or grounds are leased from another entity.

C. FACILITY CHEMICAL AND HISTORICAL WASTE INFORMATION

11. Enter the **Total Number of Years** that the facility has operated as a drycleaning Wet Site or Wholesale Supply facility. The total number of years should include any periods of Wet Site operation before the applicant's involvement with the site.
12. Enter the **Date** (month and year), when the property was first used as a Drycleaning Wet Site or active Drycleaning Wholesaler. If the date is uncertain, list the approximate starting year.

13a. Check “Yes” if drycleaning is done in a drycleaning machine on the premises (e.g. “Wet Site”) or active wholesale supply facility. Check “No” if the site is no longer used as a drycleaning facility or if the facility is currently used only as a dry-drop location.

13b. If the facility is no longer operating as an active Wet Site or Wholesaler, enter the **Date** of last operation. If the date is uncertain, list the approximate month (if possible) and year.

14. Indicate beside each chemical name whether it has been used at the facility using a letter (**K, P, N, U**) from the key at the top of the list. Chemical synonyms and common trade names are included alongside each chemical for convenience, but are by no means all of the possible trade-names in use for that chemical. If another drycleaning chemical has been used at the facility, list it where indicated.

15. to 19b. Self explanatory.

D. HAZARDOUS WASTE GENERATOR STATUS

20a. to 23b. Self-explanatory.

Use these Conversion Factors to calculate amount generated per month or stored on-site.	The amount that may be <u>generated monthly</u> without a hazardous waste RCRA permit (220 lb. Limit)	The amount that may be <u>retained on the premises</u> without a hazardous waste RCRA permit (2,200 lb. Total Limit)
Perchloroethylene Wastes (13.5 pounds per gallon)	16 gallons	160 gallons total (approximately five 30-gallon drums or 2½ 55-gallon drums).
Petroleum-based Solvents Wastes (8.0 pounds per gallon)	27.5 gallons	275 gallons total (approximately nine 30-gallon drums or five 55-gallon drums)
Dry wastes (filters, lint, still bottoms, powder residues, “muck”, etc.) Assume 10 lbs./gallon or 75 lbs./cubic foot	18 gallons or approximately 2½ cubic feet	180 gallons total (approximately four 55-gallon drums or equivalent)

E. NATURAL RESOURCES AND NEARBY LAND USE

24. to 27. Self-explanatory.

F. SPILLS AND RELEASES

Federal Reportable Quantities are defined in SARA Title III Lists of Lists (EPA 500-B-94-002). This regulation – or any subsequent regulation or document relating to Federal Reportable Quantities – should be consulted to determine if notification is required when spills occur. RQs listed on this form are current as of the form publication date.

28. to 31b. Self-explanatory.

G. SAMPLING INFORMATION

32. Other environmental testing includes any assessment work conducted on behalf of the applicant or to which the applicant has obtained copies of analytical data.

33. If no environmental testing has been conducted at the facility prior to the application date, indicate whether the applicant has legal access to the property that will allow to having it sampled.

H. COMPLETE THE APPLICATION PACKAGE

Answer Questions 34 to 36 by checking the appropriate boxes for each question. Complete and attach the additional forms as indicated by the checked boxes.

■ **Additional Documentation and Forms** must accompany this application as indicated in Section I. The completed application should be submitted with the applicable attachments to:

S.C. Department of Health and Environmental Control
Bureau of Land and Waste Management
Drycleaning Facility Restoration Trust Fund
2600 Bull Street
Columbia, SC 29201-1708

I. APPLICANT SIGNATURE AND NOTARIZATION

37. A company executive or the **Applicant Contact Person** (from line 2) must sign the application form. Notary Publics commissioned within the State of South Carolina are not required to imprint their seal. Out-of-state Notaries (or equivalent) must imprint their seal.