



# Application for Listing an Inactive Dry Cleaning Facility

<b>For DEQ Use Only</b>
<b>Date Received:</b>

## Instructions

To be eligible to receive funding from the State’s Dry Cleaner Environmental Response Account, the current or former owner, or former operator of an inactive dry cleaning facility or its representative, must submit a completed copy of this application form.

Note: To maintain eligibility, OAR 340-124-0080 requires that this application must be submitted within 180 days after the facility became inactive.

Please type or print in ink all items. A separate application must be submitted for each inactive site you wish to list. If an item does not apply, write “N/A.” More information may be provided by attaching additional sheets.

**An application is not complete, and the Oregon Department of Environmental Quality shall reject, any application for the following reasons:**

- Applicant fails to provide information required in Section 1 of this application.
- Applicant falsifies any information in the application that is material to the determination of the facility’s eligibility of the facility, priority ranking, nature, scope and extent of contamination to be assessed or remediated.

## Section 1 – Required Information

This information is required to be considered for listing as a site eligible to be cleaned up using funds from the Dry Cleaner Environmental Response Account.

### 1. Dry cleaning facility name, address, contact person, telephone number, and date facility began dry cleaning operations.

Facility Name: _____	Contact Person: _____
Date Operations Began: _____	Date Operations Stopped: _____
Mailing Address: _____	Phone Number: _____
_____	_____

### 2. Owner of the underlying real property, including owner name, mailing address, contact person, phone number.

Property Owner’s Name: _____	Contact Person: _____
Owner’s Mailing Address: _____	Owner’s Phone Number: _____
_____	_____

### 3. Dry cleaner business owner/operator information, including name, mailing address, contact person, phone number.

Operating Facility Name: _____	Contact Person: _____
Mailing Address: _____	Phone Number: _____
_____	_____



## Section 2 – Known Contamination

This information is not required, but is useful to the DEQ in prioritizing and documenting the history of this site.

**Has a release or spill ever been reported at this site? If yes, explain when, and the current status of the cleanup.**

No     Yes     Don't Know

Date of Release: \_\_\_\_\_

Current Status of Cleanup: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate what contamination you are aware of at this facility. Describe the following:**

Date contamination was discovered: \_\_\_\_\_

Suspected cause of the release: \_\_\_\_\_

Extent/Quantity/Size of the contamination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Attach any consultant reports or environmental test results that are available.  
(You do not need to have environmental testing done to submit this application.)

**I certify that the information contained in this application and on any attachments, is true, accurate, and complete to the best of my knowledge.**

\_\_\_\_\_  
Type or Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Submit this application to:

Oregon Department of Environmental Quality

Attention: Dry Cleaner Program

700 NE Multnomah St # 600

Portland, OR 97232-4100

**Questions?** Contact the DEQ Dry Cleaner Program at 503-229-6783 or [drycleaner.info@deq.state.or.us](mailto:drycleaner.info@deq.state.or.us)

