State of Oregon Department of Environmental Quality



Application for Listing an Inactive Dry Cleaning Facility

| For DEQ Use Only | | |
|------------------|--|--|
| Date Received: | | |
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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.

| Facility Name: | Contact Person |
|---|--|
| Date Operations Began: | Date Operations Stopped: |
| Mailing Address: | Phone: |
| 2. Owner of the underlying real property, inc | cluding owner name, mailing address, contact person, phone number. |
| | |
| Property Owner's Name: | Contact Person |
| Property Owner's Name: Owner's Mailing Address: | Contact Person Owner's Phone Number: |
| Owner's Mailing Address: | |
| Owner's Mailing Address: 3. Dry cleaner business owner/operator info | Owner's 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 r | eported at this site? If yes, | explain when, and the curren | t 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 | ed: | | |
| Suspected cause of the release: | | | |
| Extent/Quantity/Size of the contain | mination: | | |
| | | | |
| | | | |
| ☐ Attach any consultant reports o (You do not need to have environm! I certify that the information cont to the best of my knowledge. | ental testing done to submit this | application.) | , accurate, and complete |
| Type or Print Name of Applicant | | | |
| Signature of Applicant or Authoriz | ed Representative | Title | Date |
| Submit this application to: Oregon Department of Environment Attention: Dry Cleaner Program 700 NE Multnomah St # 600 Portland, OR 97232-4100 | ntal Quality | | |
| Questions? Contact the DEQ Dry | Cleaner Program at 503-229-6 | 240 or <u>drycleanerinfo@deq.sta</u> | te.or.us |

