

# INSTRUCTIONS

## For completing the Forsyth County Environmental Affairs Department's *Dry Cleaning Facility Registration Form and Certification Statement*

**FIRST – Making Copies** - A registration form must be completed for each facility using perchloroethylene. If you have more than one facility, you should **make a copy of the Registration Form for each facility you are required to register.**

### Page 1 – Registration Form

*This form must be completed for each dry cleaning facility required to be registered.*

#### Facility Information

*Facility Name:* the name of your facility. If your company has more than one facility with the same name, include a location name or appropriate facility designation (e.g., “A Cleaner Shirt – Store #109”, “A Cleaner Shirt – Robinhood Rd. Facility”).

*Facility Contact:* name and telephone number of an on-site contact person.

*Facility Address:* the street address, city, and zip code of the facility. Please specify the facility's physical location – i.e., the address to which you would tell emergency services to respond if you called 911. Do not use a post office box number as a street address.

Please answer all of the questions listed in the facility information section to the best of your ability. Each question is self-explanatory for the most part.

**Question # 4 addresses usage of perchloroethylene.** If your facility is not in operation, or has not been in operation for a full 12 months, please estimate the amount of perchloroethylene you expect to purchase over the course of a 12 month period of operation. If your facility has been in operation for 12 months or longer please use your perchloroethylene purchase receipts to calculate your total perchloroethylene usage for the past 12 months.

#### Owner Information

Complete this section if the owner information differs from the Facility Information. Unless you request differently, Owner Information will be used in lieu of Facility Information for mailing purposes. For example, if you have multiple facilities but want mail sent to one central location, or if you prefer to have mail sent to a Post Office box, specify that address here.

*Corporate/Owner Name:* Input owner name if your facility is owned by a corporation or partnership or if the sole owner is not specified as the facility contact above.

*Corporate/Owner Contact:* name and telephone number of contact person at the facility's main or corporate office.

*Corporate/Owner Address:* the corporate name and mailing address, if different from the facility address.

If you wish to give FCEAD the option of contacting you via email, please supply your email address in the space provided.

## **Dry Cleaning Machine Information**

In this section, please provide information about each dry cleaning machine using perchloroethylene at the subject facility.

*DCM #:* a unique alphanumeric identifier assigned by you and used to distinguish each dry cleaning machine at the facility (for example, “1” or “DC3” or “Hal” or “Machine #2”). This identifier should be placed with paint or permanent felt tip marker on the machine. It does not need to be large, but should be clearly visible to an inspector.

*Machine Info:* Note the Manufacturer, Model and the Serial Number of the machine, as found on the machine’s nameplate.

*Date Installed:* date the machine was actually installed in the facility – not the date it was purchased or manufactured.

Question # 1 Does your machine have a non vented carbon adsorber?

**Note:** Any dry cleaning machine using perchloroethylene installed at a facility after December 21, 2005 must be equipped with a non-vented carbon adsorber to pass the air-PCE gas vapor stream from inside the machine drum through immediately before the machine is opened in accordance with 40 CFR §63.322(o)(2) of the Code of Federal Regulations.

## **Compliance Information**

Question # 1 : In order to answer this question you must determine if you are in compliance with all applicable NESHAP requirements that pertain to your facility. You can review a compiled summary of NESHAP conditions or review a complete copy of the NESHAP regulations for dry cleaning facilities by clicking on the link beside of the question or going to this web address: <http://www.forsyth.cc/EnvAffairs/NESHAP.aspx> . After reviewing the requirements and determining if your facility is in compliance, please check the appropriate line beside yes or no. If your answer to question # 1 is no, please explain why in the space provided. You may explain your answer on a blank sheet of paper and attach it to the form if you need more space.

The owner, operator or responsible official for your facility (or facilities if registering more than one facility) must certify the accuracy and completeness of the information reported by signing and dating the certification statement. This certification statement applies to all the information supplied on the dry cleaner registration form and should be signed only after the form has been completed and reviewed.

## **What to do with the completed Forms**

After you have completed the form, retain a copy for yourself and mail the form to:

Forsyth County Environmental Affairs Department  
Forsyth County Government Center  
201 N Chestnut St, 5<sup>th</sup> Floor  
Winston-Salem, NC 27101-4120

If you have any questions about completing the form or dry cleaner registration in general, contact Michael Settle at the Environmental Affairs Department via email at [settleme@forsyth.cc](mailto:settleme@forsyth.cc) or call him at (336) 703-2440.