



# Small Business and Local Government Assistance

## Dry Cleaner Compliance Checklist

This checklist is for guidance purposes only. It is not a substitute for the rules and regulations. The Small Business and Local Government Assistance (SBLGA) program is separate from the Office of Compliance and Enforcement (OCE) of the Texas Commission on Environmental Quality (TCEQ). Contact SBLGA on its toll-free hotline 800-447-2827 or visit the SBLGA website <www.texasenvirohelp.org>.

**Company Information**    \_\_\_ 1st visit    \_\_\_ 2nd visit    \_\_\_ C2 Renewal Site Visit Date: \_\_\_\_\_

|                             |                      |                         |                      |
|-----------------------------|----------------------|-------------------------|----------------------|
| <b>Company Name</b>         | <input type="text"/> | <b>Facility Contact</b> | <input type="text"/> |
| <b>Mailing Address</b>      | <input type="text"/> | <b>Physical Address</b> | <input type="text"/> |
|                             | <input type="text"/> |                         | <input type="text"/> |
|                             | <input type="text"/> |                         | <input type="text"/> |
|                             | <input type="text"/> | <b>County</b>           | <input type="text"/> |
| <b>Owner's Name</b>         | <input type="text"/> | <b>Business Phone</b>   | <input type="text"/> |
| <b>Date of Construction</b> | <input type="text"/> | <b>Primary SIC</b>      | <input type="text"/> |
| <b>Start of Operation</b>   | <input type="text"/> | <b>Secondary SIC</b>    | <input type="text"/> |
| <b>Latitude</b>             | <input type="text"/> | <b>Longitude</b>        | <input type="text"/> |
| <b>RN/CN</b>                | <input type="text"/> | <b>Facility ID</b>      | <input type="text"/> |

**Important Notes:**

•Compliance-related questions are denoted with an asterisk (\*). Answering "no" to a question with an asterisk may mean the facility is out of compliance with state or federal environmental rules.

•Have there been any process changes since the last site visit?\*

\*If yes, explain the changes and include the date of changes in the comments

### Air Regulations (30 TAC 116.119) – De Minimis Status

| Rule Citation         | Question   | Yes                                 | No                                  | N/A                                 |
|-----------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 30 TAC 116.119        | Does this facility claim De Minimis status?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 116.119        | In order to claim De Minimis, you must answer yes to either (a) and (b), or (c).   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 116.119(a)(2)  | *a. Does the facility meet the material usage limits?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 116.119(a)(2)  | *b. Does the facility maintain records demonstrating compliance with the usage limits?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 116.119 (a)(1) | *c. Or, are sources at the facility claimed as De Minimis included on the "De Minimis Facilities and Sources" list?<br><a href="http://www.tceq.state.tx.us/permitting/air/guidance/newsourcereview/list-of-de-minimis-facilities.html">Http://www.tceq.state.tx.us/permitting/air/guidance/newsourcereview/list-of-de-minimis-facilities.html</a> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 116.119 (b)    | If the facility is claiming De Minimis, this status could be revoked if the facility is in violation of any agency rule.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

### Air Regulations (30 TAC 106) – Permits by Rule

| Rule Citation  | Question  | Yes                                 | No                                  | N/A                                 |
|----------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 30 TAC 106     | Does the facility claim a Permit by Rule (PBR)? If yes:   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 106     | Does the facility meet all requirements of Permits by Rule (PBR) claimed?                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 106.411 | *Steam or Dry Cleaning Equipment  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.415 | *Laundry Dryers   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106     | *Other/Previous PBRs: _____   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106     | *Other/Previous PBRs: _____   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.4   | Does the facility meet the requirements in 30 TAC 106.4?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.8   | *Does the facility maintain records that demonstrate compliance as required by 30 TAC 106.8 for all PBRs? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

### Air Regulations (30 TAC 101) – Emission, Maintenance, Start-up, Shutdown

| Rule Citation                    | Question   | Yes                      | No                       | N/A                      |
|----------------------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 101.201                   | *Does the facility track all reportable and non-reportable emission events and report them to TCEQ by March 31 of each year?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 101.211                   | *Does the facility track all reportable and non-reportable scheduled maintenance, start-up, and shut-down activities and report them to TCEQ by March 31 of each year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 101.201(b),<br>101.211(b) | *Are these records maintained for a minimum of 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Air Regulations

| Rule Citation              | Question  | Yes                      | No                       | N/A                      |
|----------------------------|---|--------------------------|--------------------------|--------------------------|
| 30 TAC 111<br>Subchapter A | *Does the facility comply with any applicable 30 TAC Chapter 111 requirements? (Control of Air Pollutants from Visible Emissions and Particulate Matter)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 101.4               | *Does the facility avoid being a nuisance (noise, dust, odor, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Air Regulations (30 TAC 116) – Permits

| Rule Citation | Question   | Yes                      | No                       | N/A                      |
|---------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 116    | *Does this facility have an air permit? If yes, Permit No. _____                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 116    | *If yes: Does the facility comply with all permit conditions? (Use comments section) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Air Regulations (30 TAC 115) – In addition to any other requirements, coating, solvent using, and degreasing processes in the following counties must meet the requirements outlined in this section.**

| Rule Citation | Question   | Yes                                 | No                                  | N/A                                 |
|---------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
|               | Sources of Volatile Organic Compounds (VOC), located in the following counties, may be required to meet 30 TAC 115 requirements as outlined below.                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|               | Is the facility located in the Dallas/Ft. Worth Area (Johnson, Kaufman, Parker, Rockwall, Collin, Denton, Dallas, Tarrant, Ellis counties)?                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|               | Is the facility located in the Houston/Galveston Area (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller counties)?                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|               | Is the facility located in the Beaumont/Port Arthur Area (Hardin, Orange, Jefferson counties)?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|               | Is the facility located in any of the following counties (Bastrop, Bexar, Caldwell, Comal, El Paso, Gregg, Guadalupe, Hays, Nueces, Travis, Victoria, Williamson, Wilson)? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 115    | *If yes to any of the above, does the facility comply with applicable 30 TAC Chapter 115 requirements? (Control of Air Pollution from Volatile Organic Compounds)          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Air Regulations (30 TAC 117) – In addition to other requirements, facilities located in the counties in the Dallas/Fort Worth Area or Houston/Galveston/Brazoria Area Ozone Nonattainment Area listed above must meet the requirements in this section.**

| Rule Citation  | Question   | Yes                      | No                       | N/A                                 |
|--|--|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 117.10(29)  | Is the facility a major source of NOx? If yes:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 117 Subchapter B                                  | *a. Is the facility compliant with all applicable parts of 30 TAC Chapter 117 Subchapter B?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117 Subchapter D                                  | Is the facility a minor source of NOx, operating a stationary internal combustion engine? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 117.2103  | *a. If located in DFW area, is the facility meeting an exemption listed in 30 TAC 117.2103? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117.2103(c), 117.2135(e), 117.2145(b) and (c)     | *b. Does the facility have records showing compliance with the exemption and 30 TAC 117.2103(c), 117.2135(e), and 117.2145(b) and (c)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117.2003  | *c. If located in HGB area, is the facility meeting an exemption listed in 30 TAC 117.2003? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117.2030(c), 117.2035(e), and 117.2045(b) and (c) | *d. Does the facility have records showing compliance with the exemption and 30 TAC 117.2030(c), 117.2035(e), and 117.2045(b) and (c)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117 Subchapter D                                  | *If the facility is not meeting an exemption, does the engine meet the associated emission specification and does the facility comply with the applicable operational, testing, reporting and recordkeeping requirement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**Air Regulations (30 TAC 113 and 40 CFR Parts 60, 61, and 63 Requirements) – Federal Requirements**

| Rule Citation                      | Question   | Yes                      | No                       | N/A                      |
|------------------------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC Chapter 113, 40 CFR Part 63 | *Does the facility comply with any applicable 30 TAC 113 requirements? (Standards of Performance for HAPs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR PART 60                     | *Does the facility comply with any applicable New Source Performance Standards (NSPS)?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Air Regulations (40 CFR Part 63, Subpart M) – Dry Cleaning Facilities

| Rule Citation             | Question  | Yes                      | No                       | N/A                      |
|---------------------------|---|--------------------------|--------------------------|--------------------------|
| 40 CFR 63.320             | Does the National Emission Standards for Hazardous Air Pollutants (NESHAP) Part 63, Subpart M (National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities) apply to this facility? If yes:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 63.324             | *a. Has the owner or operator submitted the “Notification of Compliance Status Form for Perc or PCE Dry Cleaners” (Form TCEQ-20455)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 63.324(d)(1)       | *b. Does the facility calculate yearly perchloroethylene consumption (to prove area/major source applicability) by summing the volume of all perchloroethylene purchases made in each of the previous 12 months, as recorded in the log described in 40 CFR 63. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 63.324(d)          | *c. Does the owner or operator of the dry cleaning facility have all receipts of perchloroethylene purchases for the previous period of 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 63.320(d)(e)       | *d. If any compliance documentation is missing, does the facility qualify for any exemptions under 40 CFR 63.320(d)(e)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 63.324(e)          | *e. Does the owner or operator of the dry cleaning facility retain a copy onsite of the design specifications and the operating manuals for each dry cleaning system and each emission control device located at the dry cleaning facility?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR Part 63, Subpart M | *f. Is the facility in compliance with all the requirements of the NESHAP Part 63, Subpart M - National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Air Regulations (40 CFR Part 60, Subpart JJJ) – Standards of Performance for Petroleum Dry Cleaners

| Rule Citation              | Question  | Yes                      | No                       | N/A                                 |
|----------------------------|---|--------------------------|--------------------------|-------------------------------------|
| 40 CFR 60.620              | Does the New Source Performance Standard (NSPS) for Petroleum Dry Cleaners apply to this facility? If yes:                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 60.622, 60.624      | *a. Are solvent recovery dryers used?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 60.622(b)           | *b. Are cartridge filters used and drained in their sealed housing for at least eight hours before removal?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 60.622(c)           | *c. Does each dryer have a manufacturer’s label regarding leaks and inspections?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 60.624, 60.625      | *d. Has the initial test of each dryer been conducted and properly documented?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR Part 60 Subpart JJJ | *e. Is the facility in compliance with all the requirements of the New Source Performance Standards for Petroleum Dry Cleaners? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Public Water Supply

| Rule Citation  | Question   | Yes                                 | No                                  | N/A                                 |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 30 TAC 290.38(66)  | Does the facility have a well or manage a water distribution system that provides drinking water to employees or customers? If no, then this section does not apply.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 290.38(66)  | Does the facility have a well or manage a water system that provides drinking water to at least 15 service connections or serve at least 25 individuals at least 60 days out of the year? If no, then this section does not apply. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.38(14), (52), (54), (77)                                    | What type of PWS system does the facility have?  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 290.38(77)  | a. transient, non-community – serves at least 25 people at least 60 days of the year and is not part of a community system.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.38(54)  | b. non-transient, non-community – serves at least 25 of the same people at least 6 months out of the year and does not include residential service connections.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | What is the water source for the PWS?  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 290.38(29)  | a. Groundwater   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | b. Surface water   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.38(30)  | c. Groundwater under the influence of surface water  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.39(a)   | *Is the facility registered with the TCEQ as a PWS?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.46(e)   | *Does the facility have a licensed operator? (transient non-community water systems are exempt if using groundwater or purchase treated water from another public water system)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.109   | *Does the facility conduct monthly microbiological testing?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.110(b)(4), 290.110(b)(5)                                    | *Does the facility conduct chlorine residual testing?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.106, 290.107, 290.108                                       | *Does the facility conduct other contaminant testing as required for their system?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.106 (inorganic), 290.107 (organic), 290.108 (radionuclides) | Indicate what contaminants the facility is testing for:<br>☐<br>_____<br>_____<br>_____  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.45(a)(2)  | *Does the facility conduct water pressure testing?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

### Discharge to Publicly Owned Treatment Works (Sanitary Sewer System)

| Rule Citation                 | Question   | Yes                      | No                       | N/A                                 |
|-------------------------------|--|--------------------------|--------------------------|-------------------------------------|
|                               | Does the facility discharge process wastewater to the sewer system? If yes,                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 403.8(f)(1)(iii)       | *Has the facility obtained permission from the publicly owned treatment works to discharge process wastewater? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR Part 403.1, 30 TAC 315 | a. Does the publicly owned treatment works have an approved pretreatment program?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 403.8(f)(1)            | *b. Does the facility have a permit to discharge process wastewater to the publicly owned treatment works?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 403.8(f)(1)            | *c. Does the facility comply with the requirements of this permit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

If the publicly owned treatment works does not have an approved pretreatment program,

  

40 CFR Parts 405 through 471

a. Is the facility a categorical industrial user subject to the requirements of any category in 40 CFR Parts 405 through 471?

  

40 CFR 403.12(e)

\*b. If yes, does the facility submit monitoring reports to the TCEQ each June and December?

  

40 CFR 403.12(h)

c. If no, the facility may be required to submit semi-annual monitoring reports to the TCEQ if it is a significant non-categorical industrial user. It is also recommended that the facility contact the city and inform them of the nature of their discharge.

  

### Discharges to On-Site Sewage Facilities (Septic Systems)

**Rule Citation**

**Question**

**Yes No N/A**

30 TAC 285.2(45),  
285.2(66)

\*Does the facility avoid discharging any process wastewater to a septic system? (Note: On-site septic systems can only be used for domestic sewage.)

  

### Discharges to Waters in the State

**Rule Citation**

**Question**

**Yes No N/A**

Does the facility discharge wastewater into surface water (via outfall, run-off, storm drains, rivers, creeks, dry waterways)? If no, the rest of this section does not apply. If yes:

  

30 TAC 281.25

\*Does the facility have a Texas Pollutant Discharge Elimination System (TPDES) Permit?

  

30 TAC 319.1,  
Individual Permit

\*a. Does the facility meet the daily average flow from each outfall?

  

30 TAC 319.1,  
Individual Permit

\*b. Does the facility meet the daily maximum flow from each outfall?

  

30 TAC 319.1,  
Individual Permit

\*c. Does the facility meet the discharge limitation for each parameter?

  

30 TAC 319.11,  
Individual Permit

\*d. Does the facility conduct monitoring and sampling as required by their discharge permit?

  

30 TAC 319.7,  
Individual Permit

\*e. Does the facility submit discharge monitoring reports (DMRs) as required by their permit?

  

30 TAC 305.125, 40  
CFR 122.41

\*f. Does the facility submit non-compliance reports?

  

30 TAC 281.25, 40  
CFR Part 122  
Subpart B

\*g. Does the facility's TPDES wastewater discharge permit include stormwater discharges?

  

Individual Permit

\*h. Is the facility in compliance with stormwater discharge requirements listed in their TPDES wastewater discharge permit?

  

Individual Permit

Does the facility dispose of wastewater adjacent to surface water (by irrigation, evaporation pond, subsurface injection, or another approved method)? If yes:

  

30 TAC 312,  
Subchapter (B)

\*a. Does the facility have a Texas Land Application Permit (TLAP)?

  

30 TAC 312,  
Subchapter (B)

b. If so, are they in compliance with the requirements of the TLAP permit?

## Generator Status

| Rule Citation                  | Question  | Yes                      | No                       | N/A                      |
|--------------------------------|---|--------------------------|--------------------------|--------------------------|
| 30 TAC 335.78(a), 40 CFR 261.5 | Is the facility a Conditionally Exempt Small-Quantity Generator? CESQGs generate no more than 220 pounds of hazardous waste per month; generate up to 2.2 pounds of acutely hazardous waste per month; never accumulate more than 2,200 pounds of hazardous was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 262.34                  | Is the facility a Small-Quantity Generator? SQGs generate more than 220 pounds but less than 2,200 pounds of hazardous waste per month; generate up to 2.2 pounds of acutely hazardous waste per month; never accumulate more than 13,200 pounds of hazardous w | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 262.34                  | Is the facility a Large-Quantity Generator? LQGs generate more than 2,200 pounds of hazardous waste per month; generate more than 2.2 pounds of acutely hazardous waste per month; and have a 90-day storage time limit.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Waste Regulations (General Requirements)

| Rule Citation                    | Question  | Yes                      | No                       | N/A                                 |
|----------------------------------|---|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 335.62, 335.504           | *Has the facility performed a hazardous waste determination on all solid waste streams?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.510, 335.511, 335.513 | *Does the facility maintain documentation to support all hazardous waste determinations?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.9                     | *Does the facility have records of monthly waste generation to support its claimed generator status?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.6,335.63              | *Is this facility registered with the TCEQ as a hazardous waste generator? (not required for CESQG) TCEQ Registration No. _____ EPA ID _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.6                     | *Is the facility's Notice of Registration (NOR) up to date, including all waste streams and waste management units? (Not required for CESQG)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.9                     | *Has the facility submitted an Annual Waste Summary each year? (Not required for CESQG)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.9, 335.70             | *Does the facility fulfill all other recordkeeping and reporting requirements for its generator status?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.9                     | *Has the facility reconciled their manifests with their records of generation to verify the amounts of waste transported off-site and disposed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Waste Regulations (On-Site Accumulations Requirements)

| Rule Citation                                     | Question  | Yes                      | No                       | N/A                                 |
|---|---|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 335.69                                     | *Does the facility comply with appropriate accumulation time requirements?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.69, 40 CFR 262.34(c), 262.34(d), 261.5 | *Does the facility comply with appropriate accumulation quantity requirements?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 261.190                                    | Is hazardous waste accumulated in tanks at the facility? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 265.191                                    | *a. Has the tank system's integrity been assessed and certified by an independent, qualified, registered professional engineer? (Applies to LQG only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.69(a)(3)                               | *b. Are tanks labeled with the words "hazardous waste"?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

|  |  |                                     |                                     |                                     |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 40 CFR 265.195   | *c. Are records kept of daily tank inspections?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.193(e)  | *d. Do tanks have a secondary containment system designed to contain 100% of the largest tank within its boundaries? (LQG only)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.193(e)  | *e. If yes, is the secondary containment either designed or operated to prevent run-on or infiltration of precipitation into the secondary containment system or have sufficient excess capacity to contain run-on or infiltration of precipitation from a 25 y  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | Is hazardous waste accumulated in container storage areas at the facility? If yes:   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 CFR 265.172   | *a. Are waste containers labeled, dated, closed, and compatible with their contents? (Required for LQG and SQG only, although CESQG may want to adhere to this also.)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | If the facility is a SQG or LQG:   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 265.174   | *a. Does the facility conduct weekly container inspections?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.15(d)   | *b. Does the facility document weekly container inspections?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.16  | *c. Have employees been trained in the handling of hazardous waste with regards to their job duties?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.55  | *d. Has an emergency response coordinator and alternative been designated, available 24 hours a day to respond to on-site spills and accidents?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC<br>335.69(f)(5)(B) , 40<br>CFR<br>262.34(d)(5)(ii)(A) | *e. Have emergency numbers been posted by the telephone at the facility?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 262.34  | Is hazardous waste accumulated in satellite accumulation areas at the facility?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | If yes, answer the following if the facility is a SQG or LQG   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 265.172,<br>262.31, 262.34(a)(3),<br>262.34(a)(2)     | *a. Are waste containers labeled, closed and compatible with their contents?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 262.34(c)(1)  | *b. Is the amount of accumulated waste at each satellite accumulation point less than 55 gallons or 1 quart of acutely hazardous waste?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 262.34(c)(2)  | *c. Is waste from the satellite area moved to a waste management unit within 3 days once the 55-gallon limit or 1 quart of acutely hazardous waste is exceeded?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265 Subpart<br>I, 262.34                              | *d. Is the location of the satellite accumulation area documented? For rule interpretation, see the EPA FAQ here:<br><a href="http://www.epa.gov/osw/hazard/generation/labwaste/memo-saa.htm">http://www.epa.gov/osw/hazard/generation/labwaste/memo-saa.htm</a> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 335.6   | *Have all on-site and off-site hazardous waste recycling activities been registered with the TCEQ? (entered on NOR or Form TCEQ-0525, SQG and LQG only)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 264.13(b)   | *If hazardous waste is treated, stored, or disposed of on-site, has the facility compiled a waste analysis plan (WAP) or obtained a permit for that activity?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

## Waste Regulations (Transportation and Disposal Requirements)

| Rule Citation              | Question   | Yes                      | No                       | N/A                      |
|----------------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 335<br>Subchapter D | *Does the facility use a TCEQ/EPA registered transporter? (CESQGs may transport their own waste without a manifest to an authorized disposal facility.)                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 335.41              | *Does the facility use a TCEQ/EPA permitted treatment, storage, disposal (TSD) facility?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 335.13(i)           | *Does the facility have all applicable copies (generator/transporter/disposal) of manifests for the last 3 years? (Applies to SQG and LQG only)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 268.7               | *Does the facility have Land Disposal Restriction (LDR) certification statements per waste stream and disposal facility for the last 3 years? (Applies to SQG and LQG) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Dry Cleaner Environmental Response

| Rule Citation             | Question   | Yes                      | No                       | N/A                      |
|---------------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 337.20(e)          | *Does the facility have all required containment structures installed and constructed with materials as required?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC<br>337.20(e)(5)(A) | *Is there adequate capacity in secondary containment to hold at least 110% of the volume of liquids that can be held within the largest tank on a machine?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC<br>337.20(e)(5)(B) | *Is the secondary containment area kept free of all materials or objects that would diminish its capacity to contain a leak, spill, or release?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 337.20(e)(6)       | *Has the facility conducted all required inspections, provided support documentation of the inspections, and repaired any damage discovered within 7 days as required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 337.20(f)          | *Has the delivery of all dry cleaning solvents been done in compliance with the rule?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Dry Cleaner Registration and Fees

| Rule Citation       | Question   | Yes                      | No                       | N/A                      |
|---------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 337.10       | *Has the facility registered with the TCEQ?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 337.11(e)(3) | *Does the facility submit a new registration annually by August 1 of each year?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 337.11(d)(2) | *Does the facility make their registration certificate available for review to persons delivering solvent to their facility, prior to accepting the delivery of solvent or for review by TCEQ staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 337.4(d)     | *Has the facility verified that all solvent purchases come from a distributor that has a valid, current distributor registration with the TCEQ?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 337.14       | *Has the facility paid their annual registration fees?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Other Requirements

| Rule Citation                   | Question  | Yes                      | No                       | N/A                                 |
|---------------------------------|---|--------------------------|--------------------------|-------------------------------------|
| 40 CFR Part 372.3,<br>372.22(a) | Is the facility subject to Section 313 of EPCRA requirements for annual toxic release inventory?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 372.3                    | a. Did the facility employ more than 10 full-time employees during the year(s) in question? Or, if less than 10 full-time employees, were more than 20,000 hours worked collectively by all full-time, part-time and contract employees for the facility? Per | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 372.23                   | b. Does the Business SIC/NAICS code trigger TRI reporting? For NAICS, go to <a href="http://www.census.gov/eos/www/naics">www.census.gov/eos/www/naics</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|                        |  |                                     |                                     |                                     |
|------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 40 CFR 372.28          | c. During the year in question, did the facility use more than the threshold amounts of a toxic chemical? It should be noted that thresholds for reporting of persistent bioaccumulative toxic (PBT) chemicals are significantly lower than for non-PBTs (see 4  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|                        | That is:   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 372.25          | *i. Did the facility "manufacture" (a covered TRI activity) more than 25,000 pounds of non-PBT toxic chemical, or more than the threshold amount of a PBT chemical?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 372.25          | *ii. Did the facility "process" (a covered TRI activity) more than 25,000 pounds of non-PBT toxic chemical, or more than the threshold amount of a PBT chemical?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 372.25          | *iii. Did the facility "otherwise use" (a covered TRI activity) more than 25,000 pounds of non-PBT toxic chemical, or more than the threshold amount of a PBT chemical?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 370.42          | *Does the facility comply with the Texas Department of State Health Services' requirements for Tier II? <a href="http://www.dshs.state.tx.us/tiertwo/">www.dshs.state.tx.us/tiertwo/</a>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 335.473         | Is the facility subject to the Waste Reduction Policy Act (WRPA)? <a href="https://www.tceq.texas.gov/p2/wrpa/wrpa.html">https://www.tceq.texas.gov/p2/wrpa/wrpa.html</a>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 335.474         | *a. Has a Source Reduction Waste Minimization Plan (SR/WM) been developed? (SQGs, LQGs and TRI form R reporters submit once every 5 years) Plan requirements can be found in the publication Guide to Pollution Prevention Planning at <a href="http://www.tceq.texas.go">http://www.tceq.texas.go</a> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 335.476         | *b. Has an Executive Summary of the SR/WM plan and a Certificate of Completeness and Correctness been submitted? (SQGs, LQGs and TRI form R reporters only)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 335.476         | *c. Has an Annual Progress Report been submitted? (LQGs and TRI form R reporters only)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 335.476         | *d. If the facility is a SQG, are they meeting annual progress report requirements either through their annual waste summary and hazardous waste reduction goals or by submitting an Annual Progress Report?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 29 CFR 1910.1200(g)(8) | *Does the facility have Safety Data Sheets (SDS) or other information for all chemicals used in the last 24-months?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 327             | Have there been any spills at the facility? If yes:  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 327.5           | *a. Has the facility taken appropriate reporting and abatement actions? <a href="http://www.tceq.texas.gov/response/spills.html">Http://www.tceq.texas.gov/response/spills.html</a>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                        | *Does the facility practice good housekeeping?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## Multimedia Recordkeeping Review

| Rule Citation | Question  | Yes                      | No                       | N/A                                 |
|---------------|---|--------------------------|--------------------------|-------------------------------------|
|               | Can the facility demonstrate adequate recordkeeping with all applicable rules and permits? Note: A minimum of 25% of all required records must be reviewed during the site visit. List records reviewed in the comment section below. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## Comments