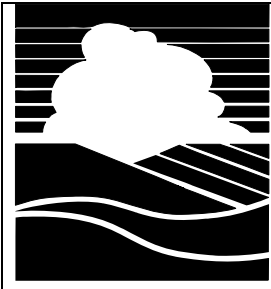


TCEQ Dry Cleaner Remediation Program Application for Ranking



Please mail completed application to:
 Dry Cleaner Remediation Program (MC-136)
 Texas Commission on Environmental Quality
 P. O. Box 13087
 Austin, Texas 78711-3087
 (512) 239-4700

See Attachment A for instructions on completing the application.

For Agency Use Only:
 Date Received:
 Date Administratively Complete:
 Date Scored:
 Site Score:
 Scored by:
 Application Number:

PLEASE NOTE: Items in the Application Checklists must be submitted with your application form. Complete the checklists and attach each listed item to the application. Required technical site information (listed in Application Checklist 2) may be submitted as complete reports, pertinent excerpts from reports with references to the source (title and date), or other appropriate written material. **Supporting documentation must conform to the Texas Engineering Practice Act and the Texas Professional Geoscientist Practice Act.** Additional guidance on the required submittals is provided on Attachment A.

Attached	Application Checklist 1. Eligibility and Administrative Information
<input type="checkbox"/>	Completed application form (TCEQ-20109) with all appropriate spaces filled and all required signatures.
<input type="checkbox"/>	Proof that at least \$5,000 deductible has been spent on corrective action, or proof of payment of the deductible with a copy of the Remaining Deductible Payment Submittal Form (TCEQ - 20109 Attachment B).
<input type="checkbox"/>	Consent for Access to Property (TCEQ - 20109 Attachment C) from both the real property owner and the facility owner. The access agreements also serve as proof that the real property owner and facility owner/lessee (if property owner and facility owner lessee are different) have been notified of the application as required by §374.154 (c).
<input type="checkbox"/> <input type="checkbox"/> N/A	Proof of ownership if applicant is the current landowner (e.g., copies of the deed, property tax receipts), or documentation of the agreement with the current landowner if applicant is the former landowner.
<input type="checkbox"/> <input type="checkbox"/> N/A	Attachment D – Only use for sites currently in the Voluntary Cleanup Program Attachment D1 – VCP Applicant Acknowledgement Form Attachment D2 - Completed Program Participation Election Form (TCEQ - 20109 Attachment D) for sites currently participating in the Voluntary Cleanup Program.
<input type="checkbox"/>	Attachment E – Completed affidavit confirming that perchloroethylene is not currently being used and will not be used at the site.
<input type="checkbox"/> <input type="checkbox"/> N/A	Drinking Water Survey Report as required per TCEQ guidance document RG-428 (<i>not required for all applications</i>).

Attached	Application Checklist 2. Required Technical Site Information
The title and date of the source document(s) should be provided in the space beneath each item.	
<input type="checkbox"/>	Detailed site map drawn to scale. Document Name and Date: _____ _____
<input type="checkbox"/>	Map that shows the entire property boundary with the location of the dry cleaner site marked. Document Name and Date: _____ _____
<input type="checkbox"/>	Receptor survey including results from a records search and field survey. Document Name and Date: _____ _____

<input type="checkbox"/>	Groundwater chemical analysis from a well or soil analysis (with prior approval confirmation from TCEQ). Document Name and Date: _____ _____
<input type="checkbox"/>	Geologic well log(s) from a monitoring or supply well or hydrogeologic information from the site. Document Name and Date: _____ _____

Additional Documentation

Please enter the title and date for each environmental report or document used as supporting documentation. Indicate whether the entire document is attached to the application, or if only applicable sections of a previously submitted report are included with the application. Add additional pages as necessary.

Attached / Previously Submitted	Technical Site Information
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____
<input type="checkbox"/>	Document Name and Date: _____ _____

Section 1. Type of Application		
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Resubmitted Application	<input type="checkbox"/> Additional Ranking Information

Section 2. Applicant Type (Check all that apply and enter the CN if already assigned.)

- Facility Owner (Must include Proof of Ownership. Skip to Section 4.) CN: _____
- Former Facility Owner (Must include Proof of Ownership. Skip to Section 4.) CN: _____
- Real Property Owner (Must include Proof of Ownership.) CN: _____
- Preceding Real Property Owner responsible for cleanup [Must include documentation of the agreement with the current landowner in accordance with the Texas Health & Safety Code, Chapter 374.154(b)(3)]. CN: _____

Section 3. Current or Preceding Real Property Owner Information (required for all applications)

Business Name (if applicable): _____
 Contact Person: Last Name: _____ First Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ - _____
 Country: _____
 Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____
 E-mail Address: _____

Type of Owner:
 Individual Sole Proprietorship DBA Corporation Partnership Other _____

Location of Records:
 Address: _____
 City: _____ State: _____ Zip Code: _____ - _____
 Country: _____
 Records Custodian/Contact Person: _____
 Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

State Franchise Tax ID: _____ Federal Tax ID: _____
 Data Universal Numbering System (DUNS) No.: _____
 Independently Owned & Operated: Yes No
 Number of Employees: 0-20 21-100 101-250 251-500 501 & Higher

Section 4. Facility Information (Fill out as shown on certificate, if applicable.)

RN: _____ TCEQ Registration Account #: _____
 Is the site currently an operating dry cleaning facility or dry cleaning drop station? Yes No

Type of Certificate: **Note: Please include a copy of Certificate with this Application**

Drop Station _____ Participating Non-Perchloroethylene Dry Cleaning Facility
 Registered Dry Cleaning Facility _____ Property Owner
 None _____ Preceding Property Owner

Name of Facility: _____

Street Address: _____

City: _____ Texas Zip Code: _____ - _____

County: _____

Facility Owner Name: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____ - _____

Country: _____

Contact Person: Last Name: _____ First Name: _____

Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

E-mail Address: _____

Please provide the following information (if known):

Latitude: Degrees _____ Minutes _____ Seconds _____ Longitude: Degrees _____ Minutes _____ Seconds _____

Primary SIC Code: _____ Secondary SIC Code: _____ Primary NAICS Code: _____ Secondary NAICS Code: _____

Standard Industrial Classification (SIC): _____ North American Industrial Classification System (NAICS): _____

Section 5. Description of Dry Cleaning Machines and Facility

(Complete the following information for each machine that is currently operating or has operated at this location.)

5a. Dry cleaning machine identification number	Machine No. _____	Machine No. _____	Machine No. _____	Machine No. _____
5b. Mo./Yr cleaning machine was installed)	____/____	____/____	____/____	____/____
5c. Machine type	<input type="checkbox"/> Transfer <input type="checkbox"/> Dry to dry vented <input type="checkbox"/> Dry to dry non-vented	<input type="checkbox"/> Transfer <input type="checkbox"/> Dry to dry vented <input type="checkbox"/> Dry to dry non-vented	<input type="checkbox"/> Transfer <input type="checkbox"/> Dry to dry vented <input type="checkbox"/> Dry to dry non-vented	<input type="checkbox"/> Transfer <input type="checkbox"/> Dry to dry vented <input type="checkbox"/> Dry to dry non-vented
5d. Status of machine (mark all that apply):	<input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Other, Specify: _____
Currently in use (Indicate Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporarily out of use (Month/Year or "NA")	____/____	____/____	____/____	____/____
Permanently out of use (Month/Year or "NA")	____/____	____/____	____/____	____/____
Removed (Month/Year or "NA")	____/____	____/____	____/____	____/____
If machine is "permanently out of use," have all dry cleaning solvents been removed? (Indicate Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5e. Estimated storage capacity of dry cleaning solvent per machine:	<input type="checkbox"/> Perc <input type="checkbox"/> Petroleum <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Perc <input type="checkbox"/> Petroleum <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Perc <input type="checkbox"/> Petroleum <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Perc <input type="checkbox"/> Petroleum <input type="checkbox"/> Other, Specify: _____
Gallons:	_____	_____	_____	_____
5f. Does the containment area hold 110% capacity of the solvent in the machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6. Redevelopment

6a. Is the facility in an area scheduled for redevelopment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
6b. If the answer to 6a. is yes, when is the redevelopment scheduled (Month/Year)		____/____

6c. If the answer to 6a. is yes, will the building where the facility is located be removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 7. Deductible (See Sections I. and II. of Attachment A for additional guidance on costs credited toward the deductible, making payments, and proof of payment.)

Indicate how the \$5,000 deductible has been met.
 \$5,000 in eligible environmental costs have been spent on the site and proof of payment, per guidance on Attachment A, is attached.
 Less than \$5,000 in eligible costs have been spent (or partial expenses are being claimed). A check for the remaining deductible amount has been mailed to the TCEQ Financial Administration Division and a copy of Attachment B and / or proof of payment is attached.

Section 8. Site Status

8a. Which of the following environmental activities have been completed?

<input type="checkbox"/> Phase I Property Assessment	<input type="checkbox"/> Affected Property Assessment Report or equivalent	<input type="checkbox"/> Remedial Action Plan
<input type="checkbox"/> Phase II Property Assessment	<input type="checkbox"/> Response Action Completion Report	

8b. Has the facility ever been in any of the following TCEQ Remediation Programs? (Mark all programs that apply.)

	Remediation Program	Dates (From month/year – To month/year)				Program ID Number
<input type="checkbox"/>	Voluntary Cleanup Program (VCP)	From	___/___/___	To	___/___/___	
<input type="checkbox"/>	Petroleum Storage Tank (PST) Responsible Party Prg.	From	___/___/___	To	___/___/___	
<input type="checkbox"/>	Superfund Program	From	___/___/___	To	___/___/___	
<input type="checkbox"/>	Corrective Action	From	___/___/___	To	___/___/___	
<input type="checkbox"/>	Petroleum Storage Tank (PST) State Lead Program	From	___/___/___	To	___/___/___	
<input type="checkbox"/>	Other	From	___/___/___	To	___/___/___	

Section 9. Solvent Purchase, Use, Delivery, Storage, and Disposal

9a. What is the quantity, in gallons, purchased within the last 12 months? Perc _____ Petroleum _____ NA

9b. What is the quantity, in gallons, used within the last 12 months? Perc _____ Petroleum _____ NA

9c. 1. Are new solvents stored in containers other than in the dry cleaning machine? Yes No NA

2. Is there secondary containment around the storage area? Yes No NA

3. If the answer to 2. is yes, does the containment area hold 110% capacity of the solvent of the largest tank? Yes No NA

9d. Are chlorinated dry cleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system? Yes No NA

9e. Are perchlorethylene solvent wastes (muck, filter, etc.) stored in sealed containers? Yes No NA

9f. What methods of disposal are used or have been used for separator water? Check all that apply

Heated Evaporation Unit	Licensed Waste Hauler	Misting Unit	Sanitary Sewer	Sanitary Landfill
Storm Sewer	Other (Specify): _____			

9g. What is the facility's hazardous waste category?

Conditionally Exempt Generator: less than 220 pounds of hazardous waste per month
 Small Quantity Generator: more than 220 pounds but less than 2,200 pounds of hazardous waste per month
 Large Quantity Generator: 2,200 pounds or more of hazardous waste per month

9h. Indicate the processes that are used or have been used to dispose of waste at the facility. Check all that apply.

Waste	Sanitary Sewer	Septic Tank	Dumpster	Hazardous Waste Disposal Firm	Other
Sludges/Still Bottoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____
Filter Cartridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____
Lint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify: _____

9i. Are there now or have there been underground storage tanks located on the site? Yes No Unknown

9j. If the answer to 9i. is yes, has an underground storage tank (UST) been used for storage of solvent or waste at the site? Yes No Unknown

9k. Have the dry cleaning machinery, solvents, and wastes always been in properly constructed dikes or containment? Yes No Unknown

Section 10. Site and Solvent Use History

10a. Check the number of years that each solvent type has been in use or was used at this facility. Check one for each solvent.

Solvent Type	Never	0 - 10 years	11-20 years	21 - 30 years	> 30 years	Unknown
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Perchloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum Solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10b. Check the maximum contaminant concentrations that have been discovered in the following water sources associated with this facility (on-site and/or off-site) **in parts per million (ppm) (assume 1 ppm = 1 mg/l)**.

Source	Perchloroethylene and Daughter Products					Petroleum Solvent Constituents				
	Not Detected	<0.005 ppm	0.005-0.050 ppm	>0.050 ppm	Not Sampled	Not Detected	<0.050 ppm	0.050-0.500 ppm	>0.500 ppm	Not Sampled
Surface Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10c. Check the maximum contaminant concentrations that have been discovered in the soils associated with this facility (on-site and/or off-site) for perchloroethylene and petroleum **in parts per million (ppm) (assume 1 ppm = 1 mg/kg)**

Media	Perchloroethylene and Daughter Products					Petroleum Solvent Constituents				
	Not Detected	<0.025 ppm	0.025-0.100 ppm	>0.100 ppm	Not Sampled	Not Detected	<0.025 ppm	0.025-0.100 ppm	>0.100 ppm	Not Sampled
Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 11. Surface Water Sources

11a. What is the distance to the nearest surface water?

- 0 - 0.25 miles 0.26 - 0.5 miles > 0.5 miles Unknown (Skip to Section 12.)

11b. Are there exposure pathways to the surface drinking water source?

- Yes No Unknown

11c. Has there been any release of dry cleaning solvents into surface waters?

- Yes No Unknown

11d. If 11c. is yes, what is the estimated volume of the release into the surface water?

- < 10 gallons ≥ 10 gallons Unknown

Section 12. Water Supply Wells

Has a receptor survey been completed for this site per the guidance on Attachment A of the Application?

- No** If the answer is No, your application is incomplete. In order for your application to be processed, information from a complete receptor survey is required to be submitted. For additional guidance, please see Attachment A of the application.
- Yes** Were any private water wells identified within ½ mile of the site that are used for human consumption or plumbed to a structure?
- No** If the answer is No, a Drinking Water Survey Report should not be required for this site.
- Yes** If the answer is Yes, please refer to the TCEQ guidance document entitled "Preparation of a Drinking Water Survey Report" (RG-428) to determine if the report is required for this site. If necessary, the Drinking Water Survey Report should be completed and submitted with the application.

12a. If drinking water wells have been impacted, indicate the use of the wells. If there is no impact to water wells, skip to question 12d.

- Private drinking water Public drinking water Other use, Describe use _____

12b. If a drinking water well has been impacted, how many users are on the drinking water system?

- 1-24 25 –100 101-1000 >1000 Unknown

12c. Indicate the number of affected water wells of each production capacity in gallons per day (gpd).

_____ Class 1: ≥ 144,000 gpd _____ Class 2: ≥ 150 to ≤ 144,000 gpd _____ Class 3: < 150 gpd _____ Unknown

12d. What is the distance to and number of uncontaminated water supply wells?

- 1 to 9 wells 0-500 ft 500 ft – 0.25 miles > 0.25 miles and < 0.5 miles Unknown
- 10 or more wells 0-500 ft 500 ft – 0.25 miles > 0.25 miles and < 0.5 miles Unknown

12e. What is the depth to the water in the water supply wells?

- 0-50 ft. 50-200 ft. > 200 ft. Unknown

12f. What is the distance to an alternate water source, if there is one readily available?				
<input type="checkbox"/> 0-1/2 mile	<input type="checkbox"/> > 1/2 – 1 mile	<input type="checkbox"/> >1 – 5 miles	<input type="checkbox"/> > 5 miles	<input type="checkbox"/> None <input type="checkbox"/> Unknown

Section 13. Soil Contamination				
13a. What is the predominant lithology above the first groundwater-bearing unit?				
<input type="checkbox"/> Clay	<input type="checkbox"/> Silt	<input type="checkbox"/> Sand	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown
13b. What is the maximum depth of contamination?				
<input type="checkbox"/> 0 - 5 ft.	<input type="checkbox"/> 5 - 15 ft.	<input type="checkbox"/> > 15 ft.	<input type="checkbox"/> Unknown - (not sampled and/or analyzed)	
13c. What is the aerial extent of the soil contamination?				
<input type="checkbox"/> < 1 acre		<input type="checkbox"/> ≥ 1 acre		<input type="checkbox"/> Unknown

Section 14. Groundwater				
14a. Does the site overlie a major or minor aquifer? If answer is no, skip to 14e.				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
14b. If the answer to 14a. is yes, what is the name of the aquifer?				
14c. What is the depth to the top of the major or minor aquifer?				
<input type="checkbox"/> 0-30 ft.	<input type="checkbox"/> 30-100 ft.	<input type="checkbox"/> > 100 ft.	<input type="checkbox"/> Unknown	
14d. Based on regional hydrogeologic and well log data, is there a continuous confining unit present above the major or minor aquifer?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
14e. Has a confining unit been breached by any objects (monitor wells, injection wells, etc.) within 1/4 mile?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
14f. What is the depth to the first groundwater bearing unit?				
<input type="checkbox"/> 0-30 ft.	<input type="checkbox"/> 30-100 ft.	<input type="checkbox"/> > 100 ft.	<input type="checkbox"/> Unknown	
14g. Are any receptors located within 1/4 mile down gradient of the site?				
<input type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
14h. Has the furthest extent of the contaminant plume been defined?				
<input type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
14i. Does the contaminant plume extend offsite?				
<input type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
14j. Is light non-aqueous phase liquid (LNAPL) present?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
14k. Is dense non-aqueous phase liquid (DNAPL) present?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown

Section 15. Certification

15a. Facility Owner or Operator / Former Facility Owner or Operator (Sign if applicant or co-applicant.)

I certify under penalty of law that I am over the age of eighteen (18) years and am competent and able to certify to these facts. I am fully aware, cognizant, and have personal knowledge of all the facts set forth in this document and all attached documents, and am able to certify, and I do certify, that all the facts and statements in this document and all attached documents are true, accurate, complete, and correct to the best of my knowledge.

I understand that the DCRP Application for Ranking will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

I understand that, in order to be eligible to claim benefits from the Dry Cleaner Remediation Fund, a property owner or previous property owner is required to register and pay an annual registration fee of \$1,500 per year. The deadline for property owner and previous property owner registration is December 31, 2007. Late registrations are allowed, however late registrants will be assessed a \$100 per month late fee in addition to registration fees. DCRP Applications for Ranking without registrations will not be accepted.

I understand that non payment of registration fees by Property Owners and Previous Property Owners may result in liens against the property for past due registration fees and clean up costs that occurred while fees were in arrears.

I understand that perchloroethylene may not be used at a site subject to corrective action under the Dry Cleaning Facility Release Fund. I also understand that, following the commencement of corrective action under the Dry Cleaning Facility Release Fund, a written notice will be filed in the real property records of the county or counties where the site is located to notify future property owners that perchloroethylene may not be used at the site.

Signature of Facility Owner or Operator: _____ Date: ____/____/____

Print Name of Owner or Operator: _____ Title: _____

15b. Real Property Owner / Preceding Property Owner (Sign if applicant or co-applicant.)

I certify under penalty of law that I am over the age of eighteen (18) years and am competent and able to certify to these facts. I am fully aware, cognizant, and have personal knowledge of all the facts set forth in this document and all attached documents, and am able to certify, and I do certify, that all the facts and statements in this document and all attached documents are true, accurate, complete, and correct to the best of my knowledge.

I understand that the DCRP Application for Ranking will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

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Signature of Real Property Owner: _____ Date: ____/____/____

Print Name of Owner: _____ Title: _____

15c. Professional Engineer or Professional Geoscientist

Documents prepared by, or prepared under, the supervision of a duly licensed professional engineer or a duly licensed professional geoscientist must be prepared in accordance with all requirements of statute and rule applicable to that respective professional.

Signature: _____
Date: ____/____/____

Print
Name: _____

Affix seal below.