


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	For Agency Use Only: Date Received: Date Administratively Complete: Date Scored: Site Score: Scored by: Application Number:
	See Attachment A for instructions on completing the application.	

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	Completed Program Participation Election Form (TCEQ - 20109 Attachment D) for sites currently participating in the Voluntary Cleanup Program (<i>not required for all applications</i>).
<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

☐ Initial Application ☐ Resubmitted Application ☐ 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: _____
☐ Former 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 Former Real Property Owner Information (Fill out if the real property owner is the applicant.)

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 ☐ NoNumber 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 ☐ Non-Participating Non-Perchloroethylene Dry Cleaning Facility
☐ None

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"/> Other, Specify: _____	<input type="checkbox"/> Transfer <input type="checkbox"/> Dry to dry vented <input type="checkbox"/> Dry to dry non-vented <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Transfer <input type="checkbox"/> Dry to dry vented <input type="checkbox"/> Dry to dry non-vented <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Transfer <input type="checkbox"/> Dry to dry vented <input type="checkbox"/> Dry to dry non-vented <input type="checkbox"/> Other, Specify: _____
5d. Status of machine (mark all that apply):				
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. Type of solvent used in each 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: _____
5f. Estimated storage capacity of dry cleaning solvent per machine in Gallons:	_____	_____	_____	_____
5g. Does the containment area hold 110% capacity of the solvent in the machine?	Yes No	Yes 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

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 _____		<input type="checkbox"/> NA					
9b. What is the quantity, in gallons, used within the last 12 months?		Perc _____		Petroleum _____		<input type="checkbox"/> NA					
9c. 1. Are new solvents stored in containers other than in the dry cleaning machine?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA	
2. Is there secondary containment around the storage area?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA	
3. If the answer to 2. is yes, does the containment area hold 110% capacity of the solvent of the largest tank?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA	
9d. Are chlorinated dry cleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA	
9e. Are perchlorethylene solvent wastes (muck, filter, etc.) stored in sealed containers?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA	
9f. What methods of disposal are used or have been used for separator water? Check all that apply											
<input type="checkbox"/> Heated Evaporation Unit		<input type="checkbox"/> Licensed Waste Hauler		<input type="checkbox"/> Misting Unit		<input type="checkbox"/> Sanitary Sewer		<input type="checkbox"/> Sanitary Landfill			
<input type="checkbox"/> Storm Sewer		<input type="checkbox"/> Other (Specify): _____									
9g. What is the facility's hazardous waste category?											
<input type="checkbox"/> Conditionally Exempt Generator: less than 220 pounds of hazardous waste per month <input type="checkbox"/> Small Quantity Generator: more than 220 pounds but less than 2,200 pounds of hazardous waste per month <input type="checkbox"/> 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?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> 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?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown	
9k. Have the dry cleaning machinery, solvents, and wastes always been in properly constructed dikes or containment?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> 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				
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).										
	Perchloroethylene and Daughter Products					Petroleum Solvent Constituents				
Source	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)										
	Perchloroethylene and Daughter Products					Petroleum Solvent Constituents				
Media	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 ☐ Unknown11c. Has there been any release of dry cleaning solvents into surface waters? ☐ Yes ☐ No ☐ Unknown11d. 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 water wells affected in each production class. Water class based on gallons produced 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 ☐ Unknown10 or more wells ☐ 0-500 ft ☐ 500 ft – 0.25 miles ☐ > 0.25 miles and < 0.5 miles ☐ Unknown12e. 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?

☐ 0-1/2 mile ☐ > ½ – 1 mile ☐ >1 – 5 miles ☐ > 5 miles ☐ None ☐ Unknown**Section 13. Soil Contamination**

13a. What is the predominant lithology above the first groundwater-bearing unit?

☐ Clay ☐ Silt ☐ Sand ☐ Other _____ ☐ Unknown

13b. What is the maximum depth of contamination?

☐ 0 - 5 ft. ☐ 5 - 15 ft. ☐ > 15 ft. ☐ Unknown - (not sampled and/or analyzed)13c. What is the aerial extent of the soil contamination? ☐ < 1 acre ☐ ≥ 1 acre ☐ Unknown

Section 14. Groundwater

14a. Does the site overlie a major or minor aquifer? If answer is no, skip to 14e. ☐ Yes ☐ No ☐ 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? 0-30 ft ☐ 30-100 ft. ☐ > 100 ft. ☐ Unknown

14d. Based on regional hydrogeologic and well log data, is there a continuous confining unit present above the major or minor aquifer? ☐ Yes ☐ No ☐ Unknown

14e. Has a confining unit been breached by any objects (monitor wells, injection wells, etc.) within 1/4 mile? ☐ Yes ☐ No ☐ Unknown

14f. What is the depth to the first groundwater bearing unit? ☐ 0-30 ft. ☐ 30-100 ft. ☐ > 100 ft. ☐ Unknown

14g. Are any receptors located within 1/4 mile down gradient of the site? ☐ N/A ☐ Yes ☐ No ☐ Unknown

14h. Has the furthest extent of the contaminant plume been defined? ☐ N/A ☐ Yes ☐ No ☐ Unknown

14i. Does the contaminant plume extend offsite? ☐ N/A ☐ Yes ☐ No ☐ Unknown

14j. Is light non-aqueous phase liquid (LNAPL) present? ☐ Yes ☐ No ☐ Unknown

14k. Is dense non-aqueous phase liquid (DNAPL) present? ☐ Yes ☐ No ☐ 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.

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

Print Name of Owner or Operator: _____ Title: _____

15b. Real Property Owner / Former 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.

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.

Attachment A

Instructions for Completing the DCRP Application for Ranking

The purpose of this document is to assist the applicant in completing the application and submitting all required documents and supporting material. A completed application with required documents, attachments (Attachment A, B, C, and D as applicable), and supporting material must be submitted in order for the site to be reviewed for eligibility and ranking in the DCRP. Incomplete forms will not be processed. Please review the following information prior to completing the application.

Additional Guidance on Select Submittals

I. Costs Paid to Fulfill the Deductible

Payment of a \$5,000 deductible is a requirement for the application. The costs incurred by an **applicant** to perform environmental investigations or remediation at the subject site, or to collect the information and evidence for the Application for Ranking package, will be credited against the deductible as required under Texas Health and Safety Code, §374.203, as amended, except costs listed in (C) below. Submit with the Application for Ranking the invoices and proof of payment as described below to demonstrate that the deductible has been met.

(A) Legible copies of invoices providing a description of:

- (1) environmental services performed;
- (2) the consultant(s) who performed the services;
- (3) the dry cleaning facility where the services were performed;
- (4) the dates the services were performed;
- (5) the unit cost for all services; and
- (6) the total amount incurred.

(B) Proof that the applicant has paid in full the amounts requested as credit toward the deductible. The submission must include either:

- (1) business receipts or invoices from the person who performed the work indicating payments received;
- (2) copies of canceled checks; or
- (3) the certification of a certified public accountant that the expenses for which credit toward the deductible is requested have been paid in full.

(C) The following types of costs are those which will not be considered costs applicable to the deductible under this subchapter:

- (1) the cost of replacement, repair, and maintenance of affected dry cleaning equipment;
- (2) the cost of upgrading existing dry cleaning equipment;
- (3) removal, transport, and disposal of dry cleaning equipment;
- (4) loss of income or profits, including without limitation, the loss of business income arising out of the review, processing, or payment of an application for ranking under this subchapter;
- (5) decreased property values;
- (6) bodily injury or property damage;
- (7) attorney's fees;
- (8) any costs associated with preparing, filing, and processing an application for ranking under this subchapter; (9) the costs of making improvements to the facility beyond those that are required for corrective action;
- (10) costs of compiling and storing records relating to costs of corrective action;
- (11) costs of corrective action taken in response to the release of a substance which is not a dry cleaning solvent;
- (12) any activities, including those required by this chapter, which are not conducted in compliance with applicable state and federal environmental laws or laws relating to the transport and disposal of waste;
- (13) interest on monies;
- (14) the cost of abatement or corrective action taken in response to a release of:
 - (a) a regulated substance that is not dry cleaning solvent or product; or
 - (b) a release of a dry cleaning solvent that has commingled with a regulated substance, which is not a dry cleaning solvent, unless the release of the dry cleaning solvent can be separately remediated.

II. Deductible Payment

If \$5,000 in eligible environmental costs has not been spent on the site by the applicant, or partial expenses are being claimed, complete and submit Attachment B and a check for the (remaining) deductible to the TCEQ Financial Administration Division. A copy of Attachment B and the information required in Section I (above) - Costs Paid to Fulfill the Deductible must be attached to this application (as applicable).

III. Access/Notifications

Attachment C – Consent for Access to Property must be submitted to provide access to the property and to provide proof that both the facility owner and the property owner have been notified of the submittal of the application. In all cases, the Real Property Owner must complete an Attachment C – Consent for Access to Property form. If a current facility owner exists and he is not also the real property owner, then he must also complete and submit an Attachment C – Consent for Access to Property form.

NOTE: It is the responsibility of the Applicant to notify the TCEQ should there be a change in property or facility ownership. A revised Attachment C – Consent for Access to Property must be completed by the new owner and submitted to the TCEQ. If the new owner does not provide a revised Attachment C – Consent for Access to Property within 90-days of change in ownership, the TCEQ will suspend corrective action at the site. If the new owner does not provide a revised Attachment C – Consent for Access to Property within 180-days of change in ownership, the TCEQ will remove the site from the DCRP Prioritization List. Any sites removed from the DCRP in this manner will have to reapply in order to re-enter the program.

IV. Drinking Water Survey Report

A Drinking Water Survey Report (DWSR) must be completed and submitted when reporting either a new case of groundwater contamination, or new evidence for an existing site that indicates a private drinking water well is or may be affected. The report provides information on water wells and sources of drinking water in the area near groundwater contamination. The TCEQ regulatory guidance document entitled “Preparation of a Drinking Water Survey Report” (RG-428) outlines the minimum procedures required to prepare and submit a DWSR to the TCEQ Remediation Division. This guidance document should be reviewed and followed upon confirmation of groundwater contamination.

The RG-428 Document is available on the agency’s website at <http://www.tceq.state.tx.us/remediation/twc26.408.html>

V. Site Map

The following items, and any other relevant aspects of the on-site property, should be identified on a site map which is drawn to scale (use more than one map if necessary):

- (A) Property boundaries and land uses, buildings and other structures, roads, type of surface cover, and surface drainage;
- (B) Current and former locations of dry cleaning machines, areas of solvent and waste storage, and waste disposal areas;
- (C) Locations of underground utilities (if known); and
- (D) Required legend information includes a north arrow, bar scale, map source, and identification of all symbols used on the map.

VI. Receptor Survey

The receptor survey should identify all water wells, springs, surface water bodies, and other potential sensitive receptors located within ½ mile of the site boundary. **Minimum required activities include:**

- (1) One-half mile records search to identify:
 - All recorded water wells located within ½ mile of the property boundary;
 - Local drinking water sources within ½ mile of the site boundary [including availability of public water supply (PWS)] and properties not serviced by or connected to an existing PWS.
- (2) A door-to-door, walking field survey of the area within 500 feet of the property boundary in order to:
 - Locate any water wells within 500 feet of the site that are not identified in the records search;
 - Confirm the location, owner, users, and current use of those wells identified in the records search; and
 - Identify springs, surface waters, parks, and other potential sensitive receptors located within 500 feet of the site.

Note: The field survey and records searches should be conducted beyond the minimum required distance when site conditions warrant (e.g., no municipal water supply, etc.).

The following items must be submitted with the application to document the results of the completed receptor survey:

- (A) A brief narrative describing the methodology and results of the receptor survey.
- (B) USGS 7.5 – minute topographic map which identifies:
 - The locations of all identified wells by well number / designation;
 - All other identified potential receptors (e.g., springs, surface water bodies, day care centers, etc.);
 - 500 feet, and ¼ and ½ mile radial distances (from property boundary).
- (C) Water well inventory table – lists all identified water wells and includes the following information for each:
 - Well designation (number);
 - Name and current mailing address for each well owner and the well users;
 - Current use of the water;
 - Distance from the property boundary (ft.);
 - Total depth and screened interval(s) (ft.);
 - Producing zone (geologic formation or aquifer name);
 - Other relevant information / remarks (including relevant field notes from the door-to-door survey).
- (D) All available well logs and information about springs and surface water bodies.
- (E) Field notes from the 500 foot door-to-door survey.

Note: The identification of sites or properties within 1/4 mile of the site boundary for which environmental reports or information has been submitted to the TCEQ (if possible). Technical information from such reports (e.g., soil boring logs, water well logs, analytical groundwater data) may be useful in fulfilling the requirements of the application.

VII. Required Documentation for Groundwater or Soil Sample Analysis

Submit a laboratory analytical report documenting a groundwater impact at an on-site or off-site well.

If no groundwater sample could be collected, then a soil analysis may be substituted for the groundwater analysis, so long as prior written approval from the Dry Cleaner Remediation Program has been obtained. The application must include a copy of DCRP's written approval for no groundwater sample. Please note that the DCRP will not provide written approval without technical justification as to why groundwater data could not be obtained at the site.

Data collected after February 1, 2003, should be reported in accordance with *Review and Reporting of COC Concentration Data*, (RG-366/TRRP-13) which is available on the agency's website at: http://www.tnrcc.state.tx.us/admin/topdoc/rg/366_trrp_13.pdf.

VIII. Program Participation Election Form (Only Applies to Applicants Currently in the Voluntary Cleanup Program)

The DCRP will not conduct corrective action at a site while it is in the Voluntary Cleanup Program (VCP). Therefore, a DCRP applicant must formally withdraw from the VCP before the site can be prioritized for corrective action. The Program Participation Election Form (PPEF) should be used to notify the TCEQ of the DCRP-eligible Applicant's intent to withdraw from the VCP. If you are currently participating in the VCP, but choose to withdraw and continue in the DCRP (if eligible), please complete and notarize the "Program Participation Election Form," Attachment D of the application, and include it with your application submittal:

Please note that the PPEF is not required to be submitted as part of the DCRP Application. However, a completed PPEF must be received within 45-days of site ranking. If not already included with the application, a completed PPEF should be submitted to the address below after the DCRP Application is ranked and you have received correspondence from the TCEQ:

Dry Cleaner Remediation Program, TCEQ,
P.O. Box 13087, MC-136
Austin, Texas 78711-3087.

If a PPEF is not received within 45 days of site ranking, then the TCEQ will assume you are no longer interested in the DCRP and your application will be withdrawn.

IX. Professional Engineer or Professional Geoscientist

Any documents, reports, filings, notifications, or other submittals required by the ranking application 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. Please sign, date and seal Section 15c.

Attachment B
TCEQ Dry Cleaner Remediation Program
Remaining Deductible Payment Submittal Form

If the \$5,000 deductible for an Application for Ranking has not been met, please use this form to submit the remaining balance.

- Complete items 2 through 7 below:
- Staple your check in the space provided at the bottom of this document.
- Send a copy of this form with your Application for Ranking.
- Send this form and your check to:

BY REGULAR U.S. MAIL	BY OVERNIGHT/EXPRESS MAIL
Texas Commission on Environmental Quality Financial Administration Division Cashier's Office, MC-214 P.O. Box 13088 Austin, TX 78711-3088	Texas Commission on Environmental Quality Financial Administration Division Cashier's Office, MC-214 12100 Park 35 Circle Austin, TX 78753
1. Fee Code:	Dry Cleaner Deductible (DCD)
2. Check / Money Order No:	
3. Amount of Check/Money Order:	
4. Date of Check or Money Order:	
5. Name on Check or Money Order:	
6. Applicant Name : Address: Customer Number:	_____ _____ _____ CN: _____
7. Dry Cleaner Facility Name: Location: Regulated Entity Number:	_____ _____ _____ RN: _____
To confirm receipt of payment, call the TCEQ Cashier's office at 512/239- 0357 or 239-0187 with the above information.	

**Staple Check or Money Order
In This Space**



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact the TCEQ at 512/239-3282.

CONSENT FOR ACCESS TO PROPERTY

Please Print

This consent for access is given by the following Owner (check appropriate box):

☐ Property Owner ☐ Property Owner/Dry Cleaning Facility Owner ☐ Dry Cleaning Facility Owner

(Name of Dry Cleaning Facility presently on Property. If none, Name of Dry Cleaning Facility that was last at this Property)

(Name of Owner)

(Telephone Number of Owner)

(Street Number and Street Name of Property)

(If Property Owner Include Description of Property and Attach Plat Map of Property)

_____, Texas
(City or Town in Which Property Is Located) (County in Which Property Is Located) (ZIP Code of Property)

I, as the Owner or authorized representative of the Owner, voluntarily consent to agents, contractors, subcontractors, officers, designees, and employees of the Texas Commission on Environmental Quality (TCEQ) entering and having continued access to the above-referenced property for the following purposes:

- (1) taking such soil, water, and air samples as may be necessary;
- (2) taking other actions related to the investigation of surface or subsurface conditions; and
- (3) taking response actions necessary to mitigate any threat to human health or the environment.

I recognize that this access is necessary for the TCEQ to address the above-referenced property under Chapter 374 of the Texas Health and Safety Code.

(Signature of Owner or Authorized Representative)

(Date)

(Printed Name of Authorized Representative, if applicable)

(Title)

ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

Notary Public's Signature

Notary Public's Typed or Printed Name

My Commission Expires

Attachment D-1
TCEQ Dry Cleaner Remediation Program
Voluntary Cleanup Program Applicant Signatures Form

The DCRP Application must include signatures of all VCP applicants. Though not all VCP Applicants may be eligible for the DCRP and are not required to sign as DCRP Applicants, all VCP applicants must sign the DCRP Application for Ranking as acknowledging parties to indicate their understanding that a DCRP Application has been submitted for the Site. VCP Applicants, upon site ranking, will have an opportunity to take part in choosing between the VCP and the DCRP. **DCRP Applications without all VCP Applicant signatures are considered incomplete, will not be processed and returned to DCRP Applicant.**

VCP Applicant A

Name: _____

CN: _____

Interest In Property _____

Signature: _____ Date: ____/____/____

VCP Applicant B

Name: _____

CN: _____

Interest In Property _____

Signature: _____ Date: ____/____/____

VCP Applicant C

Name: _____

CN: _____

Interest In Property _____

Signature: _____ Date: ____/____/____

VCP Applicant D

Name: _____

CN: _____

Interest In Property _____

Signature: _____ Date: ____/____/____

Attachment D-2
TCEQ Dry Cleaner Remediation Program
Program Participation Election Form

Facility name and address and VCP No. _____

- ☐ I am electing to withdraw my application to the Dry Cleaner Remediation Program (DCRP) and remain in the Voluntary Cleanup Program (VCP).
- ☐ I am electing to terminate my participation in the Voluntary Cleanup Program (VCP) and remain in the Dry Cleaner Remediation Program (DCRP). I understand that while I may reapply to the VCP once my participation in the DCRP has ended, response actions initiated at the above address in the DCRP may make this site ineligible for participation in the VCP.

(Signature of Owner or Authorized Representative)

(Date)

(Printed Name of Authorized Representative, if applicable)

(Title)

ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, a Notary Public, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me
that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

Notary Public's Signature

Notary Public's Typed or Printed Name

My Commission Expires