



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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Division of Environment

Kansas Dry Cleaning Facility Closure Confirmation

Kansas Dry Cleaning Program
KDHE Bureau of Environmental Remediation

Facility Name: _____ KDHE Registration # _____

Address: _____

Manager: _____ Phone #: _____

1. Is the store open for business (any laundry operations or drop off)? (Circle One) Yes No
2. Has the facility ceased all ***dry cleaning*** operations on site? (Circle One) Yes No
 - If ***yes***, has all the solvent and drycleaning waste, including what is in the machine and waste drums, been removed from the machines and facility? (Circle One) Yes No
 - If ***yes***, when was the solvent & waste removed? Date: _____
 - If ***no***, the facility is in violation of K.A.R. 28-68-4 stating the drycleaning solvents and waste must be removed within 45 days of ceasing drycleaning operations. The penalty for non-compliance is up to \$500 per violation. Does the owner/manager understand this requirement? (Circle One) Yes No

Owner Name: _____ Date: _____
Print Name

Owner Signature: _____
Signature

Mail the completed form to: Kansas Dry Cleaning Program, KDHE-BER, 1000 SW Jackson, Ste. 410, Topeka, KS 66612-1367 or fax to (785) 296-4823

Please contact Bob Jurgens at 785-296-6370, if you have any questions pertaining to this form.

For KDHE Use Only

<small>Date Reply Rec'd:</small>	<small>Inspector Signature and date if inspected by KDHE staff:</small>

Revised 02/08/10