



KANSAS

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

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 785-291-3250 if you have any questions pertaining to this form.

For KDHE Use Only

Date Reply Rec'd:	Inspector Signature and date if inspected by KDHE staff:
-------------------	--

Revised 10/27/05