



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Drycleaner Environmental Response Program (DCERP)
William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 14th Floor
Nashville, Tennessee 37243

**APPLICATION FOR ENTRY INTO THE DRYCLEANER ENVIRONMENTAL RESPONSE PROGRAM-
ENVIRONMENTAL RESPONSE ACTION**

SECTION 1: FACILITY INFORMATION: Facility Registration No. D-_____ County: _____

Facility Name: _____ Phone: _____ Contact Name: _____

Address: _____ City: _____ Zip Code: _____

Is the Facility Active? ☐ No ☐ Yes If yes, indicate the amount of the current year's annual registration fee: _____

Is the Facility Abandoned? ☐ No ☐ Yes If yes, indicate the date drycleaning operations ceased: _____

Solvent Type (list all known): _____ Current Property Use: _____

Have any environmental activities been conducted at the facility? ☐ No ☐ Yes *If yes, submit all information and reports with this application.*

SECTION 2: APPLICANT INFORMATION:

Select one: ☐ Facility Owner/Operator ☐ Property Owner ☐ Impacted Third Party

Applicant Name: _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Applicant Email: _____ Phone No.: _____

Contact Name (if Different than Applicant): _____ Contact Phone _____

Contact Address: _____ City: _____ State: _____ Zip Code: _____

Contact Email: _____

Will applicant be seeking reimbursement from the Drycleaner Environmental Response Fund? ☐ No ☐ Yes

If yes, provide Taxpayer ID: _____

SECTION 3: TO BE COMPLETED IF IMPACTED THIRD PARTY WAS CHECKED IN SECTION 2 ABOVE

Describe the location of your property in relationship to the facility identified in this application and explain how your property is impacted by dry cleaning solvents from the facility. Attach additional page(s), if needed.

Does the facility owner or operator have pollution liability coverage? ☐ No ☐ Yes Policy No: _____

If yes, provide name and address of insurance company: _____

SECTION 4: DRYCLEANER APPROVED CONTRACTOR (DCAC)

I have selected _____ to be my DCAC.

SECTION 5: RIGHT OF ACCESS

The Division and applicant's selected DCAC, as part of their required inspection and access to the facility and the property on which it sits, may occasionally undertake intrusive activities, such as installing monitoring wells, sampling, and other remediation activity. These activities may take place inside and/or outside of the facility. The Division will use reasonable efforts to keep any interference to a minimum. Each undersigned hereby agrees that it will provide to the Division and the DCAC reasonable access to the facility and the property.

SECTION 6: CERTIFICATIONS COMPLETE THIS SECTION FOR ALL APPLICATIONS

I certify, under penalty of law, that: I am lawfully present in the United States as a U.S. citizen or a qualified alien as defined in 8 U.S.C. §1641(b); this document and all attachments were prepared by me, or under my direction or supervision; and, all of the submitted information is, to the best of my knowledge and belief, true, accurate, and complete. I understand that the penalties for providing false information and making false or fraudulent statements or representations may include revocation of the permit or license, civil penalties, and/or criminal prosecution resulting in a fine, imprisonment or both. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury."

In accordance with Rule 0400-15-03-.05(2)(b), I certify to the best of my knowledge and belief all applicable fees and surcharges due and payable by the drycleaning facility identified in this application have been paid to the DCERP.

In accordance with Rule 0400-15-03-.05(4)(b), I also acknowledge if it is determined that monies are owed to the DCERP by this facility, I will be responsible for making the appropriate payments prior to being granted program fund eligibility. The applicant is also responsible for payment of deductibles to their selected Dry Cleaner Approved Contractor (DCAC). Costs disallowed by DCERP are the responsibility of the applicant.

I will ensure that the statements in Rule 0400-15-03-.09(3)(d) regarding reasonable rates and Rule 0400-15-03-.08(7)(d) regarding reimbursements will be included in the contract with my selected DCAC.

In accordance with Rule 0400-15-03-.09(3)(h), all plans and reports submitted to the Department shall be prepared and signed by a State of Tennessee Registered Professional Engineer or Registered Professional Geologist.

By signing below, the applicant acknowledges the Division's and DCAC's right of reasonable access to the facility and the real property. Such access is intended to expire when the cleanup response is complete or the site voluntarily withdraws from the program.

Signature of Applicant

Date

Applicant Contact Information

By signing below, the real property owner, and the tenant (if applicable), acknowledge the Division's and DCAC's right of reasonable access to the facility and the real property. Such access is intended to expire when the cleanup response is complete or the site voluntarily withdraws from the program. The property owner shall advise successors-in-title and assigns of this access right.

Signature of Real Property Owner (if not applicant)

Date

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Signature of Tenant (if not applicant)

Date

Tenant Contact Information

APPLICANT CERTIFICATION

[CERTIFICATION FOR INDIVIDUAL]

STATE OF _____, COUNTY OF _____

Personally appeared before me, the undersigned, a Notary Public within and for the State and County aforesaid, _____, with whom I am personally acquainted, and acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS, this ____ day of _____, 20__.

Notary Public

My Commission Expires _____

[CERTIFICATION FOR PARTNERSHIP]

STATE OF _____, COUNTY OF _____

Personally appeared before me, the undersigned, a Notary Public within and for the State and County aforesaid, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained, and who further acknowledged that he/she is the _____ of _____, a limited partnership, and is authorized to execute this instrument on its behalf.

WITNESS my hand, at office, this ____ day of _____, 20__.

Notary Public

My Commission Expires: _____

[CERTIFICATION FOR CORPORATION]

STATE OF _____, COUNTY OF _____

Personally appeared before me, the undersigned, a Notary Public within and for the State and County aforesaid, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained, and who further acknowledged that he/she is the _____ of _____, a corporation, and is authorized by the corporation to execute this instrument on behalf of the corporation.

WITNESS my hand, at office, this ____ day of _____, 20__.

Notary Public

My Commission Expires: _____

PROPERTY OWNER/TENANT CERTIFICATION

[CERTIFICATION FOR INDIVIDUAL]

STATE OF _____, COUNTY OF _____

Personally appeared before me, the undersigned, a Notary Public within and for the State and County aforesaid, _____, with whom I am personally acquainted, and acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS, this ____ day of _____, 20____.

Notary Public

My Commission Expires _____

[CERTIFICATION FOR PARTNERSHIP]

STATE OF _____, COUNTY OF _____

Personally appeared before me, the undersigned, a Notary Public within and for the State and County aforesaid, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained, and who further acknowledged that he/she is the _____ of _____, a limited partnership, and is authorized to execute this instrument on its behalf.

WITNESS my hand, at office, this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____

[CERTIFICATION FOR CORPORATION]

STATE OF _____, COUNTY OF _____

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WITNESS my hand, at office, this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____