MAINE DEP DRYCLEANER REGISTRATION FORM

Registration is due on or before MARCH 1 for the previous calendar year's activities, and must be signed and verified as accurate and true by the owner or operator of the facility.
For assistance call (207) 287-7688.
Mail to:
DEP, Bureau of Air Quality, 17 State House Station, Augusta, ME 04333-0017, Attn. Pete Carleton
Or: Scan and e-mail to *peter.g.carleton@maine.gov*

FACILITY NAME	_____ Contact:_____ Email Address: _____
MAILING INFORMATION	Street/P.O Box: _____ City: _____ State: ___ Zip code: _____ Phone:_____ e-mail:_____
PLANT LOCATION ☐ *Drop-off only*	911 Address: _____ City: _____ State: ___ Zip code: _____ Phone:_____ e-mail:_____

PROCESS INFORMATION: Total Number of Machines: ___

Machine Type	Date Machine Installed	Control Device	Date Control Installed
Dry – to – Dry	1/1/2008	Refrigerated Condenser	1/1/2008

Perchloroethylene use and disposal information for Jan. 1 to Dec. 31,_____.

Amount of perchloroethylene purchased:	_____ gal. *From Dec. page of Compliance Calendar*	
Amount of waste generated and shipped offsite	_____ pounds	
Is there any occupied space directly above or adjacent to the dry cleaning facility (e.g. office, living space, restaurant, etc.)?	☐ Yes ☐ No	If Yes, please describe:
I have stopped using perchloroethylene and disposed of all perchloroethylene legally.		☐ Yes

Signature: _____ Date: _____