



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Drycleaner Environmental Response Program (DCERP)
401 Church Street, 4th Floor L & C Annex
Nashville, Tennessee 37243

APPLICATION FOR ENTRY INTO THE DCERP RESPONSE PROGRAM

SECTION 1: FACILITY INFORMATION: Facility Registration No. _____ **County:** _____

Facility Name: _____ Address: _____

City: _____ Zip Code: _____ Phone No.: _____ Contact Name: _____

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

Is the Facility Abandoned? Yes/No, 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? Yes: ___ No: ___ if yes submit all information and or reports with this application.

SECTION 2: APPLICANT INFORMATION: Facility Owner/Operator: ___ **Property Owner:** ___ **Impacted Third Party:** ___

Applicant Name: _____ Mailing Address: _____

City _____ State _____ Zip Code: _____ Phone No.: _____

Contact Name (if Different than Applicant): _____ Contact Phone No.: _____

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

Will applicant be seeking reimbursement from the Drycleaner Environmental Response Fund? (Circle One) Yes / No
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? _____ Policy No: _____

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

SECTION 5: DRYCLEANER APPROVED CONTRACTOR (DCAC)

I have selected _____ to be my DCAC.

SECTION 6: 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 7: CERTIFICATIONS COMPLETE THIS SECTION FOR ALL APPLICATIONS

In accordance with Rule 1200-1-17-.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 1200-1-17-.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 1200-1-17-.09(3)(d) regarding reasonable rates and Rule 1200-1-17-.08(7)(d) regarding reimbursements will be included in the contract with my selected DCAC.

In accordance with Rule 1200-1-17.09(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

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: _____

Tenant (if not applicant)

Date

Contact Information

APPLICANT CERTIFICATION

[CERTIFICATION FOR INDIVIDUAL]

STATE OF TENNESSEE

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 TENNESSEE

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 TENNESSEE

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 TENNESSEE
COUNTY OF _____

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WITNESS, this ____ day of _____, 20__.

Notary Public

My Commission Expires _____

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