



FOR OFFICE USE ONLY  
RECORD \_\_\_\_\_  
ENTERED \_\_\_\_\_

## Dry Cleaners Survey Form

BUSINESS NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Do you use:

✓ Perchloroethylene                      ✓ Petroleum based solvents

1. Is your wastewater shipped off-site to a hazardous waste facility?      ✓ YES      ✓ NO

a. If yes who/when/where? \_\_\_\_\_

2. Is an evaporator or mister in use?      ✓ YES      ✓ NO

3. Is there any connection to the sanitary sewer (direct or indirect)?      ✓ YES      ✓ NO

4. Are containment pans placed under perc or solvent systems?      ✓ YES      ✓ NO

5. Is there any potential for spills to enter the sewer system?      ✓ YES      ✓ NO

6. Is your business aware of Federal RCRA regulations?      ✓ YES      ✓ NO

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Title