



# *National Drycleaners Institute*

## *Compliance Program Registration Form*

83 West Schaumburg Road Schaumburg, Illinois 60194

English: 847-791-9973

Korean: 847-791-0273

Fax: 847-756-1184

[Info@ndiedu.com](mailto:Info@ndiedu.com)

[www.ndiedu.com](http://www.ndiedu.com)

**Business Name**

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**Owner Name**

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**Address**

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**Telephone Number**

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**E-mail Address**

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**III. Environmental**

**License Number**

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**Solvent Type**

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**IEPA Air Permit**

Not Applicable ( ) Applicable ( ) Lifetime ( Y ) ( N ) \_\_\_\_\_

**Last 3rd Party**

**Inspection**

Passed ( Y ) ( N ) \_\_\_\_\_

**Name of Applicant**

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**Position**

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**Signature**

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**Date**

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# PERCHLOROETHYLENE (PERC) DRY CLEANER CLEANERS AT

## PERCHLOROETHYLENE (PERC) PURCHASE LOG FOR AFTER FIRST 12 MONTHS OF RECORD KEEPING\*

PLEASE NOTE THE FOLLOWING

1. **DTAE OF ENTRY** should be the first WORKING day of every month.
2. **AMOUNT PURSHED** is the sum of the volume of all perc purchases made in the prior month. If no perc purchase were made in a given month, enter zero gallons at the amount purchased for that month.
3. **12-MONTH TOTAL FROM** \_/\_ **TO** \_/\_ is the period of 12 months preceding the current month.
4. **12-MONTH TOTAL** is the sum of the volume of all perc purchases made in each of the previous 12 months.
5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED	12-MONTH TOTAL FROM _/_ TO _/_	12-MONTH TOTAL
1	Jan-15	1/1/2015		02/2014 -- 01/2015	
2	Feb-15	2/1/2015		03/2014 -- 02/2015	
3	Mar-15	3/1/2015		04/2014 -- 03/2015	
4	Apr-15	4/1/2015		05/2014 -- 04/2015	
5	May-15	5/1/2015		06/2014 -- 05/2015	
6	Jun-15	6/1/2015		07/2014 -- 06/2015	
7	Jul-15	7/1/2015		08/2014 -- 07/2015	
8	Aug-15	8/1/2015		09/2014 -- 08/2015	
9	Sep-15	9/1/2015		10/2014 -- 09/2015	
10	Oct-15	10/1/2015		11/2014 -- 10/2015	
11	Nov-15	11/1/2015		12/2014 -- 11/2015	
12	Dec-15	12/1/2015		01/2015 -- 12/2016	



**NATIONAL DRYCLEANERS INSTITUTE**

**N. D. I.**

Tel 847)791-0273

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2014 Perchloroethylene (Perc) Dry Cleaner

**CLEANERS IN  
MONITORING LOG FOR REFRIGRATED CONDENSER (RC)**

For a Dry-to-dry Machine, Dryer, or Reclaimer			For a Dry-to-dry Machine, Dryer, or Reclaimer		
Temp C or F			Temp C or F		
NO	Date	Temp2	NO	Date	Temp2
1	1/2/2015	C, F	27	7/2/2015	C, F
2	1/9/2015	C, F	28	7/10/2015	C, F
3	1/16/2015	C, F	29	7/17/2015	C, F
4	1/23/2015	C, F	30	7/24/2015	C, F
5	1/30/2015	C, F	31	7/31/2015	C, F
6	2/6/2015	C, F	32	8/7/2015	C, F
7	2/13/2015	C, F	33	8/14/2015	C, F
8	2/20/2015	C, F	34	8/21/2015	C, F
9	2/27/2015	C, F	35	8/28/2015	C, F
10	3/6/2015	C, F	36	9/4/2015	C, F
11	3/13/2015	C, F	37	9/12/2015	C, F
12	3/20/2015	C, F	38	9/18/2015	C, F
13	3/27/2015	C, F	39	9/25/2015	C, F
14	4/3/2015	C, F	40	10/2/2015	C, F
15	4/10/2015	C, F	41	10/9/2015	C, F
16	4/17/2015	C, F	42	10/16/2015	C, F
17	4/24/2015	C, F	43	10/23/2015	C, F
18	5/1/2015	C, F	44	10/30/2015	C, F
19	5/8/2015	C, F	45	11/6/2015	C, F
20	5/15/2015	C, F	46	11/13/2015	C, F
21	5/22/2015	C, F	47	11/20/2015	C, F
22	5/29/2015	C, F	48	11/27/2015	C, F
23	6/5/2015	C, F	49	12/4/2015	C, F
24	6/12/2015	C, F	50	12/11/2015	C, F
25	6/19/2015	C, F	51	12/18/2015	C, F
26	6/26/2015	C, F	52	12/28/2015	C, F



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## 2015 PERCHLOROETHYLENE DRY CLEANER CLEANERS AT EQUIPMENT INSPECTION AND REPAIRE LOG

This log provides room for three months of entries. The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

*The following components must be checked for PERCHLOROETHYLENE leaks every week.*

Perceptible leaks are ones that are detectable by ordor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- |                                                                                                                                                                         |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. Hose and pipe connections<br>Fitting, couplings, and valves<br>2. Door gaskets/seatings<br>3. Filter gaskets/seatings<br>4. Pumps<br>5. Solvent tanks and containers | 6. Water separators<br>7. Muck cookers<br>8. Stills<br>9. Exhaust dampers<br>10. Diverter valves<br>11. Cartrige filter housings |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

1	NAME OR INITIALS (optional)	INSPECT DATE weekly	LEAKY COMPONENT(S) NAME(write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR	D	S
							DATE		
1		1/2/2015						D	S
2		1/9/2015						D	S
3		1/16/2015						D	S
4		1/23/2015						D	S
5		1/30/2015						D	S
6		2/6/2015						D	S
7		2/13/2015						D	S
8		2/20/2015						D	S
9		2/27/2015						D	S
10		3/6/2015						D	S
11		3/13/2015						D	S
12		3/20/2015						D	S
13		3/27/2015						D	S
14		4/3/2015						D	S
15		4/10/2015						D	S
16		4/17/2015						D	S
17		4/24/2015						D	S
18		5/1/2015						D	S
19		5/8/2015						D	S
20		5/15/2015						D	S
21		5/22/2015						D	S
22		5/29/2015						D	S
23		6/5/2015						D	S
24		6/12/2015						D	S
25		6/19/2015						D	S
26		6/26/2015						D	S



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- |                                                                                                                                                                         |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. Hose and pipe connections<br>Fitting, couplings, and valves<br>2. Door gaskets/seatings<br>3. Filter gaskets/seatings<br>4. Pumps<br>5. Solvent tanks and containers | 6. Water separators<br>7. Muck cookers<br>8. Stills<br>9. Exhaust dampers<br>10. Diverter valves<br>11. Cartrige filter housings |
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27		7/2/2015						D	S
28		7/10/2015						D	S
29		7/17/2015						D	S
30		7/24/2015						D	S
31		7/31/2015						D	S
32		8/7/2015						D	S
33		8/14/2015						D	S
34		8/21/2015						D	S
35		8/28/2015						D	S
36		9/4/2015						D	S
37		9/12/2015						D	S
38		9/18/2015						D	S
39		9/25/2015						D	S
40		10/2/2015						D	S
41		10/9/2015						D	S
42		10/16/2015						D	S
43		10/23/2015						D	S
44		10/30/2015						D	S
45		11/6/2015						D	S
46		11/13/2015						D	S
47		11/20/2015						D	S
48		11/27/2015						D	S
49		12/4/2015						D	S
50		12/11/2015						D	S
51		12/18/2015						D	S
52		12/28/2015						D	S



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Site \_\_\_\_\_  
Site Number: \_\_\_\_\_

Inspection Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_

	Unit #1	Unit #2	Unit #3
<b>DC Machine (Model):</b>	_____	_____	_____
Capacity (lbs):	_____	_____	_____
Generation:	_____	_____	_____
Solvent Type:	_____	_____	_____
Solv. Tank Vol(s):	_____	_____	_____
Date Machine Installed	_____	_____	_____
Age of DC Machine	_____	_____	_____
Refrigerated Condenser	Yes / No	Yes / No	Yes / No
Carbon Absorber	Yes / No	Yes / No	Yes / No

Air Permit Required: *Yes / No* Expiration: \_\_\_\_\_

Solvent Delivery System: *Closed Loop / Direct Coupled* Vapor Recovery System: *Yes / No*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DC Secondary Containment: *Yes / No***

Unit 1      H x W x L: \_\_\_\_\_ = \_\_\_\_\_ in<sup>3</sup>  
                  Volume: \_\_\_\_\_ in<sup>3</sup> x 0.00432 = \_\_\_\_\_ gallons

Unit 2      H x W x L: \_\_\_\_\_ = \_\_\_\_\_ in<sup>3</sup>  
                  Volume: \_\_\_\_\_ in<sup>3</sup> x 0.00432 = \_\_\_\_\_ gallons

Unit 3      H x W x L: \_\_\_\_\_ = \_\_\_\_\_ in<sup>3</sup>  
                  Volume: \_\_\_\_\_ in<sup>3</sup> x 0.00432 = \_\_\_\_\_ gallons

Are the floors sealed as part of the secondary containment requirement?      Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Site \_\_\_\_\_  
Site Number: \_\_\_\_\_

Inspection Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_

**Hazardous Waste (HW) Containers: Yes / No**

**Used Filter (UF) Containers: Yes / No**

	Container #1	Container #2	Container #3
Type:	HW / UF	HW / UF	HW / UF
Volume:	_____	_____	_____
Radius x Height:	_____ x _____	_____ x _____	_____ x _____

Is Each Haz Waste Container Appropriately Labeled: *Yes / No*

Is the site categorized as: *CESQG / SQG / LQG*

Quantity of Haz Waste Generated per Calendar Year: \_\_\_\_\_ gallons

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hazardous Waste Secondary Containment: Yes / No**

Container 1	H x W x L:	_____ x _____ x _____ = _____ in <sup>3</sup>
	Volume:	_____ in <sup>3</sup> x 0.00432 = _____ gallons
Container 2	H x W x L:	_____ x _____ x _____ = _____ in <sup>3</sup>
	Volume:	_____ in <sup>3</sup> x 0.00432 = _____ gallons
Container 3	H x W x L:	_____ x _____ x _____ = _____ in <sup>3</sup>
	Volume:	_____ in <sup>3</sup> x 0.00432 = _____ gallons

Waste Hauler: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site \_\_\_\_\_  
Site Number: \_\_\_\_\_

Inspection Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_

**Vaporizer/Hazardous Waste Water Treatment: Type:**

Volume: \_\_\_\_\_ Emitted to the (outside) or (inside) of the facility?

Secondary Containment:

H x W x L: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ in<sup>3</sup>

Volume: \_\_\_\_\_ in<sup>3</sup> x 0.00432 = \_\_\_\_\_ gallons

(If more than one, please attach calculations for them.)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Underground (UST) or Aboveground (AST) Storage Tank System Information:**

If USTs exist, do they meet the Federal EPA 1998 upgrade standard? Yes \_\_\_\_\_ No \_\_\_\_\_

If USTs exist, do leak detection records exist? Yes \_\_\_\_\_ No \_\_\_\_\_

If leak detection records exist, please list the method(s) being used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For each UST and AST please complete information on page 7 of this inspection form.

**Log Review for the past 2 years:** Repair: \_\_\_\_\_ Inspection: \_\_\_\_\_

Solvent Purchases: \_\_\_\_\_ Employee Training: \_\_\_\_\_

(Please list all repairs for the past 2 years in the "comments" section below.)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Site** \_\_\_\_\_  
**Site Number:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_  
**Inspector:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Compliance Certificate:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Miscellaneous:**

Annual Weight = (# of loads a day) x (Capacity of Machine) x days of operation per year

= \_\_\_\_\_ lbs = \_\_\_\_\_ kg = \_\_\_\_\_ tons

Annual Solvent Usage (in gallons): Chlorine-based \_\_\_\_\_

Petroleum-based \_\_\_\_\_ Green: \_\_\_\_\_

Does evidence of a prior or ongoing release exist? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site \_\_\_\_\_  
Site Number: \_\_\_\_\_

Inspection Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_

Based upon the facility inspection and review of records, is the facility operating and in compliance with federal and state regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered "no", please describe in detail in the section titled "DEFICIENCIES" the compliance violations/deficiencies.*

DEFICIENCIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All deficiencies listed must be resolved by \_\_\_\_\_

Written documentation (including photos) substantiating the deficiencies have been resolved are to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Site** \_\_\_\_\_  
**Site Number:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_  
**Inspector:** \_\_\_\_\_

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Site Inspection Signature

Drycleaner Operator/Manager Signature

**PHOTO PAGE:** (Please attach a copy of all colored photos taken during the site inspection.)

Photos required to be taken include:)

- a. all drycleaning machines,
- b. all hazardous waste containers (filled or empty) and secondary containment pans,
- c. all waste water mister(s),
- d. all floor drains,
- e. outside dumpster(s),
- f. wetcleaning machines,
- g. pictures of the outside front and back of building,
- h. interior (taken from front and back of store),
- i. detergents and spotting chemicals stored onsite,
- j. outside storage areas/sheds.

**SITE DIAGRAM:**

Please attach a diagram of the facility, showing the location of the building, drycleaning units, stored drycleaning solvents, stored hazardous waste containers, containment area, floor drains, etc. If you know where the sewer and water lines are located, please show this on the diagram. Attached is an example diagram layout.

Site \_\_\_\_\_  
 Site Number: \_\_\_\_\_

Inspection Date: \_\_\_\_\_  
 Inspector: \_\_\_\_\_

*This checklist is not intended to cover all potential items that may need to be inspected. Each environmental compliance program should determine that its inspection coverage be conducted in accordance with the approved Illinois Drycleaner Environmental Response Trust Fund Council requirements.*

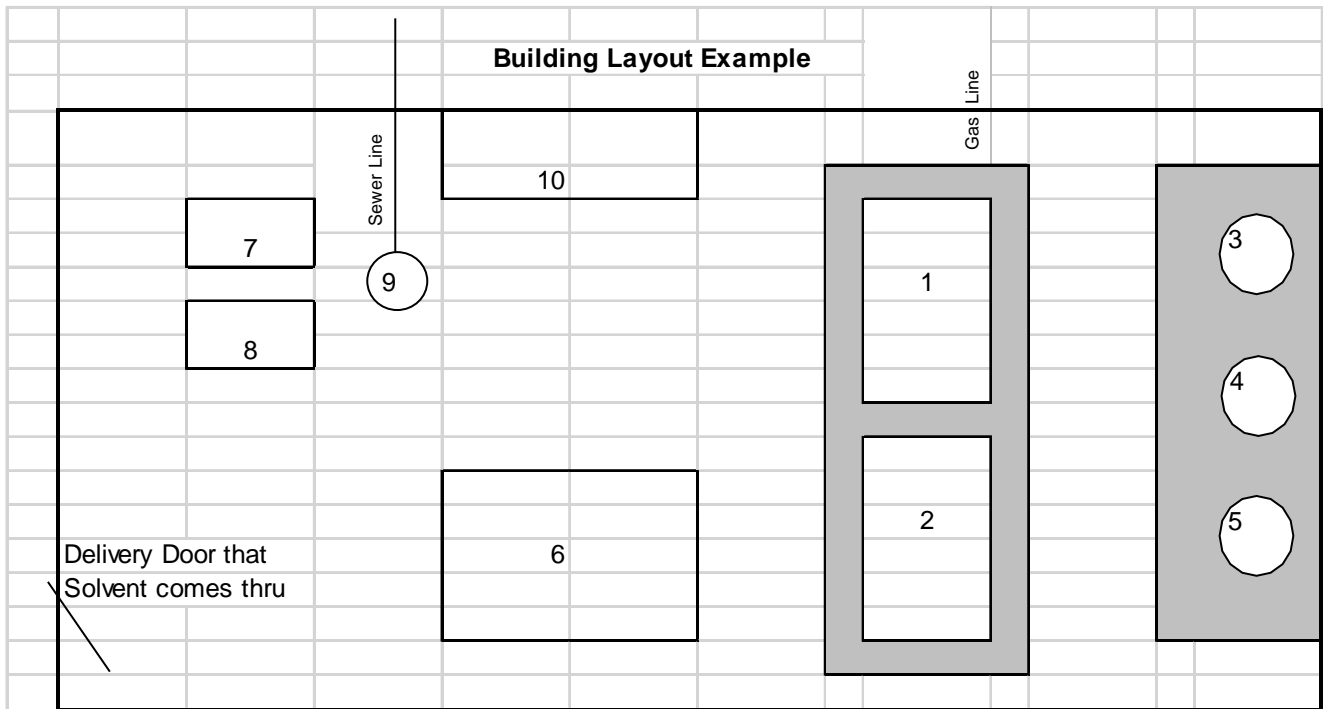
### UST and AST Tank Information

UST/AST	Capacity	Steel/Fiberglass	Piping	Product	Comments

### Cathodic Protection

	1		2		3		4	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1. Is Cathodic Protection required?								
2. Is a CP system installed?								
3. What type of system is installed? a) Sacrificial Anode b) Impressed Current								
4. Impressed Current a) Do meter/gauges appear to be in working order?								
5. CP system testing (readings in MV)								

## EXAMPLES OF DIAGRAM LAYOUT



- |                                   |                                |                                     |
|-----------------------------------|--------------------------------|-------------------------------------|
| 1 = Perc, 30 lb. Drycleaning unit | 5 = Wastewater Container       | 9 = Floor drain                     |
| 2 = Perc, 45 lb. Drycleaning unit | 6 = Spot Removal/Chemical Area | 10 = Other Solvent/Chemical Storage |
| 3 = Used Filter Container         | 7 = Wet laundry machine        |                                     |
| 4 = Hazardous Waste Container     | 8 = Wet laundry machine        |                                     |

= Diked Area with impervious floor      1 inch = 50 feet      
 
 ↑  
 North

### 250 Feet Area Surrounding Building Example

