Kansas Dry Cleaning Facility Closure Confirmation
Kansas Dry Cleaning Program
KDHE Bureau of Environmental Remediation

Facility Name: ___________________________  KDHE Registration # _______

Address: ________________________________

Manager: ___________________________  Phone #: __________________

1. Is the store open for business (any laundry operations or drop off)?  (Circle One)  Yes  No

2. Has the facility ceased all dry cleaning operations on site?  (Circle One)  Yes  No
   • If yes, has all the solvent and drycleaning waste, including what is in the machine and waste drums, been removed from the machines and facility?  (Circle One)  Yes  No
      ➢ If yes, when was the solvent & waste removed?  Date: __________________
      ➢ If no, the facility is in violation of K.A.R. 28-68-4 stating the drycleaning solvents and waste must be removed within 45 days of ceasing drycleaning operations. The penalty for non-compliance is up to $500 per violation. Does the owner/manager understand this requirement?  (Circle One)  Yes  No

Name: __________________________________ Date: ________________
Print Name

Signature: ________________________________

Mail the completed form to: Kansas Dry Cleaning Program, KDHE-BER, 1000 SW Jackson, Ste. 410, Topeka, KS 66612-1367 or fax to (785) 296-4823

Please contact Joseph Dom at 785-296-4367 if you have any questions pertaining to this form.

For KDHE Use Only

Date Reply Rec’d: ____________  Inspector Signature and date if inspected by KDHE staff: __________________

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