

DRY-CLEANING SOLVENT CLEANUP ACT (DSCA) PETITIONER QUESTIONNAIRE

This form is intended to gather the minimum information necessary for the DSCA Program to prepare a complete petition package. Upon receipt and review of the information provided in this form, the DSCA Program will mail a complete petition package to the contact person given in item number 3 below (if item number 4 is blank). If a representative is named in item number 4 below, the package will be mailed to that contact person only. If you have any questions or need further assistance, please contact the DSCA Program at 919-707-8200. Please return this form to the DSCA Program, Attn: Pete Doorn, 1646 Mail Service Center, Raleigh, North Carolina 27699-1646 or by fax at 919-707-8369.

Is there evidence of dry-cleaning solvent contamination?	
<input type="checkbox"/> Yes: proceed with questionnaire <input type="checkbox"/> No: STOP! The site must be contaminated	
1. Indicate which of the following describes the Petitioner's relationship to the Facility Site. Check all that apply:	
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Previous Property Owner
<input type="checkbox"/> Dry-Cleaning Business Owner	<input type="checkbox"/> Previous Business Owner
<input type="checkbox"/> Dry-Cleaning Business Operator	<input type="checkbox"/> Lessee
2. The Petitioner is a:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual (including sole proprietor)
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: _____
3. Provide the following information concerning the Petitioner:	
Name: _____	
Full Address + Zip: _____	
Telephone: _____	Fax: _____
Email: _____	
4. If the Petitioner is not an individual, designate an individual who is authorized to sign for the business entity and will serve as the contact for the purposes of this Petition:	
Name: _____	
Full Address + Zip: _____	
Telephone: _____	Fax: _____
Email: _____	
5. If the Petitioner is not the property owner, provide the following information regarding the Property Owner (if more than one owner, please attach a separate sheet listing this information for each property owner):	
Name/Contact: _____	
Full Address+Zip: _____	
Telephone: _____	Fax: _____
Date Property Purchased: _____	
6. Does the Petitioner have, or has the Petitioner ever had, environmental liability insurance coverage or general liability insurance coverage?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Please indicate the type of facility the contamination is attributed to:	
<input type="checkbox"/> Dry-Cleaning Business	<input type="checkbox"/> Dry-Cleaning Solvent Wholesale Distributor
<input type="checkbox"/> Commercial Uniform Service	<input type="checkbox"/> Commercial Linen Supply
<input type="checkbox"/> Costume	<input type="checkbox"/> Other (Please describe) _____

8. Name and Location of the Facility (or Former Facility):	
Name:	
Street Address:	
City:	Zip: County:
Shopping Center:	
9. Is this an active Dry-Cleaning business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Type of Facility (if active):	
<input type="checkbox"/> Drop station only	<input type="checkbox"/> Perc dry-cleaning facility
<input type="checkbox"/> Non-perc dry cleaning facility	<input type="checkbox"/> Perc and non-perc dry-cleaning facility
11. Size or status of Dry-Cleaning business. To determine the number of full-time equivalent employees read rule 15A NCAC 2S .0103 on page 3.	
<input type="checkbox"/> Small facility (fewer than 5 full-time equivalent employees)	
<input type="checkbox"/> Medium facility (at least 5 but fewer than 10 full-time equivalent employees)	
<input type="checkbox"/> Large facility (10 or more full-time equivalent employees)	
<input type="checkbox"/> Abandoned facility (dry-cleaning no longer performed at facility or site)	
<input type="checkbox"/> Wholesale Distributor	
12. If the site is abandoned, provide the name of the last Dry-Cleaning Business that did business at the Facility Site:	
Name of Facility:	
Address:	
13. Is there a water supply well located on the property where the facility is located:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is the facility in an area scheduled for redevelopment:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, will the building where the facility is located be removed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when is the redevelopment scheduled: _____	
15. If you are the current property owner, please give date property was purchased.	
Date purchased:	
16. If you are a previous property owner, please give dates you owned the property.	
Dates owned: _____ to _____	
17. If you are the current or past drycleaner, please give dates facility is/was in operation.	
Dates of operation:	

For DSCA Use Only
DSCA Site Name _____
DSCA Assigned Site ID # _____

15A NCAC 02S .0103 CALCULATION OF FULL TIME EQUIVALENT EMPLOYMENT

- (a) This Rule governs the calculation of the number of full-time equivalent employees employed by a person who owns a dry-cleaning facility. For the purposes of this Rule, the person who owns the dry-cleaning facility shall be referred to as the "facility owner." If the dry-cleaning facility is jointly owned by more than one person, the full-time equivalent employment associated with the dry-cleaning facility shall be the number of full-time equivalent employees employed in activities related to dry-cleaning by all persons with an ownership interest in the dry-cleaning facility.
- (b) The number of full-time employees employed by a facility owner in activities related to dry-cleaning operations shall be the sum of the following:
 - (1) The number of salaried employees employed by the facility owner in activities related to dry-cleaning operations;
 - (2) The total number of hours worked in the previous calendar year by non-salaried employees employed by the facility owner in activities related to dry-cleaning operations divided by 2080; and
 - (3) The lesser of:
 - (A) the number of persons who hold ownership interests in the dry-cleaning facility, but are not included in Subparagraphs (1) or (2) of this Rule, and who perform activities related to dry-cleaning operations at a dry-cleaning facility in which the persons have ownership interests; or
 - (B) the total number of hours worked by such persons divided by 2080.
- (c) If a facility owner was not engaged in the operation of dry-cleaning facilities during the entire calendar year for which full-time equivalent employment is being calculated, then the number in Subparagraph (b)(2) of this Rule shall be prorated according to the number of weeks, or partial weeks, during the previous calendar year that the facility owner was engaged in the operation of such dry-cleaning facilities.
- (d) For the purposes of this Section, an employee shall be considered to be employed in activities related to dry-cleaning operations if the employee's duties include any of the following activities:
 - (1) The provision of dry-cleaning or laundry services, including collecting, cleaning, pressing, altering, repairing, packaging, handling, or delivering of items of apparel or household fabrics for which dry-cleaning or laundry services are provided;
 - (2) The supervision of employees involved in the provision of dry-cleaning or laundry services as described in Subparagraph (d)(1) of this Rule;
 - (3) The maintenance or operation of physical facilities used to provide dry-cleaning or laundry services as described in Subparagraph (d)(1) of this Rule; or
 - (4) The management, including accounting, financial, human resource, or other support functions, of the business providing dry-cleaning or laundry services as described in Subparagraph (d)(1) of this Rule.