

# New Jersey Department of Environmental Protection

## Dry Cleaner Equipment Replacement Reimbursement Program Overview

Presented by  
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# Purpose of the Grant Program

To address the health risk potential of emissions from the perchloroethylene dry cleaning industry, and to encourage a transition to less toxic dry cleaning chemicals and processes

# Background

In 2005 the Department proposed rules to regulate, and eventually eliminate, the use of perchloroethylene in the dry cleaning industry.

As a result of public comments, including the financial burden of the proposed rules, the Department decided to re-propose the rules with compliance deadlines that would reduce the financial burden.

# Background

The Department is continuing to meet with stakeholders to form the final proposed regulation which should be available for public comment within the next six months.

The Department, in preparation for this proposal, has moved forward with this grant program.

# Funding the Grant Program

The DEP has established a Five Million Dollar fund for the Grant Program. The DEP received the money in a settlement of a lawsuit filed against three coal-fired Midwestern power companies that create air pollution that affects New Jersey.

# Funding the Grant Program

The Settlement Agreement specified the creation of this Grant Program in an SEP (Supplemental Environmental Project).

This allowed the Department to utilize this penalty money for the grant program, to directly benefit the environment, and not have it deposited into the State's General Fund.

# Funding the Grant Program

This grant program will use these funds to encourage the removal of perchloroethylene dry cleaning systems, especially those with the greatest impact on sensitive receptors such as those that are co-residential or co-located near licensed day care centers.

Is Your System Eligible for a  
Dry Cleaner Equipment  
Replacement Reimbursement  
Program  
Grant?

# Systems That Qualify for Reimbursement

The removal of a perchloroethylene dry cleaning system, and replacing that system with a non-perchloroethylene (hydrocarbon or professional wet cleaning) system either at the current business location, or at a new business location. The owner/operator must remain the same.

# Systems That Qualify for Reimbursement

The removal of a third generation perchloroethylene dry cleaning system, and replacing that system with a fourth generation perchloroethylene system or a non-perchloroethylene (hydrocarbon or professional wet cleaning) system either at the current business location, or at a new business location. The owner/operator must remain the same.

# Systems That Qualify for Reimbursement

Removal of a fourth generation perchloroethylene dry cleaning system from a facility that is co-residential without installation of any new equipment.

Will You be Installing a  
Professional Wet Cleaning  
System?

# What is Professional Wet Cleaning

A Professional Wetcleaning System is machine wetcleaning, an environmentally-preferable, high volume method of professionally cleaning clothes using state-of-the-art technologies. The Department will accept equipment which meets the description on the EPA's web site as a Professional Wetcleaning System.

The EPA Website address is  
<http://www.epa.gov/dfe/pubs/garment/wsgc/wetclean.htm>

# Modern Wet Cleaning from the EPA Website

Modern wetcleaning consists of the following key elements:

- 1) computer-controlled washers and dryers
- 2) specialized detergents (that are milder than home laundry products)
- 3) trained and skilled personnel.

Further, specialized finishing equipment may be required for garment pressing to be most effective. If a cleaner has well-trained and skilled hand-finishing staff, specialized finishing equipment is not necessary.

# EPA Wetcleaning Website

Case Study: Wetcleaning Systems for Garment Care | Design for the Environment (DfE) | US EPA - Windows Internet Explorer

US EPA http://www.epa.gov/dfe/pubs/garment/wsgc/wetclean.htm


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Case Study: Wetcleaning Systems for Garment Care | ...

## Design for the Environment An EPA Partnership Program

**You are here:** [EPA Home](#) » [DfE](#) » [Garment and Textile Care Publications](#) » Case Study: Wetcleaning Systems for Garment Care

### Case Study: Wetcleaning Systems for Garment Care



As part of a cooperative effort between the U.S. Environmental Protection Agency (EPA) and the professional garment and textile care industry, the EPA Design for the Environment (DfE) Program recognizes the wetcleaning process (i.e., water-based cleaning systems) as one example of an environmentally-preferable technology that can effectively clean garments.

Currently, most of the nation's 34,000 commercial drycleaners use perchloroethylene (PCE or perc) as a solvent to clean garments. Since 1992, in response to growing health and environmental concerns about perc, EPA has been working in a voluntary partnership with the drycleaning industry to reduce exposures to perc. EPA's DfE Garment and Textile Care Partnership (GTCP) encourages professional clothes cleaners to explore environmentally-preferable technologies capable of cleaning most garments labeled "dryclean only." Numerous companies in the garment and textile care industry have begun to use a water-based system called wetcleaning in place of traditional, solvent-based drycleaning.

*DISCLAIMER: This case study has been reviewed by the US Environmental Protection Agency (EPA) and approved for publication. It is based on experiences gained from projects conducted by EPA's Design for the Environment Program in collaboration with partners from industry, public interest groups, and research/educational institutions. The information*

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How Much Money will I receive  
if I Qualify for a Dry Cleaner  
Equipment Replacement  
Reimbursement Grant ?

# Amount of Reimbursement

The amount of reimbursement is based on:

- The type of system (Generation 3 or 4)
- The capacity of the system in pounds of clothing cleaned per load
- The age of the equipment at the time it is removed.

# Amount of Reimbursement

The amount of the reimbursement grant will be as determined in Attachment 1 of the [Grant Application Package](http://www.nj.gov/dep/enforcement/dcga/application_package.pdf) which can be found on the web at [http://www.nj.gov/dep/enforcement/dcga/application\\_package.pdf](http://www.nj.gov/dep/enforcement/dcga/application_package.pdf)

# Grant Application Package – Attachment 1

http://www.nj.gov/dep/enforcement/dcgapplication\_package.pdf - Windows Internet Explorer

http://www.nj.gov/dep/enforcement/dcgapplication\_package.pdf

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## Attachment 1

### For perchloroethylene dry cleaning system removed in 2010

Type of Machine		Size of Machine Capacity (Lbs per load)				
4th Generation	Age (years) in	35 lbs	40 lbs	45 lbs	50 lbs	60 lbs
Year Built	2010					
Estimated initial capital investment		\$42,000	\$46,000	\$50,000	\$54,000	\$60,000
2009 *	1	\$39,200	\$42,933	\$46,667	\$50,400	\$56,000
2008 *	2	\$36,400	\$39,867	\$43,333	\$46,800	\$52,000
2007 *	3	\$33,600	\$36,800	\$40,000	\$43,200	\$48,000
2006 *	4	\$30,800	\$33,733	\$36,667	\$39,600	\$44,000
2005	5	\$28,000	\$30,667	\$33,333	\$36,000	\$40,000
2004	6	\$25,200	\$27,600	\$30,000	\$32,400	\$36,000
2003	7	\$22,400	\$24,533	\$26,667	\$28,800	\$32,000
2002	8	\$19,600	\$21,467	\$23,333	\$25,200	\$28,000
2001	9	\$16,800	\$18,400	\$20,000	\$21,600	\$24,000
2000	10	\$14,000	\$15,333	\$16,667	\$18,000	\$20,000
1999	11	\$11,200	\$12,267	\$13,333	\$14,400	\$16,000
1998	12	\$8,400	\$9,200	\$10,000	\$10,800	\$12,000
1997	13	\$5,600	\$6,133	\$6,667	\$7,200	\$8,000
1996	14	\$2,800	\$3,067	\$3,333	\$3,600	\$4,000
1995 and older	15 +	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\* Co-located with residence not eligible

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# Amount of Reimbursement

For removal of a 4<sup>th</sup> Generation perchloroethylene dry cleaning system from a facility that is co-residential, without installation of any new equipment, the reimbursement grant will be at 75 % of the amount in Attachment 1 for removal of a fourth generation system.

# Amount of Reimbursement

If the replacement non-perchloroethylene system utilizes a water based technology, also known as professional wet cleaning, the amount of the grant will be increased by \$15,000. The applicant can install both a water based and non-water based system to qualify for the additional \$15,000.

# Grant Eligibility for Wet Cleaning

Only Systems specifically designed only for Wet Cleaning will be eligible for the additional \$15,000 grant amount.

Systems which were originally designed to use solvents, or Hybrid units, are not eligible for the additional grant amount, even if the equipment can be used for wet cleaning.

# Applying for the Dry Cleaner Equipment Replacement Reimbursement Grant

# Application Forms

To be eligible for a reimbursement grant, the dry cleaning facility must complete the [reimbursement application](#) and a [W-9 Form](#) and send them to the Department for review.

Applications should be sent to the:

**New Jersey Department of Environmental  
Protection**

**Air Compliance & Enforcement**

**Minor Source Compliance Investigations**

**Mail Code 22-03A**

**PO Box 420**

**Trenton, NJ 08625-0420**

# Forms

The Application form can be found on the Department's Dry Cleaner grant website at:

<http://www.nj.gov/dep/enforcement/dcgaapplication.pdf>.

The W-9 form is also available on our website at:

<http://www.nj.gov/dep/enforcement/W-9FORM.pdf>.

# Application Form

## Dry Cleaner Equipment Replacement Reimbursement Program Application Form

Facility ID #		
Facility Name		Phone Number
Facility Location	Street Address	City
Mailing Address	_____ _____ _____	
Type of Location (Check One)		
<input type="checkbox"/> Co-Residential <input type="checkbox"/> Within 50 of a Child Care Center <input type="checkbox"/> Other		

Description of Dry Cleaning System to be removed (Make and Model)		Permit Number
Date of Manufacture	Scheduled Date of Removal	Type of Machine (Check One)
		<input type="checkbox"/> Third Generation <input type="checkbox"/> Fourth Generation

Description of New Dry Cleaning System to be Installed (Make and Model)		Scheduled Date of Installation
<input type="checkbox"/> Check Here if the new equipment uses Non-Perchloroethylene technology		<input type="checkbox"/> Check Here if you are installing a Professional Wet Cleaning System
Facility Location * (if different from above)	Street Address	City
* Must be the same owner as the owner of the equipment removed to be eligible for this application.		

Signature of Company Official:

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

# W-9 Form

W-9FORM.pdf - Adobe Reader

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Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Fields

STATE OF NEW JERSEY W-9 QUESTIONNAIRE		Clear Form			
<p>THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID OR STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.</p> <p><b>IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-6754.</b></p>					
<p><b>REQUIREMENTS:</b> Enter your taxpayer identification number and indicate whether it is a social security or employee identification number by marking the appropriate box.</p>					
<p><b>PART I. NAME/ADDRESS (REMIT TO):</b></p> <p><b>REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION</b></p>		<p>Marked completed from tax: <input type="checkbox"/> OTHER VENDOR CONTROL</p> <p>PO BOX 324 TRENTON, NJ 08646 FAX (609) 292-6754</p>			
<p>Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.</p>					
<p>4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from that printed to the box.)</p>		<p>MARK THE APPROPRIATE BOX:</p> <p><input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER</p>			
<p>5. For Employees: Amount From Backup Withholding (Contact the IRS for instructions)</p>		<p>Requester's name and address (optional)</p>			
<p>6. Certification: Under penalties of perjury, I certify that:</p> <p>(a) The number shown on this form is my correct taxpayer identification number (or I am acting for a number to be issued to me) AND</p> <p>(b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have been notified by the Internal Revenue Service (IRS) that I am no longer subject to backup withholding.</p> <p><b>Certification Instructions:</b> You must check out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign this Certification but you must provide your correct TIN.</p>					
<p>Please Sign Here: _____ Signature _____ Date _____</p>					
PART II. VENDOR DATA STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE					
<p>1. Enter the code from the list below that best describes your business function:</p> <table border="0"> <tr> <td> <p><b>VENDORS</b></p> <p>HC = HEALTH CARE SERVICE (NON-STATE AGENCIES)</p> <p>VS = VENDORS WHO SELL OR MANUFACTURE GOODS</p> <p>VE = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE PAST PAYMENTS</p> <p><b>MISCELLANEOUS VENDORS</b></p> <p>OT = OTHER MISCELLANEOUS VENDORS (PLEASE SPECIFY)</p> </td> <td> <p><b>GOVERNMENTAL ENTITIES</b></p> <p>AC = AUTHORITY/COMMISSION</p> <p>CF = CONFIDENTIAL FUND</p> <p>CM = COUNTY/MUNICIPAL GOVT</p> <p>CU = STATE COLLEGE/UNIVERSITY</p> <p>SP = NJ STATE EMPLOYEE</p> <p>FA = FEDERAL AGENCY</p> </td> <td> <p>AD = FIRE DISTRICT</p> <p>PC = PETTY CASH</p> <p>SA = STATE AGENCY</p> <p>SD = SCHOOL DISTRICT</p> <p>WB = WELFARE BOARD</p> </td> </tr> </table>			<p><b>VENDORS</b></p> <p>HC = HEALTH CARE SERVICE (NON-STATE AGENCIES)</p> <p>VS = VENDORS WHO SELL OR MANUFACTURE GOODS</p> <p>VE = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE PAST PAYMENTS</p> <p><b>MISCELLANEOUS VENDORS</b></p> <p>OT = OTHER MISCELLANEOUS VENDORS (PLEASE SPECIFY)</p>	<p><b>GOVERNMENTAL ENTITIES</b></p> <p>AC = AUTHORITY/COMMISSION</p> <p>CF = CONFIDENTIAL FUND</p> <p>CM = COUNTY/MUNICIPAL GOVT</p> <p>CU = STATE COLLEGE/UNIVERSITY</p> <p>SP = NJ STATE EMPLOYEE</p> <p>FA = FEDERAL AGENCY</p>	<p>AD = FIRE DISTRICT</p> <p>PC = PETTY CASH</p> <p>SA = STATE AGENCY</p> <p>SD = SCHOOL DISTRICT</p> <p>WB = WELFARE BOARD</p>
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<p>2. Enter Primary Contact Information Below.</p> <p>PHONE: _____ NAME: _____ TITLE: _____</p>					
<p>IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.</p>					
<p>3. What is the principle activity of your organization?</p> <p>M = MANUFACTURING    H = HEALTH RELATED SERVICE</p> <p>S = SERVICE            G = GOVERNMENT    O = OTHER (Please Specify)</p>					
<p>4. Enter the code from the list below that best describes your organization.</p> <p>C = CORPORATION        I = INDIVIDUAL        P = PARTNERSHIP</p> <p>A = ASSOCIATION        J = JOINT                O = OTHER (Please Specify)</p>					
<p>5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY.</p> <p>____</p>					
<p><b>IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)</b></p>					

# Grant Review Priorities

The New Jersey Department of Environmental Protection has been affording co-residential dry cleaning facilities and facilities that are located within 50 feet of a licensed daycare center priority status when applying for grants. This priority window opened on January 1, 2010 and will close on June 30, 2010.

# Grant Review Priorities

**After June 30, 2010 All grant applications, regardless of whether they are co-residential, co-commercial or daycare proximate, will be reviewed in the order that they were received.**

# Drawing Up the Contract

Once reviewed and eligibility is confirmed by the Department, the facility and the Department must execute a contract detailing all of the requirements for the reimbursement grant.

The Department will prepare and send **three copies** of the contract to the applicant for signature. The contract will include a corporate resolution which should be filled out by the applicant, if applicable.

Once signed, the applicant should return ALL THREE Copies of the contract to the Department.

# The Fully Executed Contract

After the Department receives the signed contracts, from the applicant, Assistant Commissioner Skacel will sign the document and a copy of the fully executed contract will be returned to the applicant.

It is at this time that the Facility may start the work outlined within the contract.

# Applicants Responsibilities after receipt of a Fully Executed Contract

The applicant must contact the Department for the onsite inspection to verify the equipment to be removed at least 10 state business days prior to the equipment removal.

If the Department fails to inspect the equipment to be removed within the 10 business days, the Department will accept a signed contract or purchase order for the removal as proof of qualification of the equipment to be removed.

# Applicants Responsibilities after receipt of a Fully Executed Contract

The removal and installation of the qualifying equipment must be completed within 90 days of execution of the contract. If the removal and installation can not be completed within 90 days, the applicant may request an additional 90 days to complete the removal and installation of the qualifying equipment. The extension request must be received by the Department no more than 60 days from the execution of this contract.

# Applicants Responsibilities after receipt of a Fully Executed Contract

The applicant must contact the Department after the installation of the new equipment. The Department shall inspect the new equipment within 20 business days of receiving such contact.

# Applicants Responsibilities after receipt of a Fully Executed Contract

The replacement equipment must be properly permitted under the New Jersey Air Pollution Regulations prior to any reimbursement being issued and prior to calling for an inspection.

# Applicants Responsibilities after receipt of a Fully Executed Contract

The applicant must follow the contract in that the equipment specified to be removed and installed must be exactly as specified in the contract.

**No Changes to the contract are allowed without written prior approval from the Department.**

Any changes not authorized, in writing, may jeopardize your eligibility to receive reimbursement.

# Payment Timeframe

Once the requirements for the reimbursement grant, including the initial inspection, removal and installation of qualifying equipment and the final inspection, have been completed, the Department will process an invoice for payment of the approved reimbursement grant amount. Processing time after the final inspection report is received is approximately 4-8 weeks at which time a reimbursement check will be issued by the Department of Treasury.

# Hints to Avoid Delays

**Make sure you read and understand the contract before you sign it. If you have questions...call us at 609-292-3282.**

**Make sure you sign ALL 3 contracts before sending them back to the DEP.**

# Hints to Avoid Delays

**Don't start any work until the contract has been fully executed by all parties.**

**Be sure you call or email for both the initial and final inspections.**

**Ensure the equipment is properly permitted prior to calling for the final inspection.**

# Hints to Avoid Delays

Make sure the contract reflects the actual work being done at your location. After the contract is fully executed, NO CHANGES CAN BE MADE, unless approved by the Department in writing.

# More Hints to Avoid Delays

Visit the NJDEP Dry Cleaner Grant "Frequently Asked Questions" website at

[http://www.nj.gov/dep/enforcement/drycleaner\\_q\\_a.pdf](http://www.nj.gov/dep/enforcement/drycleaner_q_a.pdf) if you have questions.

If you have any questions which are not addressed above, just give me a call at 609-292-3282 or send me your questions in an email to [thomas.morris@dep.state.nj.us](mailto:thomas.morris@dep.state.nj.us).

# Need More Information?

All of the information in this presentation can be found at the NJDEP's Dry Cleaner Grant Website.

Go to

<http://www.nj.gov/dep/enforcement/drycleanergrant.html> to find out more.

A blue sky with light clouds over a blue ocean with a sun reflection.

QUESTIONS?