|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please fill out a form for each dry cleaning machine** | | | | | | | | | | |
| **1. Business information:** | | | | | | | | | **Air Quality Use Only** | |
| Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted | | | | | | | | |
| **Source Number** |  |
| **2. Emission unit name:** | | | | | | | | | **Emission Unit Number** |  |
|  | | | | | | | | |
| **3. Operating schedule:** | | | | | | | | | | |
| Hours per day | | Days per week | | | Weeks per year | | | Days per year | | |
|  | |  | | |  | | |  | | |
| **4. Percentage of yearly operation that occurs during the following quarters:** (total must equal 100%) | | | | | | | | | | |
| Dec-Jan-Feb | | Mar-April-May | | | June-July-Aug | | | Sept-Oct-Nov | | |
|  | |  | | |  | | |  | | |
| **5. Dry cleaning machine data:** | | | | | | | | | | |
| Dry cleaning machine manufacturer | | | | Model number | | Date constructed or last modified | | | | |
| Machine type:  Dry-to-dry  Transfer  Other (describe): | | | | | | | | Rated dryer capacity (lbs) | | |
| Exhaust control: | Refrigerated condenser & non-vented carbon adsorber  Refrigerated condenser  Carbon adsorber  Other (describe): | | | | | | | | | |
| Cleaning agent used:  Perchloroethylene  Petroleum  Other (describe): | | | | | | | | | | |
| Cleaning agent amount purchased in the past 12 months or projected to be purchased in the next 12 months (gallons) | | | | | | | Is this machine located in a building with a residence?  Yes  No | | | |
| **6. Compliance demonstration and monitoring/recording devices:** | | | | | | | | | | |
| Description of proposed monitoring and recordkeeping to assure compliance with emission limits. Include operating parameters of source and/or control device being monitored (temperature, pressure drop, etc.). | | | | | | | | | | |
| Check all attached monitoring and recording devices: | | | No monitor  Pressure drop gauge  Temperature gauge  Other (describe): | | | | | | | |
| **7. Comments** | | | | | | | | | | |
|  | | | | | | | | | | |
| **8. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.** | | | | | | | | | | |
| Signature of responsible official | | | | | Date of application | | | | | |