PETROLEUM-BASED SOLVENT DRY CLEANING FACILITIES

- Purchase records for the cleaning solvent, showing the date and amount of purchase, and daily records of the total dry weight of clothes cleaned will be required pursuant to applicable District rules prior to issuance of a Permit to Operate.
- Please type or print the information requested below.

Company Name: 

Equipment Address: 

New _____ Replacement _____ Other dry-cleaning machines at facility? Yes ___ No ____

I REQUEST STREAMLINED PERMITING Yes ___ No ____

A. EQUIPMENT DESCRIPTION

Type of Equipment: □ Dry to Dry □ Transfer Unit Load Capacity: __________ lbs
Mfr: _______________________; Model: ___________________; S/N: ______________________
Type of Refrigerant: ___________ Compressor Capacity: _________ hp
Blower/Fan Motor: ___________ hp Tumbler Volume: __________ cu ft

Provide the equipment manufacturer's specifications and a drawing showing all vents and operating controls.

B. PROCESS DESCRIPTION: (Briefly describe the dry cleaning process including the procedures for draining cartridge type filters, if used.)

Clothes Washed Per Day: __________ lbs

C. OPERATING SCHEDULE

Maximum: __________ Hrs/Day; __________ Days/Wk; __________ Wks/Yr

D. SOLVENT INFORMATION:

Solvent used: _________________________ VOC: __________ g/l
(Solvent Manufacturer/Product ID Code)
Annual Solvent Usage: _______________ Gallons
Storage Method for Solvent, Still Residues, Spent Cartridges, and Waste Solvent: _________________________

Waste Solvent and Cartridge Hauler: _________________________
E. EMISSION CONTROL EQUIPMENT

Solvent Still:  □ Built-In  □ Other: ________________________________
Solvent Filtration System:  □ Spin Disc  □ Carbon Cartridge  □ Other: ________________________________
Equipped with Indraft?  □ Yes  □ No
Method of Emission Control:  □ Built-In Refrigeration  □ Other: ________________________________
Mfr: ________________________________ ; Model: __________________ ; S/N: ________________

Date cooling tower(s) were registered with the Compliance Division of the San Diego APCD: ________________

F. SECONDARY CONTROL DEVICE

Carbon Adsorption System  □ Yes  □ No

   _________ Number of Adsorption Filter Cartridges   _________ Pounds of Carbon per Cartridge
Mfr: ________________________________ ; Model: __________________ ; S/N: ________________

Name of Preparer: ________________________________ Title: ________________________________

Phone No.: (___) ___________________ Date: ________________________________