

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

**SUPPLEMENTAL APPLICATION
INFORMATION**

FEE SCHEDULE

31 A, B, C

San Diego APCD Use Only

Appl. No.:

ID No.:

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: _____

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: _____

26 Equipped with Indraft? ☐ Yes ☐ No
 27 Method of Emission Control: ☐ Built-In Refrigeration ☐ Other: _____
 28 Mfr: _____; Model: _____; S/N: _____
 29 **Date cooling tower(s) were registered with the Compliance Division of the San Diego APCD:** _____

30 **F. SECONDARY CONTROL DEVICE**

31 Carbon Adsorption System ☐ Yes ☐ No
 32 _____ Number of Adsorption Filter Cartridges _____ Pounds of Carbon per Cartridge
 33 Mfr: _____; Model: _____; S/N: _____

34 **G. NAME OF TRAINED OPERATOR**

35 Name of Trained Operator: _____; Date Certified: _____

36 **H VAPOR LEAK MONITORING EQUIPMENT**

37 ☐ Halogenated-Hydrocarbon Detector ☐ Portable Gas Analyzer ☐ Approved Alternative Method
 38 Mfr: _____; Model: _____; S/N: _____

39 **I. RULE 1200 TOXICS EVALUATION:**

A Health Risk Assessment (HRA) is required **only** if Rule 1200 listed materials are processed, produced or otherwise used. HRA is not required if the Permit to Operate is issued with a throughput limitation that assures risks are <100E-6 and HHI 10.0.

40 **FACILITY SITE MAP** Please provide a copy of a **Thomas Bros. Map** showing the geographic location of your facility.
 41 This helps by making it possible for the District to use a Geographic Information System to identify community residents
 42 and workers who may be impacted by emissions from your facility.

43 **PLOT PLAN** Please also provide a **facility plot plan or diagram** (need not be to scale as long as distances of key
 44 features from reference points are shown) showing the **location of emission point(s)** at the facility, property lines, and the
 45 **location and dimensions of buildings** (estimated height, width, and length) that are closer than 100 ft. from the emission
 46 point. This diagram helps by making it possible for the District to efficiently set-up the inputs for a health risk evaluation.
 47 Inaccurate information may adversely affect the outcome of the evaluation.

48 **EMISSION POINT DATA** Determine if your emission source(s) are ducted sources or if they are unducted/fugitive
 49 sources and provide the necessary data below. (**Examples** of commonly encountered emission points: **Ducted or Stack**
 50 **Emissions** - an exhaust pipe or stack, a roof ventilation duct; **Unducted Emissions** - anything not emitted through a duct,
 51 pipe, or stack, for instance, an open window or an outdoor area or volume.)

52 **1. Ducted or Stack Emissions** (For 1 or more emission points). Estimate values if you are unsure.

Parameter	Point #1	Point #2	Point #3	Point #4	Point #5	Point #6
Height of Exhaust above ground (ft)						
Stack Diameter (or length/width) (ft)						
Exhaust Gas Temperature* (°F)						
Exhaust Gas Flow (actual cfm or fps)						
Is Exhaust Vertical (Yes or No)						
Raincap? (None, Flapper Valve, Raincap)						
Distance to Property Line (+/- 10 ft)						

* Use "70 °F" or "Ambient" if unknown

53 **2. Unducted Emissions** (For 1 or more emission points). Estimate if you are unsure.

54 **Describe how unducted gases, vapors, and/or particles get into the outside air.** Provide a brief description of the
55 process or operation for each unducted emission point. If unducted emissions come out of building openings such as
56 doors or windows, estimate the **size of the opening** (example – 3 ft x 4 ft window).

57 If unducted emissions originate outside your buildings, estimate the **size of the emission zone** (example - paint spraying 2'
58 x 2' x 2' bread boxes).

59 _____
60 _____
61 _____
62 _____
63 _____
64 _____
65 _____
66 _____

67 **RECEPTOR DATA** A receptor is a residence or business whose occupants could be exposed to toxic emissions from
68 your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the
69 nearest residence and to the nearest business.

70 Distance to nearest residence _____ ft Distance to nearest business _____ ft

71 **Name of Preparer:** _____ **Title:** _____

72 **Phone No.:** () _____ **Date:** _____

NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.

The following records are required for facilities using perchloroethylene or other halogenated solvents. The owner/operator must maintain the following records and these records must be kept onsite for two years or until the next District inspection, whichever is longer.

- a. Logs showing the date and pounds per load of materials cleaned.
- b. Perchloroethylene purchases and delivery receipts.
- c. Completed Operation and Maintenance Checklists.
- d. Completed Leak Inspection Checklists.
- e. Records of leaking components and actions taken to complete repair as well as copies of purchase orders or other written records showing when the repair parts were ordered and/or service was requested.
- f. The original record of training course completion for each trained operator.
- g. A copy of the equipment manufacturer's operating manual.
- h. If requested by the District, the owner/operator must submit an annual report which includes a copy of the record of training course completion for each required trained operator, the total amount of material cleaned, the total amount of perchloroethylene added, and the average perchloroethylene mileage.