

PERCHLOROETHYLENE DRY CLEANER NOTIFICATION AND COMPLIANCE REPORT FORM

Print or type the following for each separately located dry cleaning facility. The owner of more than one facility must complete a separate form for each facility.

Air Permit Number _____ **AIRS ID Number** _____

Company Name: _____ County: _____

Plant Location: _____ Zip Code: _____

Billing Address: _____ Billing Zip Code: _____

Person to Contact: _____ Phone Number: _____

E-Mail Address: _____ Fax Number: _____

Is this facility owned or managed by another company or corporation? Yes / No

If YES, provide name of company and mailing address:

A. Quantity of Perchloroethylene (Perc) purchased each year

1. For facilities in operation for more than one year, indicate the total amount of Perc purchased over the past 12 months.
 _____ gallons per year

2. For new facilities or facilities without available purchase records, indicate the amount of Perc purchased to date.
 _____ gallons were purchased over the past _____ months

Note: Facilities that purchase 2100 gallons or less of Perc each year are considered an Area Source for air permitting purposes. Facilities that purchase more than 2100 gallons of Perc each year are considered a Major Source.

B. Control Equipment

Fill out the table below for each machine at your facility:

	Machine Type	Date Machine Installed	Required Control	Date Control Installed
1	<input type="checkbox"/> Dry-to-Dry <input type="checkbox"/> Transfer		<input type="checkbox"/> Refrigerated Condenser <input type="checkbox"/> Primary Carbon Adsorber <input type="checkbox"/> Supplemental Carbon Adsorber <input type="checkbox"/> No Control Required	
2	<input type="checkbox"/> Dry-to-Dry <input type="checkbox"/> Transfer		<input type="checkbox"/> Refrigerated Condenser <input type="checkbox"/> Primary Carbon Adsorber <input type="checkbox"/> Supplemental Carbon Adsorber <input type="checkbox"/> No Control Required	
3	<input type="checkbox"/> Dry-to-Dry <input type="checkbox"/> Transfer		<input type="checkbox"/> Refrigerated Condenser <input type="checkbox"/> Primary Carbon Adsorber <input type="checkbox"/> Supplemental Carbon Adsorber <input type="checkbox"/> No Control Required	

