

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
AIR POLLUTION CONTROL PERMIT APPLICATION**

AQM-13SC
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APPLICATION FOR DRY CLEANER SOURCE CATEGORY PERMIT

The following types of facilities are eligible for Dry Cleaner Source Category Permits and should use this application form to apply:

1. *Facilities that use 2,100 gallons of perchloroethylene (PERC) a year or less and are comprised of only dry-to-dry machines;*
2. *Facilities that use 1,800 gallons of perchloroethylene (PERC) a year or less and are comprised of both dry-to-dry machines and transfer machines; and*
3. *Facilities that use 1,800 gallons of perchloroethylene (PERC) a year or less and are comprised of only transfer machines.*

Please attach any Manufacturer's Specifications or Vendor Data Sheets to this application form.

**DEPARTMENT USE
ONLY**

Permit Number

Received Stamp

Section A – Administrative Information

1. Reason for Application

- | | |
|---|--|
| <input type="checkbox"/> Application to Permit Existing Equipment | <input type="checkbox"/> Application to Permit New Equipment |
| <input type="checkbox"/> Application to Permit Used Equipment | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Change in Equipment | <input type="checkbox"/> Change in Solvent Use |

2. Name of Plant or Establishment

3. Date of Application

4. If Installing Equipment, Expected Startup Date

5. Physical Location (Street Address)

City

County

Zip Code

6. Mailing Address

City

County

Zip Code

7. Name of Owner

8. Name of Person Signing This Application

9. Title of Person Signing This Application

10. Telephone Number of Person Signing This Application

extension

Section B – Equipment Information

11. Dry-to-Dry Machines

List the Make, Model, Serial Number, Size, Date of Manufacture, and Date of Installation for ALL Dry-to-Dry machines present at this location

ID #	Make	Model	Serial Number	Size (lbs)	Date of Manufacture	Date of Installation
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Do any of these machines vent directly to the outside?

If YES, which ones?

12. Transfer Machine Washers

List the Make, Model, Serial Number, Size, Date of Manufacture, and Date of Installation for ALL Transfer machine washers present at this location

ID #	Make	Model	Serial Number	Size (lbs)	Date of Manufacture	Date of Installation
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Do any of these machines vent directly to the outside?

If YES, which ones?

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13. Dryers Used With Transfer Machine Washers

List the Make, Model, Serial Number, Size, Date of Manufacture, and Date of Installation for ALL Dryers operating at this location

ID #	Make	Model	Serial Number	Size (lbs)	Date of Manufacture	Date of Installation
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Do any of these dryers vent directly to the outside? If YES, which ones?

Section C – Solvent Information

14. Amount of PERC purchased during previous calendar year (If new facility, amount anticipated to be purchased during first year)

gallons Actual Estimate

15. Solvent Recovery

Check the Methods Used

- Carbon Adsorber If checked, which machine(s)?
Age of Carbon Adsorber: years
Is the entire dryer exhaust vented through the Carbon Adsorber?
- Refrigerated Condenser If checked, which machine(s)?
- Other If checked, which machine(s)?
Please Describe:

Section D – Record Keeping Information

16. Do you use the DNREC Air Quality Management Section, Engineering & Compliance Branch Dry Cleaning Compliance Calendar to keep your records?

If NO, describe the method you use:

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments and that the information is true, accurate, and complete. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. a permit) from the Department. I acknowledge that I may be required to perform testing of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I can appeal the decision.

Owner or Authorized Agent

Signature of Owner or Authorized Agent

Date

Please submit this application and required fees to:

DNREC Division of Air Quality
Attention: Laura Bogus
655 S. Bay Road
Suite 5N
Dover, DE 19901

Make checks payable to: State of Delaware - DNREC