

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	

C. Plant Location

The dry cleaning plant listed in this report is located in a building with a residence(s) (even if the residence is vacant at the time of this notification).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: A residence means any dwelling or housing in which people reside excluding short-term housing such as a hotel or motel room.	
The dry cleaning plant listed in this report is located in a building with no other tenants, leased space, or owner occupants.	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Responsible Official Signature

The Responsible Official must certify below that all of the information presented in this initial report is accurate and true.

I certify that the information contained in this report to be accurate and true to the best of my knowledge and that this plant is in compliance with all applicable control device, monitoring, and recordkeeping requirements for dry cleaning equipment listed in this report.

Signature of a Responsible Official (not a vendor or consultant)	Date
Name (please print)	Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- an owner or the dry cleaning plant,
- the manager of the dry cleaning plant,
- a government official if the dry cleaning plan is owned by the Federal, State, City, or County government,
- A ranking military officer if the dry cleaning plant is located at a military base.

Send this completed form to: **Colorado Department of Public Health and Environment (CDPHE)**
4300 Cherry Creek Drive, South
APCD/SS/B-1
Denver, CO 80246-1530

For assistance completing this form, or for additional information regarding regulatory or recordkeeping requirements for Colorado dry cleaning facilities, please contact the CDPHE Small Business Assistance Program (SBAP). The SBAP services are free and confidential. Call 303-692-3175 or 303-692-3148.