EMISSION HARP / CEIDARS FORM YEAR Dry Cleaners

**20\_ \_** COMPANY NO. | | | | | FACILITY NO. | | | | | | **DC**

A.

Name of Dry Cleaning Facility Name of Person Filling Out Form

Name of Owner/Operator Title

Location / Physical Address of Dry Cleaning Facility Mailing Address

CA - -

City ST. ZIP Code +4 City ST. ZIP Code +4

( ) ( )

Telephone Number FAX Number Email Address

B. District Permit Number

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B** | 0 | 0 |  |  |  |  |

C. Name of Manufacturer:

Model Number: Serial Number:

Year of Manufacture:

Year of Installation:

Capacity (lbs/load):

Closed Loop: Refrigerated Condenser:

Door Locks / Induced Draft Fan: Carbon Absorber:

Carbon Filter:

Type of Ventilation For Facility:

D. Annual report as required by the ATCM Title 17 CCR 93109.

Pounds of Clothes Cleaned: Cleaning Agents Used (Check All That Apply)

Filter

Perchloroethylene: Carbon Dioxide: Green Earth: Hydrocarbon:

Rynex:

Stoddard: Pure Dry: Shell 140: EcoSolv: DF-2000:

Button/Lint: Cartridge:

 Still / Muck Cooker: Drying Cabinet:

Wet Cleaning:

Green Jet (DWX-44 detergent):

Dip Tank:

Amount (gallons) of Cleaning Agent Purchased (Used) in Reporting Period:

Number of Trained Operators: Attach a copy of each trained operators certificate.

Date of Annual Leack Check: Attach a copy of Annual Leak Check Report.

Onsite Wastewater Treatment Y N

If Yes, Name of Manufacturer:

E. Co-located With Resident Y\_\_ N\_\_ Co-located With Business: Y N

(Co-located means in same building)

Distance (feet) to nearest: Resident Business School

F. CERTIFICATION

(Please print or type)

I, , a responsible official of ,

(Name of Official) (Name of Facility)

hereby certify, based upon information and belief formed after reasonable inquiry, that the above information

is true, accurate and complete. Executed this

day of ,

at

(County and State)

(Day) (Month) (Year)

.

(Signature) (Name and Title)

THIS FORM MAY BE DUPLICATED OR REPRODUCED AS NEEDED. DC-2013-02