



Antelope Valley Air Quality Management District

43301 Division Street, Suite 206, Lancaster, CA 93535-4649

Phone 661.723.8070

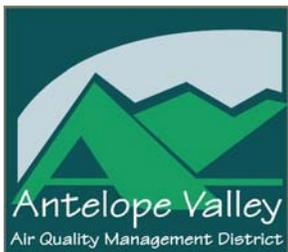
www.avagmd.ca.gov

Application for Dry Cleaning Equipment Only

Please type or print.

Please refer to Rule 301 for Application Filing Fee.

1. Permit to be Issued to (name of company to receive permit):		1a. Federal Tax ID #:	
2. Mailing/Billing Address (for the above company name):			
3. Facility or Business Name on License (for equipment location):			
4. Facility Address/Location of Equipment (if same as company, enter "Same"):		Facility UTM or Lat/Long:	
5. Contact Name and Title:	E-mail Address:	Phone and Fax #^s:	
6. Application is hereby made for the Authority to Construct (ATC) and Permit to Operate (PTO) the following equipment:			
7. Application is for: <input type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		*For modification or change of owner: Current permit #:	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): Fenceline _____ Residence _____ Business _____ School _____			
10. General Nature of Business:		11. Principal Product:	
12. Facility Annual Throughput by Quarters (percent): _____% _____% _____% _____% Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Facility Operating Hours: _____/Hrs/Day _____/Days/Wk _____/Wks/Yr _____/Total Hrs/Yr	
14. Do you claim Confidentiality of Data? (If yes, state nature of data in an attachment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Machine Information: Check One: <input type="checkbox"/> Secondary Control <input type="checkbox"/> Closed Loop <input type="checkbox"/> Converted Closed Loop <input type="checkbox"/> Vented <input type="checkbox"/> Transfer System <input type="checkbox"/> Dip Tank <input type="checkbox"/> Other(specify): _____ Manufacturer: _____ Model #: _____ Serial #: _____ Rated Capacity (pounds): _____ Date of Installation: _____ Drum Fugitive Emissions Control Method (check all that apply): <input type="checkbox"/> Secondary or Fugitive Control System <input type="checkbox"/> Fugitives Vented to Stack <input type="checkbox"/> Fugitives Vented into Room			



Antelope Valley Air Quality Management District

43301 Division Street, Suite 206, Lancaster, CA 93535-4649

Phone 661.723.8070

www.avagmd.ca.gov

Application for Dry Cleaning Equipment Only

16. Control Device:			
<input type="checkbox"/> Secondary Control (carbon absorber with refrigerated condenser) <input type="checkbox"/> Refrigerated Condenser <input type="checkbox"/> Fugitive Control System <input type="checkbox"/> Carbon Absorber <input type="checkbox"/> Other (specify): _____			
17. Building:			
Check one:			
<input type="checkbox"/> Co-residential		<input type="checkbox"/> Co-commercial (no residential)	
<input type="checkbox"/> Stand-alone (no other occupants)			
Dimensions (in feet):	Height	Width	Length
Shop/cleaning room interior: _____			
Building housing machine exterior: _____			
Nearby (within 150 feet) building exterior: _____			
18. Ventilation:			
Check the most representative:			
<input type="checkbox"/> Machine is inside vented Vapor Barrier Room		<input type="checkbox"/> Machine is inside vented Isolation Room	
Vapor Barrier/isolation Room inside dimensions (feet):	Height	Width	Length

<input type="checkbox"/> Entire shop has ventilation		<input type="checkbox"/> Machine has Local Ventilation System	
<input type="checkbox"/> Window fan		<input type="checkbox"/> Natural Ventilation, no fan	
If stack is present, is it vertical? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Stack:	Flow (feet ³ /minute)	Height (feet)	Diameter (inches)

19. Dry Cleaning:			
Maximum annual clothes and materials cleaned (in pounds): _____			
Maximum dry cleaning machine usage: hrs/day _____ days/wk _____ wks/yr _____			
Type of solvent used:			
<input type="checkbox"/> Perchloroethylene		<input type="checkbox"/> Petroleum	
<input type="checkbox"/> Stoddard		<input type="checkbox"/> Valclene (CFC-113)	
<input type="checkbox"/> Exxon DF2000		<input type="checkbox"/> GreenEarth	
<input type="checkbox"/> Other (specify): _____			
Maximum annual solvent use (in gallons): _____			
Wastewater disposition method:		<input type="checkbox"/> License Hauler	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Evaporator	
<input type="checkbox"/> Sewer			

Signature of Responsible Official:		Official Title:	
_____		_____	
Typed or Printed Name of Responsible Official:		Phone Number:	Date Signed:
_____		_____	_____
For District Use Only			
Application #:	Invoice #:	Permit #:	Company/Facility #:
_____	_____	_____	_____