



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION  
 2200 CHURCHILL ROAD  
 SPRINGFIELD, ILLINOIS 62794-9276

<p style="text-align: center;"><b>PERCHLOROETHYLENE DRY CLEANING</b></p> <p style="text-align: center;">APPLICATION FOR PERMIT<sup>(A)</sup></p> <p style="text-align: center;"><input type="checkbox"/> CONSTRUCT    <input type="checkbox"/> OPERATE</p> <p>NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED _____(B)</p>	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <p>I.D. NO. _____</p> <p>PERMIT NO. _____</p> <p>DATE _____</p>
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1a. NAME OF OWNER/OPERATOR: _____		2a. NAME OF PLANT: _____		
1b. STREET ADDRESS OF OWNER: _____		2b. STREET ADDRESS OF EMISSION SOURCE: _____		
1c. CITY OF OWNER: _____		2c. CITY OF EMISSION SOURCE: _____		2d. LOCATED WITHIN LIMITS CITY <input type="checkbox"/> YES <input type="checkbox"/> NO
1d. STATE OF OWNER: _____	1e. ZIP CODE: _____	2e. TOWNSHIP: _____	2f. COUNTY: _____	2g. ZIP CODE: _____

3. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) _____	4. TELEPHONE NUMBER FOR AGENCY TO CALL: _____
5. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR <input type="checkbox"/> EMISSION SOURCE	6. YOUR DESIGNATION FOR THIS APPLICATION: <sup>(C)</sup> _____

7. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S):<sup>(D)</sup>

SIGNATURE	SIGNATURE
DATE	DATE
TYPED OR PRINTED NAME OF SIGNER	TYPED OR PRINTED NAME OF SIGNER
TITLE OF SIGNER	TITLE OF SIGNER

(A). THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY BE USED TO REQUEST A CONSTRUCTION PERMIT, AN OPERATING PERMIT, OR A CONSTRUCTION/OPERATING PERMIT.

(B). ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION.

(C). PROVIDE A DESIGNATION IN ITEM 6 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(D). THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 OR 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND THE OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN YOUR APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

OPERATING INFORMATION				
8a. MAXIMUM OPERATING HOURS	HOURS/DAY:	DAYS/WEEK:	WEEKS/YEAR:	
b. TYPICAL OPERATING HOURS	HOURS/DAY:	DAYS/WEEK:	WEEKS/YEAR:	
c. ANNUAL THROUGHPUT	DEC-FEB(%):	MAR-MAY(%):	JUN-AUG(%):	SEP-NOV(%):

EQUIPMENT AND SOLVENT INFORMATION				
9a. TOTAL ANNUAL SITE PERCHLOROETHYLENE PURCHASE:		GAL/YR		
	MACHINE 1	MACHINE 2	MACHINE 3	MACHINE 4
b. MACHINE TYPE (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
c. PERCHLOROETHYLENE (Gal/yr)				
d. OTHER SOLVENT (SPECIFY) (Gal/yr)				
e. CONTROL DEVICE (e.g. refrigerated condenser)				

10. IF THE DRY CLEANING MACHINE IS CURRENTLY EQUIPPED WITH CONTROL DEVICE FOR ORGANIC MATERIAL:

- (a). WHAT ARE THE ORGANIC MATERIAL EMISSIONS FROM THE CONTROL DEVICE EXPRESSED IN PARTS PER MILLION (PPM) BY VOLUME?
  
- (b). EXPLAIN WHAT TEST PROCEDURE HAS BEEN USED TO DETERMINE THE CONCENTRATION OF ORGANIC MATERIAL:
  
- (c). IF THE EMISSIONS ARE GREATER THAN 100 PPM, WHAT ACTION WILL BE TAKEN TO REDUCE EMISSIONS TO BELOW 100 PPM AND PROVIDE A TIME SCHEDULE FOR COMPLETING THIS.

11a. IF THE DRY CLEANING MACHINE IS CURRENTLY NOT EQUIPPED WITH A CONTROL DEVICE, CHECK THE TYPE OF CONTROL THAT IS PLANNED TO BE INSTALLED:

- REFRIGERATED CONDENSER
- DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER
- DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER AND SUPPLEMENTAL CARBON ADSORBER
- REFRIGERATED CONDENSER AND ROOM ENCLOSURE
- OTHER, SPECIFY:

b. PROVIDE DATE THE CONTROL CHECKED ABOVE IS PLANNED TO BE INSTALLED:

*NOTE: A CONSTRUCTION PERMIT APPLICATION FOR THE CONTROL EQUIPMENT CHECKED ABOVE IS REQUIRED TO BE FILED WITH THE AGENCY AT LEAST 90 DAYS PRIOR TO THE INSTALLATION DATE SPECIFIED ABOVE.*

12. ARE DIATOMACEOUS EARTH FILTERS TREATED SUCH THAT RESIDUE CONTAINS 25 KG OR LESS OF SOLVENT PER 100 KG OF WET WASTE MATERIAL (LESS THAN 25% BY WEIGHT):

YES                       NO                       NA

(a). IF YES, WHAT METHOD IS USED TO DETERMINE THE PERCENT SOLVENT:

(b). IF NO, EXPLAIN THE MEASURE THE COMPANY WILL TAKE TO MEET THIS REQUIREMENT, AND SCHEDULE DATES BY WHICH THE MEASURES WILL BE ACHIEVED:

13. DOES WASTE MATERIAL FROM ALL SOLVENT STILL CONTAIN LESS THAN 60 KG OF SOLVENT PER 100 KG OF WET WASTE MATERIAL:

YES                       NO                       NA

(a). IF YES, WHAT METHOD IS USED TO DETERMINE THE PERCENT SOLVENT:

(b). IF NO, STATE THE MEASURES THE COMPANY WILL TAKE TO MEET THIS REQUIREMENT, AND SCHEDULE BY WHICH THE MEASURES WILL BE ACHIEVED:

14. ARE THE FOLLOWING POLLUTION PREVENTION PRACTICES PERFORMED AT YOUR FACILITY?

a). CONDUCT ON A REGULAR BASIS, A LEAK DETECTION AND REPAIR PROGRAM TO INSPECT ALL DRY CLEANING EQUIPMENT FOR LEAKS THAT ARE OBVIOUS FROM SIGHT, SMELL, OR TOUCH?

YES                       NO

b). IMMEDIATELY REPAIR ALL COMPONENTS FOUND TO BE LEAKING?

YES                       NO

c). KEEP A LOG OF RESULTS OF THE LEAK DETECTION AND REPAIR PROGRAM?

YES                       NO

d). FOLLOW GOOD HOUSEKEEPING PRACTICES, WHICH INCLUDE KEEPING ALL PERCHLOROETHYLENE AND WASTES CONTAINING PERCHLOROETHYLENE IN COVERED CONTAINERS WITH NO LEAKS, DRAINING CARTRIDGE FILTERS IN CLOSED CONTAINERS FOR AT LEAST 24 HOURS AND KEEPING MACHINE DOORS SHUT WHEN CLOTHING IS NOT BEING TRANSFERRED?

YES                       NO

e). OPERATE AND MAINTAIN ALL DRY CLEANING EQUIPMENT ACCORDING TO MANUFACTURERS' INSTRUCTIONS?

YES                       NO

f). RETAIN ON SITE, COPIES OF EACH EQUIPMENT AND CONTROL DEVICE MANUFACTURER'S OPERATION AND MAINTENANCE SPECIFICATIONS?

YES                       NO

NOTE: IF YOU CHECKED NO TO ANY OF THE POLLUTION PREVENTION PRACTICES, YOUR FACILITY IS IN VIOLATION OF THE STANDARDS AND MUST COME INTO COMPLIANCE IMMEDIATELY BY STRICTLY ADDRESSING THESE PRACTICES.