FORM DC100
DRYCLEANING EQUIPMENT

Business License Name of organization that is to receive permit:

TYPE OF SOLVENT

☐ Perchloroethylene ☐ Petroleum ☐ Other (Specify)_____

Quantity of solvent to be purchased: _____ Gal/Year

Operating schedule of drycleaning machine: _____Hrs/Day _____Days/Week _____Wks/Year

Amount of drycleaning to be processed weekly: _____pounds/week

EQUIPMENT SPECIFICATIONS

Equipment Specifications:

Manufacturer_____

Capacity (pounds):_____

Model No._____

Serial No._____

Total motor horsepower_____

TYPE OF EQUIPMENT

☐ Closed-Loop w/Primary Control System
_____ Refrigerated Condenser
_____ or equivalent (specify) _____
_____

☐ Closed-Loop w/Primary Control System (Required for new facilities effective 04/01/96)
_____ Refrigerated Condenser
_____ or equivalent (specify) _____
_____

and Secondary Control System
_____ Carbon Adsorber

_____Other _____

☐ Converted Closed-Loop w/ Primary Control System
_____Refrigerated Condenser
_____or equivalent (specify)_____
_____

FILTRATION SYSTEM

☐ Cartridge Filter

☐ Centrifugal Disc Filter _____Powderless _____Powder-type

☐ Precoat Filter

☐ Other:_____