

FORM DC100 DRYCLEANING EQUIPMENT

Business License Name of organization that is to receive permit:	
TYPE OF SOLVENT	
<input type="checkbox"/> Perchloroethylene	<input type="checkbox"/> Petroleum
<input type="checkbox"/> 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	
<input type="checkbox"/> Closed-Loop w/Primary Control System	_____ Refrigerated Condenser _____ or equivalent (specify) _____
<input type="checkbox"/> Closed-Loop w/Primary Control System (Required for new facilities effective 04/01/96) and Secondary Control System	_____ Refrigerated Condenser _____ or equivalent (specify) _____ _____ Carbon Adsorber _____ Other _____
<input type="checkbox"/> Converted Closed-Loop w/ Primary Control System	_____ Refrigerated Condenser _____ or equivalent (specify) _____
FILTRATION SYSTEM	
<input type="checkbox"/> Cartridge Filter	
<input type="checkbox"/> Centrifugal Disc Filter _____ Powderless _____ Powder-type	
<input type="checkbox"/> Precoat Filter	
<input type="checkbox"/> Other: _____	