



**PUGET SOUND  
Clean Air Agency**

# PUGET SOUND CLEAN AIR AGENCY

1904 3rd Ave Ste 105  
Seattle WA 98101-3317

(206) 689-4060 Fax: (206) 343-7522 www.pscleanair.gov

## PERCHLOROETHYLENE DRY CLEANER NOTIFICATION

Only for unvented, dry-to-dry system equipped using perchloroethylene with emission control equipment that meets all requirements in 40 CFR 63, Subpart M

Agency Use Only Date:	Agency Use Only Registration No.:	Agency Use Only Notification No.:
Facility Name:		
Mailing Address:		Installation Address:
City, State, Zip:		City, State, Zip:
Is the dry cleaner located in a building with a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Owner (if different than above):		
Mailing Address (City, State, Zip):		
Contact Person:		
Telephone No.:	Fax No.:	E-Mail Address:

Business Hours (hours/day, days/week, weeks/year):
Estimated Installation Date:
If used machine, original installation date (month/day/year): / / <b>OR</b> Date machine manufactured (month/year): /
Estimated Annual Perchloroethylene Solvent Usage (gallons/year):

### Equipment Information

Make:	Model No.:
Rated Capacity (pounds/load)	
Type of Dry-to-Dry Machine: (Check (✓) type of machine)	
<input type="checkbox"/> Unvented machine with both a refrigerated condenser* and a secondary carbon adsorber**. Air-gas-vapor stream inside drum must pass through carbon adsorber before the machine door is opened.	
<input type="checkbox"/> Unvented machine with a refrigerated condenser*	
Attach any additional information about your machine that you'd like us to consider.	
* The refrigerated condenser must be designed to operate so temperature on the outlet side of the refrigerated condenser is 45 °F or less, as measured before the end of the cool down or drying cycle while the gas/vapor stream is flowing through the refrigerated condenser.	
** The carbon adsorber must be desorbed in accordance with manufacturer's instructions	

### Certification

I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete.	
_____	_____
Signature	Date
_____	_____
Type or Print Name and Title	Phone

**Your application must be accompanied by a \$500 filing fee. To pay by check, mail with this form to the Agency address above. To pay by credit card, check here  and an accounting technician will contact you.**

