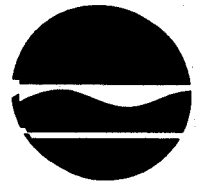


**National Emission Standard for Hazardous Air Pollutants (NESHAP) for  
Perchloroethylene Dry Cleaning Facilities  
Initial Notification Report and Compliance Reports (Pollution Prevention and Control) for  
Third- and Fourth-Generation Machines**



1. Print or type the following for each separately located dry cleaning plant (facility):  
The owner of more than one plant must fill out a separate form for each plant.

Owner/Operator: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
**Plant Address (if different from mailing address)**  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Write in the total volume of Perchloroethylene (per) purchased for ALL of the machines at the dry cleaning plant over the past 12 months (based on actual purchase receipts):  
\_\_\_\_\_ gallons

**NOTE:** If total volume of per purchased in past 12 months is greater than 2,100 gallons, this form is not appropriate for your facility. Contact the SAP (800-780-7227) for the appropriate form to submit.

3. Write the number of machines located at your plant: \_\_\_\_\_ Dry-to-dry machines

4. Provide information about required control equipment for **each machine** at your plant using the table below. If you have more than four machines at your plant, make additional copies of this page.

5. A. For each machine at your plant, record the date the machine was installed.

- B. To find out if control equipment is required, check the following box if it applies to your facility:

I reported less than 140 gallons in Question 2 above.

If you checked the box above **and all** your machines were installed before 12/9/91, you can STOP HERE. Write NO CONTROL REQUIRED in the shaded box below for each machine at your plant. YOU ARE FINISHED WITH QUESTION 4. GO TO QUESTION 6.

If you checked the box above **and only some** of your machines were installed before 12/9/91, write NO CONTROL REQUIRED **only** for those machines installed before 12/9/91 and write REFRIGERATED CONDENSER for those machines installed on or after 12/9/91. GO TO QUESTION 5. If you did not check the box above, go to Part C, below.

- C. Control is required. Fill out Part C for **each machine** at your plant and complete the table below as directed.

Check the appropriate box:

Machine was installed BEFORE 12/9/91.

If you checked this box, you are required to either (a) have a carbon adsorber that was installed before 9/22/93 or (b) install a refrigerated condenser by 9/22/96. Write CARBON ADSORBER or REFRIGERATED CONDENSER in the shaded box below the machine number. Write the date the control was installed in the appropriate box.

Machine was installed ON OR AFTER 12/9/91.

If you checked this box, you are required to have a refrigerated condenser. Write REFRIGERATED CONDENSER in the shaded box below the machine number.

This control was required when the machine was installed or by 9/22/96, whichever came first. Write the date the control was installed in the appropriate box.

	Machine 1	Machine 2	Machine 3	Machine 4
Date Machine Was Installed				
Control Device				
Date Control Device Was Installed				

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5. If you listed a required control device in Question 4 for any machine at your plant, you must monitor your control device.

To find out type of monitoring is required, check all boxes that apply:

I use refrigerated condenser on a dry-to-dry machine to meet the required control. If you checked this box, you are required to perform a weekly monitoring test to show that the temperature of the gas stream on the outlet side of the refrigerated condenser is less than or equal to 45 degrees Fahrenheit during final cool-down cycle.

I use a carbon adsorber on a dry-to-dry machine to meet the required control. If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of per in the exhaust from the carbon adsorber is not over 100 parts per million.

6. The following pollution prevention practices must be performed at your plant starting on 12/20/93.
- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: The NESHAP requires this program every other week (by-weekly) if you wrote NO CONTROL REQUIRED in the shaded box in Question 4.
  - Repair leaks within 24 hours after they are found, or order repair parts within two working days after detecting a leak that needs repair parts. Install the repair parts by five working days after they are received.
  - Keep a log of the weekly (or bi-weekly; see NOTE above) results of the leak detection and repair program.
  - Follow good housekeeping practices, which include keeping all per and wastes containing per in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
  - Operate and maintain all dry cleaning equipment according to manufacturers' instructions.
7. The following records must be kept at your plant:
- A log of the results of the leak detection and repair program.
  - A log of the amount of per purchased for the past 12 months, calculated each month.
  - The operation and maintenance manuals for all dry cleaning equipment at the plant.
8. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant;
- An owner of the dry cleaning plant;
- The manager of the dry cleaning plant;
- A government official, if the dry cleaning plant is owned by the Federal, State, City or County Government; or
- A ranking military officer, if the dry cleaning plant is located at a military base.

The Responsible Official must certify below that all the information presented in this report is accurate and true and that the facility is operating in compliance with the pollution prevention and applicable control device requirements of the NESHAP.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE, THAT THIS PLANT IS IN COMPLIANCE WITH THE POLLUTION PREVENTION PRACTICES LISTED IN THIS REPORT, AND THAT THIS PLANT IS IN COMPLIANCE WITH ALL APPLICABLE CONTROL DEVICE AND MONITORING REQUIREMENTS LISTED IN THIS REPORT.

\_\_\_\_\_  
(Signature of Responsible Official)

Keep a copy of this form for your records and mail a copy to each of the following offices:

New York State  
Department of Environmental Conservation  
Division of Air Resources  
Bureau of Stationary Sources  
625 Broadway - 2<sup>nd</sup> Floor  
Albany, NY 12233-3254  
(518-402-8403)

U. S. EPA  
Region II  
Air Compliance Branch  
290 Broadway, 21<sup>st</sup> Fl.  
New York, NY 10007-1886

DEC Regional Office  
(See attached list or DEC website for the  
office that serves your county)