



Permit Application for Perchloroethylene Dry Cleaning Facilities
 North Dakota Department of Health
 Air Pollution Control Program (6/2012)

GENERAL

Name of Firm or Organization		Plant or Facility Location	
Mailing Address	City	State	Zip
Annual Throughput of the Facility (pounds cleaned/year)		Number of Dryers at the Facility	

DRY CLEANING EQUIPMENT INFORMATION *(Use additional sheets as necessary to include all dryers at the facility)*

Dryer Manufacturer	Dryer Model Number
Dryer Capacity (lb)	Washer Capacity (lb or gal)
Settling Tank Capacity (gal)	Still Capacity (gal)
Type of Solvent Filter (Cartridge, etc.)	Year of Installation
Type of Unit (Transfer, Dry-to-Dry)	Solvent Used (perc., hydrocarbon, etc.)

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Type of Unit (Transfer, Dry-to-Dry)	Solvent Used (perc., hydrocarbon, etc.)

SOLVENT INFORMATION *(Include all types of solvent used at the facility; used additional sheets as necessary)*

Type of Solvent	Total Solvent Used Annually (gal)
Type of Solvent	Total Solvent Used Annually (gal)

Name of Person Submitting Report (Print or Type)	
Title	Phone
I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge, believe it is a true, correct and complete report.	
Signature	Date
E-mail Address	

Send this form to: North Dakota Department of Health
 Division of Air Quality
 918 E Divide, 2nd Floor
 Bismarck, ND 58501-1947
 Phone: (701)328-5188