Fill out one Data Form D for each dry cleaning machine. Please include descriptions of specific equipment: machines, control devices, and ventilation systems. Include a risk screening form for the facility.

1. Business Name _____   Site No. _____
   (if unknown, leave blank)

2. City _____   Source No.   S _____
   (if unknown, leave blank)

   SIC: _____
   (if unknown, leave blank; default=7216)

   Please check all that apply:

   ☐ New facility   ☐ New control device (e.g., Secondary Control)

   ☐ Replacement of existing machine   ☐ Installation or modification of ventilation system

   ☐ Additional machine at existing facility   ☐ Increase in Maximum Solvent Allowance

   ☐ Relocation of existing machine to new facility ☐ Existing machine [reporting only—no changes]

   ☐ Request for Permit Exemption (e.g., petroleum) ☐ Other: _____

3. **Type of Facility/Building:**
   ☐ Co-residential: (CR) Share building with residential occupants
   ☐ Co-commercial: (CC) Share building with commercial occupants, no residents--includes malls
   ☐ Stand-alone: (SA) No other occupants in building

4. Provide the following information for this source. For add-on secondary or fugitive control systems, attach a complete description and/or brochure.

4a. MACHINE TYPE:	4b. MODEL: (Model Code, District use only)	4c. CONTROL DEVICE:
(Check one only)	(Complete information below)	(Check one only)
☐ **Secondary Control (SEC):** 4th generation machine, has a carbon adsorber integrated with a refrigerated condenser; reduces perc in drum to less than 300 ppm	Manufacturer: _____ Model Name: _____ Rated Capacity: _____ pounds Description**:** _____ _____	☐ **Secondary Control (SEC):** Carbon adsorber integrated with a refrigerated condenser; reduces perc in drum < 300 ppm _____ lb carbon _____ loads/regeneration
☐ **Closed-loop (CLOS):** Refrigerated condenser	Date of Installation: _____	☐ **Refrigerated Condenser (RC):** on closed-loop machine or converted machine
☐ **Converted Closed-loop (CONV):** Former Vented Dry-to-Dry with retrofitted refrigerated condenser	☐ **Inductive Door Fan (IDF):** Fan that pulls air into the drum upon opening of the door after cool down, check the appropriate vent location:	☐ **Fugitive Control System (FUG):** Inductive door fan on a closed-loop machine that vents to a regenerative carbon canister after cool down is achieved with a refrigerated condenser.
☐ **Fugitive Control (FUG):** Closed-loop machine with Fugitive Control System (inductive door fan with large regenerative carbon canister)	☐ Fugitive emissions from the drum are vented directly into the shop. ☐ Fugitive emissions from the drum are vented through a stack at least 5 feet above the building.	_____ lb carbon _____ loads/regeneration
☐ **Other**: _____ _____		☐ **Other**: _____ _____

FORMD.DOC 3/00

5   **Waste Hauler:** Safety Kleen in ☐ Oakland (A8474) ☐ Rohnert Park (A2822) ☐ San Jose (A8213) ☐ Santa Clara (A3125)

    ☐ Technichem (A2116)   ☐ Van Waters, San Jose (A0618)   ☐ Van Waters, Santa Rosa (A2136) ☐ Other: _____

6.   **Waste/ Solvent Content of Waste:** Complete data below for annual reporting period (line 15) for existing operations:

7.   **Still Oil [waste]:** _____ gal/yr

> Enter still residue only. Do not include wastewater (enter water on line 12)

8.   **Percent Solvent in Still Oil:** _____ volume %

> Provide chemical analysis for still oil solvent content or leave blank (If blank, the District will assume that 50% of still oil is solvent)

9.   **Filter Cartridges:** Number/year _____   Type**:** ☐ standard   ☐ split   ☐ jumbo

10. **Solvent in Cartridges:** _____ gal/cartridge

> 0.5 gallon per standard or split cartridge
> 1.0 gallon per jumbo cartridge
> N/A if you do not use filter cartridges

11. **Solvent Waste Credit:** _____ gal/yr (<u>total amount of solvent</u> in hazardous waste, see below)

> Solvent Waste Credit (11) = (7 x 8)/100% + (9 x 10)
> Example: Solvent Waste Credit = (40 gallons of still oil x 50%)/100% + (12 filter cartridges x 0.5 gal/cart) = 26 gallons/yr

12. **Wastewater:** _____ gal/yr   Disposition: ☐ Licensed Hauler (LH)   ☐ Evaporator (EV)   ☐ Sewer (SS)

13. **Type of Spill Containment:** ☐ Berm, Trough, or Pan (BT) ☐ Sealed Drain (SD) ☐ None (NA)   Other: _____

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14. **Solvent Used:** ☐ Perc (210) ☐ Exxon DF-2000 (733) ☐ Stoddard (401) ☐ Other: _____

Complete data below for annual reporting period for existing operations. If new machine, enter "NEW" on line 15, enter estimated usage on line 20, and leave 16-19 blank.

15.   Ending Date of Annual Reporting Period: _____ (month/day/yr)

16.   Solvent Purchases: _____ gallons per year

17.   Initial Solvent Inventory: _____ gallons   18. Final Solvent Inventory: _____ gallons

19.   Solvent Consumption: _____ gallons per year (also known as "gross usage" or "throughput")

> Solvent Consumption (19) = Solvent Purchases (16) + Initial Solvent Inventory (17) - Final Solvent Inventory (18)
> Example: Consumption = 75 gal/yr purchased + 140 gallons initial inventory - 120 gallons final inventory = 95 gallons/yr

20. Net Solvent Usage: _____ gallons per year (also known as Annual Net Solvent Evaporation)

> Net Solvent Usage (20) = Solvent Consumption (19) - Solvent Waste Credit (11)
> Example: Net Usage = 95 gal/yr Solvent Consumption - 26 gal/yr Solvent Waste Credit = 69 gallons/yr

21. Enter the MAXIMUM amount of <u>Net Solvent Usage</u> (entire facility) necessary to maintain projected levels of business:

   Maximum Solvent Allowance: _____ gallons per year (FACILITY TOTAL)   Basis Code: _____

   (District use only)

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22. Clothes and Materials Cleaned: _____ lb/yr; Typical Use: _____ hr/day _____ day/wk _____ wk/yr

23. Ventilation: If new, attach a description and simple sketch of building and ventilation systems. See ventilation guidance document.

   ☐ Vapor Barrier Room (VBR)   ☐ Partial Vapor Room (PVR)   ☐ Vapor Capture Room (VCR)

   ☐ Local Ventilation, Fume Hood with plastic containment strips (LOC)   ☐ Window Fan (WIN)

   ☐ General Shop Ventilation (GEN)   ☐ None or Natural (NAT)   ☐ Other: _____

24. Vapor Room Volume: _____ cubic feet   <u>OR</u>   Shop Volume: _____ cubic feet

25. Ventilation Rate: _____ CFM (cubic feet per minute)   Stack Height: _____ feet above building

Person completing this form: _____   Date: _____