



**\_\_\_\_ Calendar Year of Emissions**

1. Print or type the following for each separately located dry cleaning facility. A separate form is required for each facility.

**Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

2. In the table below, enter the total gallons of solvent used at this facility for the calendar year. Solvent use is equal to the solvent on hand to begin the year plus any purchases during the year reduced by the gallons of solvent remaining for next year. Calculate the facility emissions by multiplying the gallons used by the pounds per gallon of each solvent.

Solvent Type	Solvent Used (gallons/year)	Factor (lb/gallon)	Annual Emissions (lb/year)
PERC (Perchloroethylene)		13.60	
Petroleum (Stoddard Solvents)		6.16	
Exxon <sup>®</sup> DF-2000 (CAS# 64742489)		6.41	
ECOSOLV <sup>®</sup> (CAS# 68551177)		6.36	
Other (Please Specify)			
<b>TOTAL</b>		--	

**Note:** Solvent properly disposed of or recycled may, in some cases, be deducted from the total. Contact the Air Quality Division for information on the procedure to be followed to allow this credit.

3. For your facility, please estimate the average hours per day and days per week that the dry cleaning equipment operated: \_\_\_\_\_ hours per day \_\_\_\_\_ days per week.
4. Print or type the name and title of the Responsible Official for the dry cleaning facility.

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

**"I certify, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete."**

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE OFFICIAL

\_\_\_\_\_  
DATE