



Dry Cleaning Facilities

ANNUAL NOTIFICATION OF COMPLIANCE

Applicable Rule: 40 CFR Part 63, Subpart M – National Emission Standards for Hazardous Air Pollutants (NESHAP) for Dry Cleaning Facilities

Air Quality Control Division
5600 South 10th Street
Omaha NE 68107-3501
Phone: (402) 444-6015
Fax: (402) 444-3904

This form must be completed, signed and submitted to Omaha Air Quality Control by March 31st of each year.

(1) City of Omaha- Air Quality Control, 5600 S. 10th Street, Omaha, NE 68107

Who is subject to this Rule?

- 1. Sources that use perchloroethylene (perc) in dry cleaning.

SECTION I – GENERAL INFORMATION

Print or type the following information for each facility for which you are submitting notification:

Facility Name	
Facility Address	City, State, Zip
Responsible Official's Name/ Title	Responsible Official's Phone Number
Responsible Official's Mailing Address/Billing Address (if different than above)	City, State, Zip

For official use only: City ID# State ID#

SECTION II – APPLICABILITY AND COMPLIANCE STATUS

1. Compliance Requirements

The total volume of perchloroethylene (perc) purchased for all of the machines at this plant over the past 12 months:

_____ Gallons

The source classification for this facility is:

- Major Source (> 2,100 gallons/year perc purchased)
- Large Area Source (140-2,100 gallons/year perc purchased)
- Small Area Source (0-140 gallons/year perc purchased)
- This facility does not use perchloroethylene. (May skip to Section III – Certification)

List the number of each type of dry cleaning machine located at your facility:

_____ Dry-to-Dry Machines

_____ Transfer Machines (This regulation required all transfer machines to be removed by 7/28/08)

Is this facility in compliance with all the requirements specified in 40 CFR 63.322, including pollution prevention, controls, vapor leaks, and all associated monitoring and record-keeping?

- Yes
- No

Are the compliance records located at the facility's physical address listed above?

- Yes
- No

If you answered No above, provide the address where the records are kept:

Address	City, State, Zip
---------	------------------

•
SECTION III – CERTIFICATION

The Responsible Official must certify below. The Responsible Official can be:

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

(Print or type the following information.)

Name: _____ Title: _____

Telephone Number: _____ Email: _____

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Signature of Responsible Official)

(Date)