



Westchester County Department of Health
25 Moore Avenue
Mount Kisco, NY 10549

APPLICATION FOR CERTIFICATE/PERMIT TO OPERATE A DRY CLEANING FACILITY

Under the provisions of Chapter 873.1327 of the Laws of Westchester County, This application is hereby made for a Certificate or Permit to Operate a Dry Cleaning Facility in the County of Westchester.

Section A:

Owner: _____

Address: _____

Telephone Number: _____ Email: _____

Facility Name: _____

Facility Address: _____

Telephone Number: _____ Email: _____

Section B: Facility

Type of Facility: Standalone Mixed Use (Residential) Mixed Use (Commercial)
 Other (Specify) _____

Section C: Dry Cleaning Equipment

	#1	#2	#3
New or Existing			
Manufacturer			
Model			
Serial Number			
Capacity (lbs)			
Machine type : generation			
NYSDEC Certified 4 th generation machine: Y/N			
Vapor Barrier (VB)			
VB capacity (cf)			
Spill Containment			
Carbon Renegeration			
Refrigerated Condenser			
Other control equipment			

Section D: Emissions

Solvent Utilized:

NYSDEC Approved Solvent: Y/N

Chemical Name	Trade Name	Type of Solvent	CAS#	Quantity (gal/yr)	Disposal Method
Perchloroethylene			127-18-4		
Decamethylcyclopentasiloxane	Green Earth (SB-32) Gral. Electric	Alternative Solvent	541-02-6		
Dipropylene glycol tert-butyl ether	Rynex3 Rynex Tech.	Alternative Solvent	132739-31-2		
	Exxon Mobile DF-2000	Aliphatic Refined Hydrocarbon	64742-48-9		
	Sasol (LPA-142)	Aliphatic Highly Refined Hydrocarbon	64742-47-8		
	Chevron Philips EcoSolv	Aliphatic Refined Hydrocarbon	68551-17-7		
Dipropylene glycol n-butyl ether (DPGnBE)	R.R.Streets Solvair	Alternative Solvent	29911-28-2		
Dibutoxymethane	SolvonK4 Kreussler	Alternative Solvent	2568-90-3		
Decamethylcyclopentasiloxane	Green Earth GEC-5 Shin-Etsu	Alternative Solvent	541-02-6		
Other: Specify					

It is understood and agreed that failure to comply with the terms and conditions of the permit/certificate herein applied for, or with the provisions of the Westchester County Sanitary Code or any applicable municipal, County, State or Federal ordinance, law or regulations, or providing any false misleading statements, shall be cause for the suspension of such permit/certificate by the Commissioner, or the revocation of such permit/certificate by the Commissioner after due Notice and Hearing.

Applicant's Signature _____ Date _____

Print Name _____ Title _____

STATE OF: _____

CITY OF: _____

TOWN OF: _____ COUNTY OF: _____

Sworn to before me this _____ day of _____, _____

NOTARY STAMP

Notary Public, County of Westchester

DO NOT WRITE IN THIS SECTION

PERMIT OR CERTIFICATE TO OPERATE

Recommended For Approval: _____ Date: _____

Approved by: _____ Date: _____