

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
COLD CLEANING MACHINE (DEGREASER) APPLICATION INSTRUCTIONS

This document contains instructions for filling out each section of AQM-9, the Cold Cleaning Machine (Degreaser) Application. If these instructions do not answer your questions, please call (302) 323-4542 if you are in New Castle County or (302) 739-4791 if you are in Kent or Sussex County and ask to speak to a permitting engineer or scientist in the Engineering and Compliance Branch of Air Quality Management.

If you are using the electronic application, please note that empty gray boxes are form fields. To use the form field just click in the box and begin typing. The gray boxes that already include text are drop down boxes. Click on the gray box and a drop down list will appear. Choose your selection from the list. You may fill out this form electronically, but it must be printed out and signed for submittal to the Department.

To be considered complete, all boxes of the application form must be filled out. Note that any blank boxes may significantly lengthen the application processing time.

1. Provide the full Company name and the name of the facility. For example: Widget Makers, Inc, Dover Assembly Plant.
2. Provide the date the application is being submitted.
3. Provide the street address of the physical location of facility.
4. Provide the mailing address of the facility if it is different from the physical location. If it is the same, write "same as physical location."
5. Provide the name of the Owner. This can either be a person or a Company. For example: "John Smith" or "Smith Enterprises." If it is the same as the Company name, write "same as Company name."
6. Provide the name of the person signing the application. This must be the owner or a manager for a facility subject to Regulation No. 2. This must be the responsible official for a facility subject to Regulation No. 30/Title V. A responsible official means one of the following:

For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit, and either:

1. The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter, 1980 dollars); or
2. The delegation of authority to such representative is approved in advance by the Department.

For a partnership or sole proprietorship: a general partner or the proprietor, respectively, or the delegation of authority to a representative approved in advance by the Department.

For a municipality, state, federal, or other public agency: Either a principal executive officer or ranking elected official. For purposes of Regulation No. 30, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations or a principal geographic unit of the agency (e.g., A Regional Administrator of EPA); or

For affected sources:

1. The designated representative in so far as actions, standards, requirements, or prohibitions under Title IV (Acid Deposition Control) of the Act, or the regulations promulgated there under are concerned; and
 2. The designated representative for any other purposes under Regulation No. 30.
7. Provide the title of the person signing the application. For example: "President" or "Environmental Manager."
 8. Provide the phone number of the person signing the application.
 9. Provide the owner or applicants mailing address if it is different from the facility's mailing address. If it is the same write "same as mailing address" or "same as street address."
 10. Provide the GIS location of the facility. If you do not know your GIS location and do not have the capability to get it please contact the Department.
 11. Provide the major activity at the facility choosing from: manufacturing, governmental, commercial, institutional, apartment, and power generation. An example of a manufacturing facility would be an assembly plant. An example of a governmental facility would be a State office building. An example of commercial facility would be a store, an autobody repair shop, a dry cleaning facility, etc. An example of an institutional facility would be a school, hospital, or prison. If the major activity at the facility does not match one of these activities see the Department's other permit application forms. If you are using the electronic form these choices are provided in the drop down box.
 12. Describe the major activity at the facility. For example: "coating of metal parts" or "production of widgets."
 13. Provide the number of employees at the facility.
 14. Provide the facility's Standard Industrial Classification (SIC) Code and North American Industry Classification System (NAICS) Code. SIC Codes can be found at <http://www.osha.gov/oshstats/sicser.html>. NAICS Codes can be

- found at <http://www.naics.com/>. If you do not have this information or internet access, please contact the Department.
15. Provide the equipment to be permitted choosing from: new, replacement, modification, and existing. If you are using the electronic form these choices are provided in the drop down box.
 16. Provide the requested or anticipated date of installation or modification. Note that you cannot begin construction or operation until you have received approval from the Department.
 17. Provide the operation schedule for the cold cleaning machine (degreaser). Use the maximum anticipated hours of operation.
 18. Provide whether or not the cold cleaning machine (degreaser) is located at a Title V Facility. If you are using the electronic form the drop down box allows you to choose from yes or no.
 19. Provide the manufacturer of the cold cleaning machine (degreaser).
 20. Provide the model or series of the cold cleaning machine (degreaser). For example, the device may be part of the "green series".
 21. Provide the serial number of the cold cleaning machine (degreaser).
 22. Provide the type of cold cleaning machine (degreaser). The drop down box allows you to choose from Immersion or Remote Reservoir.
 23. Provide the length of the tank including the units. If you are using the electronic form, the drop down box allows you to choose from units of inches, feet, meters or centimeters.
 24. Provide the width of the tank including the units. If you are using the electronic form, the drop down box allows you to choose from units of inches, feet, meters or centimeters.
 25. Provide the depth of the tank including the units. If you are using the electronic form, the drop down box allows you to choose from units of inches, feet, meters or centimeters.
 26. Provide the freeboard height of the tank including the units. The freeboard height is the distance from the top of the tank lip to the top of the solvent liquid level in the tank. If you are using the electronic form, the drop down box allows you to choose from units of inches, feet, meters or centimeters.
 27. Provide the freeboard ratio of the tank. The freeboard ratio is the ratio of the freeboard height to the smaller interior dimension. To calculate it divide the measurement you provided in box 26 by the smaller of the measurements provided in boxes 23 and 24. Make sure both measurements are given in the same units or the ratio will not be correct. Note that the ratio must be at least 0.75 for immersion cold cleaning machines (degreasers) unless the

- immersion cold cleaning machine is equipped with a working mode cover that shall be closed except when parts are being added to or removed from the machine.
28. Provide whether or not the cold cleaning machine (degreaser) has a working mode cover. If you are using the electronic form the drop down box allows you to choose from yes or no.
 29. Provide whether or not the cold cleaning machine (degreaser) has a downtime mode cover. If you are using the electronic form the drop down box allows you to choose from yes or no.
 30. Provide the type of agitation used in the cold cleaning machine (degreaser). If no agitation is used, enter "none".
 31. Provide whether or not the cold cleaning machine is equipped with a drainage rack. If you are using the electronic form the drop down box allows you to choose from yes or no.
 32. Provide the drainage rack type choosing from internal or external. If there is no drainage rack enter "N/A." If you are using the electronic form the drop down box allows you to choose from internal, external, or "N/A".
 33. If the cold cleaning machine (degreaser) has an external drainage rack, provide whether or not there is drainage return. If the cold cleaning machine (degreaser) has an internal drainage rack or does not have a drainage rack at all, enter "N/A". If you are using the electronic form the drop down box allows you to choose from yes, no, or "N/A".
 34. Provide whether or not the parts cease dripping before they are removed from the drainage rack. If you are using the electronic form the drop down box allows you to choose from yes or no.
 35. Provide whether or not the cold cleaning machine (degreaser) is equipped with a solvent spray. If you are using the electronic form the drop down box allows you to choose from yes or no.
 36. Provide the pressure of the solvent spray in pounds per square inch. Note that the pressure of the solvent spray must be below 10 psig. If there is not solvent spray, enter "Not Applicable" or "N/A".
 37. Add any additional information you feel may be important to the operation of the cold cleaning machine (degreaser).
 38. Describe the solvent used in the cold cleaning machine (degreaser). Provide the solvent name, its vapor pressure at 68 °F (20 °C) in millimeters of mercury, and whether you have attached the Material Safety Data Sheet for the solvent. Note that the vapor pressure can not exceed 1.0 mmHg and that the MSDS must be enclosed for the application to be considered complete. There are five spaces for solvent in case you plan to use more than one type

- of solvent in the cold cleaning machine (degreaser). If you need extra space attach an additional sheet.
39. Provide the estimated yearly solvent purchase for the cold cleaning machine (degreaser). The drop down box allows you to choose from units of gallons, liters, quarts, or pounds.
 40. Provide how often solvent is added to the cold cleaning machine.
 41. Provide the quantity of solvent normally added to the cold cleaning machine. The drop down box allows you to choose from units of gallons, liters, quarts, or pounds.
 42. Provide the estimated yearly solvent disposal for the cold cleaning machine (degreaser). The drop down box allows you to choose from units of gallons, liters, quarts, or pounds.
 43. Describe how waste solvent is normally disposed.
 44. Provide a list of all current Air Permits, Registrations, and Exemptions your facility is operating under.
 45. Indicate whether Manufacturer's Specifications are enclosed. The Department encourages enclosing Manufacturer's Specifications.
 46. If the application is for a facility that has never had a permit with the Department, indicate whether proof of local zoning approval is enclosed. Note that proof of local zoning approval must be provided along with the application.
 47. The required Permit Fee must be submitted before a permit will be processed. See Table 1 for a brief list of permit application fees.

Table 1: Permit Fees

	Permit Fee
Existing	\$90
New	\$180
Modification or Replacement	\$175

48. The required Advertising Fee of \$165 must be submitted before a permit will be processed.
49. If the proposed location is within the Coastal Zone, please call the Coastal Zone Industrial Control Board Office at (302) 739 – 6400 or visit the web page at <http://www.dnrec.state.de.us/dnrec2000/Coastal.asp> for further assistance.

50. If the cold cleaning machine (degreaser) is currently permitted, provide the permit number.
51. Read and sign the certification block at the bottom of the application. The application must be signed by the person indicated in Block 6.

Print the completed application, sign it, write a cover letter addressed to Ali Mirzakhilili, Program Administrator, describing your facility, attach the completed and signed application and any additional information (i.e. Manufacturer's Specifications, MSDS, etc.) and mail one original and one copy of the package along with the appropriate fees to:

*DNREC Division of Air and Waste Management
Air Quality Management
Attention: Joanna Austin
156 South State Street
Dover, DE 19901*

Make checks payable to: State of Delaware - DNREC