



ANNUAL REPORT: PERC DRY CLEANERS

Company Name: _____ Facility ID#: _____
 Contact Name: _____ Permit #: _____
 Address: _____ Phone #: _____
 City/State/Zip Code: _____ Email: _____
 Facility Name/Location: _____
 Reporting Year: _____

Please note newly required reporting information:

1. Please submit copy (or copies) of Environmental Training certification for your staff.
2. Please submit the following information regarding your dry cleaning machine(s):

Make: _____ Model: _____ Serial No.: _____ Date of Manuf.: _____

OPERATING SCHEDULE

Year _____ Hours/Day: _____ Days/Week: _____ Weeks/Year: _____

CLOTHES CLEANED

- Pounds of Clothes Cleaned during the year: _____ Pounds

SOLVENT CONSUMPTION

- Total Solvent Purchased during the year: _____ Gallons
- Initial Solvent Inventory in Tanks as of January 1: _____ Gallons
- Final Solvent Inventory in Tanks as of December 31: _____ Gallons

WASTE CREDIT

- Still Waste/Residue Recycled. (Do not include water): _____ Gallons
- Number of Standard or Split Filter Cartridges recycled: _____ Cartridges
- Number of Jumbo Filter Cartridges recycled: _____ Cartridges

Does this annual report contain confidential information? Yes No

All information claimed as confidential must be submitted in accordance with APCD Policy & Procedure 6100-020 (Handling of Confidential Information): <http://www.ourair.org/wp-content/uploads/6100-020.pdf>. Failure to follow the required procedures shall be deemed a waiver by the applicant of the right to protect such information from public disclosure.

I certify that the information provided is accurate and complete to the best of my knowledge.

Signature

Print name/date

PLEASE RETURN THE COMPLETED ANNUAL REPORT TO:

AIR POLLUTION CONTROL DISTRICT, 260 N. SAN ANTONIO RD., SUITE A, SANTA BARBARA CA 93110-1315
or E-mail to annualreport@sbcapcd.org (Faxes Not Accepted)



ANNUAL REPORT INSTRUCTIONS FOR PERC DRY CLEANERS

1. **CHECK YOUR PERMIT:** Check the *Reporting* condition of your permit, there may be additional information that needs to be submitted with this report. Please provide any additional information that you are required to submit.
2. **SUBMITTAL:** Submit by mail or e-mail to annualreport@sbcapcd.org. When submitting via e-mail, if you do not receive a response within 72 hours confirming that the District has received your submittal, please assume the annual report was not received and contact us at (805) 979-8050. *Faxes Not Accepted.*