



## ANNUAL REPORT: *DRY CLEANERS*

Company Name: \_\_\_\_\_

Facility ID#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

### SOLVENT USED

Please check the box to indicate what solvent was used during the year.

(Note: please complete a separate form for each different solvent used):

Perc     Stoddard     Exxon DF2000     GreenEarth     Rynex     Other \_\_\_\_\_

### 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

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, P.O. BOX 6447, SANTA BARBARA CA 93160 or FAX (805) 961-8801