



ANNUAL REPORT: *NON-PERC DRY CLEANERS*

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

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):

- 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, 260 N. SAN ANTONIO RD, SUITE A, SANTA BARBARA CA 93110-1315
 or E-mail to annualreport@sbcapcd.org



ANNUAL REPORT INSTRUCTIONS FOR NON-PERC DRY CLEANERS

1. **SUBMITTAL:** Submit by mail or e-mail. 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) 961-8800.