



**INDUSTRIAL WASTE DISCHARGE  
QUESTIONNAIRE/PERMIT APPLICATION  
Class VI**

TO BE COMPLETED BY ALL DRY CLEANERS REQUIRED  
TO SUBMIT THIS QUESTIONNAIRE/APPLICATION

**SECTION I GENERAL BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

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

Owner of Business: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are fabrics dry-cleaned at this location? (check one)  Yes  No

If dry cleaning is not done on premises, indicate the address where fabrics are dry cleaned and sign the certification statement at the end of this questionnaire. \_\_\_\_\_

**If dry cleaning is done on premises, you must answer the following questions and attach any additional information requested.**

Average amount of fabric cleaned daily \_\_\_\_\_ lb.

Type of dry cleaning solvent used on site:

Type	Average Amount Used Monthly (Gallons)
Perchloroethylene	
Stoddard Solvent	
Other (describe):	

## SECTION II

**INDSUTRIAL WASTE FLOW RATES**

<b>Consumption Source</b>	<b>Amount Used</b>
Cooling Water	Gallons per Day
Boiler Feed	Gallons per Day
Process Water	Gallons per Day
Sanitary System	Gallons per Day
Separator Water	Gallons per Day
Other (describe):	Gallons per Day
<b>Total</b>	<b>GPD</b>

<b>Discharge Source</b>	<b>Amount Discharged</b>
City Sewer	Gallons per Day
Waste Hauler	Gallons per Day
Evaporation	Gallons per Day
Contained in Product	Gallons per Day
<b>Total</b>	<b>GPD</b>

Is the discharge to sewer (check one): \_\_\_\_\_ Intermittent      \_\_\_\_\_ Steady

Is there a Spill Prevention Control and Countermeasure Plan in effect for this facility?  
(check one) \_\_\_\_\_ Yes      \_\_\_\_\_ No

SECTION III      **PLANT INFORMATION**

Draw a sketch of the facility, including sewer outlets. Show size and flow. Attach additional sheets as necessary.

Attach a list of all dry cleaning machines and related equipment on the premises. Include all dry cleaning machines, reclaimers (recovery dryers), stills, cookers, sniffers, air vacuum systems, cooling towers, and any other equipment which may discharge wastewater containing solvents to the sewer. Please include the manufacturer, model number, and size (capacity) for each unit. Also indicate the types of wastewater discharged from each unit (cooling water, blow-down, separator water, etc.).

**SECTION IV HAULED INDUSTRIAL WASTE**

Types and amounts of waste removed from the premises by means other than community sewers. Include muck, filters, waste solvent, separator water, and any other dry cleaning wastes. Attach additional sheets as necessary.

Description of Waste	Average Amount Removed Monthly	Removed by (Name and Address)

Describe any other methods used for treatment or disposal of dry cleaning wastes.

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**SECTION V CERTIFICATION**

I have personally examined and am familiar with the information submitted in this application and I hereby certify, under penalty of law, that this information was obtained in accordance with all applicable requirements. Moreover, based on our inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please return to:**

**City of Corona  
Utilities Department  
ATTN: Source Control Program  
755 Public Safety Way  
Corona, CA 92878**