

CITY OF SAN DIEGO
INDUSTRIAL WASTEWATER CONTROL PROGRAM
 1912 Topaz Way San Diego, CA 92123 (858) 654-4100 FAX: (858) 654-4110

ZERO DISCHARGE OF PERCHLOROETHYLENE TO SEWER CERTIFICATION

Business Name _____

Facility Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Owner _____ Phone # (_____) _____

Contact Name _____ Title _____ Phone # (_____) _____

1. What solvents are used? _____ Perchloroethylene (PERC) _____ Petroleum
 _____ Other _____
 (If PERC is not used, skip to item 7 below; otherwise, complete items 2-8 below)

2. Indicate which option (**1** - hauled off-site by a hazardous waste hauler; or **2** - on-site evaporation) you are using to dispose of the following wastes:
 _____ Separator water _____ Vacuum system water _____ Still oil _____ Waste PERC

3. _____ I am personally familiar with the operations at this facility and have reviewed the METROPOLITAN
 Initials INDUSTRIAL WASTEWATER CONTROL PROGRAM'S (IWCP) BEST MANAGEMENT PRACTICE REQUIREMENTS FOR DRY CLEANING ESTABLISHMENTS. (See back of form.)

4. _____ I hereby certify that there is no discharge to sewer of PERC or PERC-contaminated wastes including,
 Initials but not limited to, separator water, still oil, and vacuum system water.

5. _____ I further certify that PERC-contaminated waste water is not recycled through any process which
 Initials ultimately results in discharge to the sewer system, including boilers and cooling towers.

6. Initial one of the following:
 _____ This facility currently meets all Best Management Practice requirements of the certification, and
 Initials operational procedures and employee training are in place to ensure continuing compliance throughout the certification period.

_____ This facility currently meets all Best Management Practice requirements of the certification, except
 Initials for the following deficiencies which will be corrected within 30 days of the signatory date.

7. _____ I am aware of the potential for significant penalties for submission of false information, including the
 Initials possibility of fines and imprisonment for knowing violations.

8. Name _____ Title _____
 (Print)

Signature _____ Date: _____
 (If not the owner, attach copy of written authorization.)

WHITE COPY: COMPLETE AND RETURN TO ADDRESS ABOVE
CANARY COPY: POST ON-SITE AND MAKE AVAILABLE TO PROGRAM PERSONNEL UPON REQUEST