



MOBILE WASHER PERIODIC COMPLIANCE REPORT

Central Contra Costa Sanitary District ● Source Control Section

5019 Imhoff Place, Martinez, California 94553-4392 ● 925-229-7288

Mobile Washers: Completion of the Periodic Compliance Report (PCR) is required by the Mobile Washer Permit issued to your company and is **due by August 31st** of each year. When completing this PCR, please address every section below, check all the boxes that apply, and submit all information as required. Failure to accurately complete this report may result in citation by the District.

Year _____

Reporting Period: August 1 – July 31 _____

Activity – (check one)

- Mobile washing activities were performed within CCCSD’s service area during the reporting period.
- I hereby certify that no mobile washing activities were performed within CCCSD’s service area during the reporting period.
(If checked, skip to certification signature.)
- Zero Discharge – mobile washing activities were performed within CCCSD’s service area, but no mobile washing wastewater was discharged to CCCSD’s sewer system during the reporting period.

Conditions – (check one)

- I hereby certify that the company and operations are in compliance with the Conditions and Special Approvals sections of the permit.
- The company and operations are **not** in compliance with the Conditions and/or Special Approvals sections of the permit. (Attach a separate sheet with explanation).

Discharge Sampling – (check one)

- Wastewater sampling performed. (Attach copies of analysis reports and chain of custody).
- No wastewater sampling performed.

Certification

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and/or further legal action for knowing violations.

Name of authorized representative ¹	Title	Phone Number
Name and Address of Company	E-Mail:	
Signature	Date	

¹ REFERENCE CCCSD CODE TITLE 10.04.020 (B) FOR DEFINITION OF AUTHORIZED REPRESENTATIVE`

***Definition of Authorized Representative of Industrial User (IU):** An authorized representative of an IU may be: (1) the principal executive officer, if the IU is a corporation; (2) general partner or proprietor if the IU is a partnership or proprietorship, respectively; (3) duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge originates and if such representative is identified in writing by the individual designated in (1) or (2) above.