



Water Conservation Certification Program Application

Date: _____

Car Wash/Firm Name: _____

DBA: _____

Owner/Contact Name (please list only one name): _____

Preferred E-MAIL(used only by WCA): _____

Web site: _____

Preferred Mailing Address (please correct or complete): Home Address –OR– Work Address

Address: _____

City, State Zip: _____

Phone: _____ **Fax:** _____

CA State Registration Number: _____ **Expiration Date:** _____

Water Service Provider: _____

Account Number: _____

Type of wash:

Self Serve

Conveyor

Roll-over/In-Bay Automatic

Certification Inspection Information

Inspecting Company: _____ **Date:** _____

Inspecting Plumber Name: _____ **Inspector's License #:** _____

Address: _____

City, State Zip: _____

Phone: _____

Water Utility Company: _____ **Date:** _____

Water Utility Company Inspector: _____

Address: _____

City, State Zip: _____

Phone: _____

For Staff Use Only *Date received:* _____ *Member ID:* _____ *Pass:* _____ *Fail:* _____

Comments: _____



WCCP Compliance Check List

| Self Serve | Pass | Fail | N/A |
|---|--------------------------|--------------------------|--------------------------|
| • All spot-free reverse osmosis reject water (if used) must be recycled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • All towel ringers (if applicable) must have a positive shut-off valve. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Spray nozzles must be replaced annually. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Toilets (if applicable) must be ultra low flow 1.6 gallon per flush type. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • No visible water leaks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drought tolerant landscaping or drip system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Main water shut off valve in proper working order. | | | |
| Conveyor: | | | |
| • Must have a recycling system in place. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • All spot-free reverse osmosis reject water (if used) must be recycled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • All towel washing systems must have an automatic high level automatic shut off system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • No visible water leaks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Toilets must use ultra low flow 1.6 gallon per flush type. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drought tolerant landscaping or drip system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Main water shut off valve in proper working order. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In-Bay Automatic: | | | |
| • Must have a recycling system in place. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where applicable, a 5 second dwell time should be created before the customer's vehicle exits the bay to enable water to run off the vehicle into the bay collection pit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Underbody, Rocker Panel and wheel wash cycles must be re-nozzled and/or calibrated to use no more than 12 gallons per wash cycle. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • All spot-free reverse osmosis reject water (if used) must be recycled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • No visible water leaks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Toilets (if applicable) must use ultra low flow 1.6 gallon flush type. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drought tolerant landscaping or drip system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Main water shut off valve in proper working order. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Considerations

For Staff Use Only *Date received:* _____ *Member ID:* _____ *Pass:* _____ *Fail:* _____

Comments: _____
