



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: _____
