

**El Dorado County**  
**Air Quality Management District**  
 Solvent Degreaser Supplemental Information Questionnaire

**Business Name and Address:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Type:	
Make:	
Model:	
Serial Number:	
Capacity (gallons):	
Solvent Used:	
<b>Maximum Solvent Usage (gallons)</b>	
1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
Annually	

Please attach a **Material Safety Data Sheet** for solvent used.