



Note: The information supplied pursuant to this survey is not intended to be used and will not be used to support the issuance of a Notice of Violation

LEGAL NAME OF OPERATOR		SCAQMD I.D. NO. (IF APPLICABLE)		RANGE OF OPERATOR LOG DATES	
STREET ADDRESS		CITY		STATE	ZIP CODE
CONTACT		POSITION WITH COMPANY	PHONE NUMBER	EMAIL ADDRESS	

[illegible]

****:** Only report minutes of vacuum blower use

An Excel version of this form may be obtained by contacting Ken Ellis at (909) 396-2457 or at kellis@aqmd.gov

