South Coast Air Quality Management District
P.O. Box 4944
Diamond Bar, CA 91765
(909) 396-2000

FORM 1: PROPOSED RULE - 1188 VACUUM TRUCK OPERATIONS

AFFECTED FACILITIES: SURVEY For Range of Operator Log Dates (Identify Survey Period)

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

Section I. Administrative Information

LEGAL NAME OF FACILITY	SCAQMD I.D. NUMBER (IF APPLICABLE)	RANGE OF OPERATOR LOG DATES (Start and End Date)

STREET ADDRESS	CITY	STATE	ZIP CODE

CONTACT	POSITION WITH THE COMPANY	PHONE NUMBER	E-MAIL ADDRESS

Section II. Activity Information

A	B	C	D	E	F	G	H		I	J	K
Activity Description	Equipment Serviced	Material Transferred*	Describe if "Other" Material	Estimated Frequency**	Discharge (On-Site/ Off-Site)	Discharge Location Description	Estimated Volume (gals, bbls)		Indicate if Positive Displacement Pump Used (Y/N)	Indicate if Gravity Feed Method Used (Y/N)	Control Eqpt. Used (Y/N/Varies - Describe)***
							Per Job	Total			

Please incorporate into Excel Tables and add more lines as necessary to report on your entire inventory of trucks and control equipment

*** Gasoline, Aviation Gasoline, Gasoline Blending Stock, Naphtha, Transmix, Slop, Crude Oil, Wastewater, Other Regulated Material**

"Other Regulated Material" - True Vapor Pressure greater than 25.8 mmHg (0.5 psia) and water content less than 90 percent

**** Indicate number of transfers per week or other time period (i.e.- per month, per year, etc.)**

***** If job specific, identify critera used to determine if control equipment is to be used, attach separately as needed**

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