MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Rule 461 Modification/ Backfill Notification

Submit form to VaporRecoveryTesting@mdaqmd.ca.gov

NOTIFICATION TYPE: Inspection request to backfill Completion of backfill Completion of construction /modification* Completion date: FOR BACKFILL ONLY — Inspection request date: time: Section 1: MDAQMD information		Completion	Completion	
FOR BACKFILL ONLY — Inspection request date:				
Section 1: MDAQMD information Company No.: Permit No.: Section 2: Facility information Name: Address: City: ZIP:	Completion date:			
Company No.: Permit No.: Section 2: Facility information Name: Address: City: ZIP:	FOR BACKFILL ONLY — Inspection request da		time:	
Section 2: Facility information Name: Address: City: ZIP:	ormation			
Name: Address: City: ZIP:	Facility No.:	Permit No.:		
Address: City: ZIP:	ation			
Section 3: Contact information	City:		ZIP:	
	nation			
Name:				
Email address: Phone:				
Name:		nspection request date ormation Facility No.: City:	nspection request date: preserved and the preserved are preserved at the preserved	nspection request date: time: premation Facility No.: Permit No.: City: ZIP:

Include any changes to the information and specifications submitted with the application under which the ATC was issued.

Management District

*Operator shall conduct and successfully pass test within 60 calendar days. Rule 461 (F)(1).

Section 4: Additional information

Comments/notes: