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**Butte County**  
**AIR QUALITY MANAGEMENT DISTRICT**

629 ENTLER AVENUE, SUITE 15 CHICO, CALIFORNIA 95928  
TELEPHONE (530) 332-9400 FAX (530) 332-9417

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**SOIL REMEDIATION**

**PRODUCTION DATA YEAR:** \_\_\_\_\_

Please complete the following questions as applicable. Refer to recordkeeping conditions of your permit for further guidance.

Company/Facility Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Permit to Operate #: \_\_\_\_\_

VAPOR EXTRACTION SYSTEM Equipment

Hours of Operation \_\_\_\_\_ Hrs/Yr

The undersigned hereby acknowledges and agrees that an electronic copy of this signed document shall be enforceable in the same manner as the signed original document.

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Production data provided on this form is considered trade secret information as defined under Section 6254.7(d) of the Government Code and is therefore exempt from disclosure under the provisions of the California Public Records Act.