El Dorado County Air Quality Management District
Generic Equipment Inspection Form

Facility Name Tahoe Asphalt, Inc. P/O# 08-167 Date 09/12/16

Type of Equipment: Asphalt plant

1. Was the system and or equipment modified in the last 12 months?(501.3E) [ ] Yes [X] No
   If yes explain under comments.
   Was the District Notified? (if no explain under comments) [X] N/A [ ] Yes [ ] No

2. Is the equipment in good operating condition (if no explain under comments) [X] Yes [ ] No

3. Was there an upset or breakdown involving equipment in the last 12 months? [ ] Yes [X] No
   If yes, when?_____
   Was the District notified? (if no explain under comments) [X] N/A [ ] Yes [ ] No

4. Any leaks? (if yes, explain under comments) [X] Yes [ ] No

5. Maintenance records meet permit condition(s)? [ ] N/A [X] Yes [ ] No
   If no explain under comments

6. Daily log meets permit condition(s)? [ ] N/A [X] Yes [ ] No

7. Was the collection system in operation during the operating time of those devices [X] Yes [ ] No
   controlled? (if no explain under comments) [ ] N/A [X] Yes [ ] No

8. Production capacity/operation hours within permit limit(s)? [ ] N/A [X] Yes [ ] No

9. Visible Emission Evaluation Test (VEE) conducted? (if no explain under comments) [ ] Yes [X] No
   VEE passed? (if no explain under comments) [X] N/A [ ] Yes [ ] No

10. Permit to Operate on the premise and available? [X] Yes [ ] No

11. Complies with all other permit conditions? [X] Yes [ ] No
    If no explain under comments

12. Was a Notice issued? [ ] Yes [X] No
    If yes type of Notice [ ] NTC _____ [ ] NOV_____

Comments: _____

District Inspector's Signature: Rania Soriek

I have read and received the inspection report and understand the finding(s) of the District Inspector.

Signature: _____

Printed Name: Dale Linkous

El Dorado County Air Quality Management District
Generic Equipment Inspection Form

Facility Name Tahoe Asphalt Inc. P/O# 05-[illegible] Date 09/12/16

Type of Equipment: Agg. Plant

1. Was the system and or equipment modified in the last 12 months?(501.3E) [ ] Yes [X] No
   If yes explain under comments.
   Was the District Notified? (if no explain under comments) [X] N/A [ ] Yes [ ] No

2. Is the equipment in good operating condition (if no explain under comments) [X] Yes [ ] No

3. Was there an upset or breakdown involving equipment in the last 12 months? [ ] Yes [X] No
   If yes, when?_____
   Was the District notified? (if no explain under comments) [X] N/A [ ] Yes [ ] No

4. Any leaks? (if yes, explain under comments) [ ] Yes [X] No

5. Maintenance records meet permit condition(s)? [X] N/A [ ] Yes [ ] No
   If no explain under comments

6. Daily log meets permit condition(s)? [ ] N/A [X] Yes [ ] No

7. Was the collection system in operation during the operating time of those devices [X] Yes [ ] No
   controlled? (if no explain under comments) [ ] N/A [X] Yes [ ] No

8. Production capacity/operation hours within permit limit(s)? [ ] N/A [X] Yes [ ] No

9. Visible Emission Evaluation Test (VEE) conducted? (if no explain under comments) [X] Yes [ ] No
   VEE passed? (if no explain under comments) [ ] N/A [X] Yes [ ] No

10. Permit to Operate on the premise and available? [X] Yes [ ] No

11. Complies with all other permit conditions? [X] Yes [ ] No
    If no explain under comments

12. Was a Notice issued? [ ] Yes [X] No
    If yes type of Notice [ ] NTC _____ [ ] NOV_____

Comments:_____

District Inspector's Signature: _____

I have read and received the inspection report and understand the finding(s) of the District Inspector.

Signature: _____

Printed Name: Dale Linkous