



Enforcement Agency: <i>L.A. County Solid Waste Mgmt.</i>	For Official CIWMB Use Only	
FACILITY FILE NUMBER (99-xx-9999): <i>19-AA-0052</i>	INSPECTION DATE (MM/DD/YYYY): <i>12/17/07</i>	Received Date:
Facility Name: <i>Chequamegon Cpr. Landfill</i>	<input type="checkbox"/> Attachments On File (Not Scanned)	
Facility Location: <i>29201 Henry Way Dr. Valencia Ca</i>		
Inspector: _____	Inspector Signature: <i>[Signature]</i>	

Comments:

*No odor complaints have been received in the past two weeks.  
New flare will be installed by Thursday.*

INSTRUCTIONS ON BACK

Correct: ● Incorrect: ✘

EXAMPLE 1 2 3

Top White - CIWMB

Middle Pink - LEA

Bottom - Yellow