

Dust Control Permit
“Completion of Project”

By filing this form, you are notifying Washoe County Health District, Air Quality Management Division (AQMD) that the project for the following Dust Control Permit listed has been completed.

COMPANY: _____

CONTACT PERSON: _____ **TITLE:** _____

ADDRESS: _____

PHONE NO.: _____ **MOBILE NO.:** _____

FAX OR EMAIL TO: Washoe County AQMD

(775) 784-7225

AQMDDUST@washoecounty.us

Completion Date: _____

Dust Control Permit No.: _____ Expiration Date: _____

Name of Project: _____

Location of Project: _____

Under penalty of perjury, to the best of my knowledge formed after a reasonable inquiry, the information supplied in this document is true and correct.

Print or Type Name

Title

Signature

Company

Date