



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION

Dust Control Permit "Completion of Project"

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

COMPANY: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

PHONE NO.: _____ MOBILE NO.: _____

FAX OR MAIL TO:

NAME: Janet Smith – Washoe County, AQMD FAX NO: (775) 784-7225

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