

DUST CONTROL PERMIT - COMPLETION OF PROJECT

Return to: Washoe County Health District
Air Quality Management Division
1001. E Ninth Street, Suite B171
Reno, NV 89512

Email: AQMDDUST@washoecounty.us

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.: _____

Project Completion Date: _____

Dust Control Permit # : _____ 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

Date

Signature