

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.gov

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