



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Dust Control Permit "Completion of Project"

This form is to inform the Washoe County Health District, Air Quality Management Division (AQMD), that the Dust Control Permit listed below has been complete.

CONTACT PERSON: _____ TITLE: _____

COMPANY: _____ PHONE NO: _____

FAX OR MAIL TO:

NAME: MARY AMES - Washoe County, AQMD FAX NO: (775) 784-7225

Completion Date: _____

Dust Control Permit No.: _____

Name of Project: _____

Location of Project: _____

Expiration Date: _____

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

Company

Title