

To be filled in by AQ Staff	
Permit No.:	_____
Area:	_____
Accepted By:	_____

DUST CONTROL PERMIT APPLICATION

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

Submit Online: <https://aca.accela.com/ONE/>
Email: AQMDDUST@washoecounty.us

GENERAL INFORMATION FOR ALL DUST CONTROL PERMIT APPLICATIONS

- Application must be filled out completely for **all items that are applicable** with *site location, grading and/or phasing maps*
- **Fee: \$243.00 per acre – a one-time \$89.00 admin fee per permit**
(Less than .5 acres round down; .5 and greater round up)

- Name of Project/Development: _____
Parcel #(s)(REQUIRED): _____
- APPLICANT -- Name and Current Address of Applicant:**
Company: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
- Name and Address of General Contractor:**
Company: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
- Persons to be contacted, by cell phone, during non-working hours in case of dust problems:**
Name: _____ Phone: _____
Email: _____
Name: _____ Phone: _____
Email: _____
- Size of Project (disturbed acres): _____ WaterTruck(s): _____ (Number of trucks)
- Type of Project (choose one):
 Commercial Municipal Projects Utilities New Road/Street/Hwy
 Road Rehab/Maintenance Residential Sub/Multi-Family Single Family Res.
- If there is an existing Dust Control Permit, list permit number: _____
Proposed Construction Dates – Per Phase: * provide site location, grading and phasing maps *****
(Maps larger than 11” x 17” will not be accepted)

On-Site Grading/Excavation: **Start Date:** _____ **Completion Date:** _____

Building Construction: **Start Date:** _____ **Completion Date:** _____

The **Applicant’s signature** on this application shall constitute agreement by the Applicant to accept responsibility for meeting the “Conditions of Plan” (attached):

Applicant Signature

Date

Print Name



DUST CONTROL PERMIT INFORMATION SHEET

This must be submitted as an attachment online with the site location, grading and phasing maps

1. Detailed project/work description: _____

2. Will fill material be required? Yes yd³ _____ No

3. Will there be an excess of native material as a result of excavation? Yes yd³ _____ No

4. Will there be any crushing/screening equipment used during construction?

Yes No If yes, Stationary Source Permit #: _____

5. Amount of Material to be excavated (yd³): _____

6. Is there a soil analysis report available? Yes No

7. On-Site soil type: _____

8. Method of dust control to be utilized (per phase):

Water Truck(s) _____ (number of trucks)

Chemical Sealant _____ (type – attach MSDS Sheets)

Sprinklers/Water Cannons _____ (locations)

Compaction _____ (percent)

Enclosure _____ (fences, windbreaks)

Revegetation _____ (type – attach seeding schedule)

Will temporary irrigation be supplied? Yes No

Water Source: _____

Speed Limits _____ Other _____

NOTE - Permanent stabilization methods such as construction/landscaping, revegetation, chemical sealant/palliative, or other approved method(s) of dust suppression must occur "within 30 days of grading completion". Dust suppression must continue regardless of construction status.

9. Method to control mud and soil being tracked onto adjacent paved roadways: _____

10. Frequency of daily street cleaning: _____

11. Describe the methods (fences, barriers, etc.) to prevent unauthorized traffic on the construction site(s):

