

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

## 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: 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