



PROJECT COMPLETION FORM
For Projects \geq 10 Acres (Form PC)

The dust control ordinance requires submittal of the following form to the local permitting authority and the AQMD within 10 days of establishment of final elevations or at the conclusion of the finished grading inspection, whichever is first.

PROJECT INFORMATION	PLEASE ENTER INFORMATION BELOW
PLAN/PERMIT NUMBER	
CONSTRUCTION PROJECT NAME	
PROJECT ADDRESS/LOCATION	
OWNER/DESIGNEE NAME	
PHONE NUMBER	
24-HOUR, MANNED AFTER-HOURS PHONE NUMBER	

OWNER (DESIGNEE) STATEMENT

I certify that all exterior construction activity has ceased on all of the land area subject to the approved Fugitive Dust Control Plan. No further soil disturbing activity will be occurring. All soil areas have been stabilized to prevent wind erosion of soil by the following method(s):

- | | |
|---|--------------------|
| _____ landscaping | _____ paving |
| _____ chemical dust suppressants | _____ other method |
| _____ gravel cover | (describe) |
| _____ buildings covering entire surface | |

Owner Signature _____ Date _____

Inspection Results

An inspection by a representative of the City (County) of _____ has been performed with the following results noted:

- _____ Construction has ceased and the entire site has been adequately treated for long-term stabilization
- _____ Construction has ceased, but portions of the site have not been adequately treated for long-term stabilization (*Attach additional stabilization requirements*)

Enforcement Officer _____ Date _____