



## **Asbestos Waste Transportation Permit Application Instructions**

Authority: Nevada Administrative Code (NAC) 444.965-444.976

Before completing the application, determine when the asbestos abatement project is to be started and how long the process will take. Once determined, put the anticipated start date into the upper row next to "Abatement Start Date" and the anticipated abatement completion and transport date next to "Transportation Completion Date."

### **Section 1: Asbestos Waste Removal Contractor Information**

1. Provide the full legal name of the company contracted to perform the abatement action on line 1.
2. Provide the contractor's mailing address. Include the street name address, city, state and ZIP code on line 2.
1. Provide the contractor's physical address if different from mailing address on line 3.
2. Provide contractor's office and mobile telephone numbers on line 4.
3. Provide the FAX number and email address for the contracting entity in line 5.
4. Provide the name and phone number for owner/employee of the abatement contracting company on line 6.
5. Provide the Nevada State Contractors Board license number and type of license on the second half of line 6.

### **Section 2: Asbestos Waste Generation Site Information**

1. Provide any descriptive name that may be associated with the location undergoing abatement, e.g. the name of a hotel, restaurant, etc. or if abating a private residence, on line 1.
2. Provide address, city, state and ZIP code of the site undergoing abatement on line 2.
3. Provide the Assessor's Parcel Number and major cross streets on line 3.
4. Provide the name and phone number of the person who ordered the abatement (e.g. company employee, residential owner) and indicate the number of buildings on the property on line 4.

### **Section 3: Asbestos Waste Transporter Information**

1. Provide the full legal name of the contractor that will transport the asbestos to a licensed disposal facility on line 1.
2. Provide the transporter's mailing address, including address, city, state, and ZIP code on line 2.
3. Provide the contractor's physical address if different from mailing address on line 3.
4. Provide the transporter's office and mobile telephone numbers on line 4.
5. Provide the transporter's FAX number and email address in line 5.



6. Provide the name and phone number for the owner/employee of the transportation company and the Nevada Department of Transportation License (NVDOT) number on line 6.

#### **Section 4: Asbestos Waste Disposal Information**

1. Provide the full proper legal name for the facility where the asbestos is to be disposed on line 1.
2. Provide the address, city, state and ZIP code of the disposal site on line 2.
3. Provide the name and phone number of the owner/employee at the disposal site on line 3.

#### **Section 5: Description of Asbestos Waste**

1. Provide a description of the asbestos containing material (ACM) that is to be removed from the facility undergoing abatement. Place the description on the lines adjacent to the heading "Description." Indicate if the ACM is friable or non-friable. Place the quantity of each ACM that is to be removed from the site into the boxes along the bottom of section 5.
  - a. Note: the fee for transporting Non-Friable ACM is \$118; the fee for transporting friable ACM is \$150.

#### **Section 6: Procedure**

1. As described in section 6 of the Asbestos Waste Transportation Permit Application, attach a copy of the procedure which will be used to comply with NAC 444.965 – 444.976. Attach documentation that supports the declaration that the asbestos waste in question is non-friable.

#### **Section 7: Signatures**

1. Provide the total number of pages included in the permit application on line 1.
2. Provide the name of the company performing the transportation of ACM to a permitted disposal facility on line 2.
3. Provide the name of the person representing the transportation company, most responsible for insuring that transportation meets all state and federal regulations on line 3.
4. Provide the full address of the transportation company on line 4.
5. The person most responsible for insuring proper transportation of the ACM will place their name and date on line 5.



## ASBESTOS WASTE TRANSPORTATION PERMIT APPLICATION FORM

For SNHD Use Only

PERMIT NUMBER: \_\_\_\_\_

Date: \_\_\_\_\_

Issued

Reviewed by: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Denied

Abatement Start Date: \_\_\_\_\_

Transportation Completion Date: \_\_\_\_\_

### Asbestos Waste Removal Contractor Information

<b>1. Contractor Name</b>		
<b>Mailing Address</b>	<i>Street Address</i>	<i>City, State, ZIP</i>
<b>Physical Address</b>	<i>Street Address</i>	<i>City, State, ZIP</i>
<b>Telephone Number(s)</b>	<i>Office</i>	<i>Mobile</i>
	<i>FAX Number</i>	<i>Email Address</i>
	<i>Contact Name and Phone Number</i>	<i>Nevada State Contractors Board License Number and Type</i>

### Asbestos Waste Generation Site Information

<b>2. Building/Site Name</b>		
<b>Site Address</b>	<i>Street Address</i>	<i>City, State, ZIP</i>
	<i>Parcel Number(s)</i>	<i>Site Cross-Streets</i>
	<i>Site Contact Name and Phone Number</i>	<i>Number of Buildings on Site</i>

### Asbestos Waste Transporter Information

<b>3. Company Name</b>		
<b>Mailing Address</b>	<i>Street Address</i>	<i>City, State, ZIP</i>
<b>Physical Address</b>	<i>Street Address</i>	<i>City, State, ZIP</i>
<b>Telephone Number(s)</b>	<i>Office</i>	<i>Mobile</i>
	<i>FAX Number</i>	<i>Email Address</i>
	<i>Contact Name and Phone Number</i>	<i>NVDOT Number</i>

<b>Asbestos Waste Disposal Information</b>						
<b>4. Class I Landfill</b>	<i>Site Name</i>					
<b>Site Address</b>	<i>Street Address</i>			<i>City, State, ZIP</i>		
	<i>Contact Name</i>			<i>Phone Number</i>		
<b>Description of Asbestos Waste</b>						
<b>5. Description</b>						
<b>Amount of regulated asbestos containing material to be removed:</b>	<i>Pipes (linear feet):</i>		<i>Surface Area (square feet):</i>		<i>Volume (cubic feet):</i>	
	<i>Friable</i>	<i>Non-friable</i>	<i>Friable</i>	<i>Non-friable</i>	<i>Friable</i>	<i>Non-friable</i>
<b>6. Procedure:</b> Attach a copy of the procedure which will be used to comply with NAC 444.965 – 444.976, inclusive as required in NAC 444.972. Attach documentation supporting declaration of non-friable asbestos determination.						
<b>Signatures</b>						
<p>I certify that I am the applicant or an authorized representative. I also certify that the information contained in this _____ page application (including all attached documents) is true and correct to the best of my knowledge and belief.</p>						
<b>Company Name:</b>						
<b>Name:</b>			<b>Title:</b>			
<b>Address:</b>			<b>Phone:</b>			
<b>Signature:</b>			<b>Date:</b>			

Applications may be sent to:  
Southern Nevada Health District  
Solid Waste and Compliance Section  
P.O. Box 3902, Las Vegas, NV 89127  
(702) 759-0618