



Solid Waste and Compliance, 280 South Decatur Boulevard, Las Vegas, NV 89107 – (702) 759-0600, option 7

Restricted Waste Permit Reclassification Application

Type or print clearly - Incomplete Applications may be denied

Is my facility eligible for a permit reclassification?

Complete the checklist to determine your eligibility for Category II status

Facility generates less than 50 gallons or less than 400 lbs of hazardous or restricted waste in one calendar year YES NO

Facility does NOT generate Acutely Hazardous Waste as defined by 40 CFR261.33 YES NO

Compliant with the minimum standards and requirements set forth in Chapter 4-3.02 of the Solid Waste Management Authority Regulations (SWMAR) YES NO

If you answered NO to any of the statements above, your facility may not be eligible for Category II reclassification. Please contact Southern Nevada Health District, Solid Waste and Compliance Section for more information at 702-759-0600, option 7

I. Facility Information:

Name of Facility:			
Owner of Facility:			
Contact Person at Location: (Name and Phone Number):			Phone #:
Hours of Operation:	Email:	Fax:	
SNHD Permit Number:		EPA ID Number (if applicable):	

II. Physical Address of Facility Generating Restricted Waste:

Street No:	Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>			
Street Name:		Street type:		
City:	State:	Zip Code:		
Phone Number at Location:			Contact Person:	
Additional space for address: (Note if inside of casino, shopping mall, etc):				

III. Owner Information (List Corporation, LLC, Partnership, or Sole Proprietor Name):

Owner Name:		(Check one) Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>
Individual Owner Name:		
Owner Address:		
Street No:	Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>	

Street Name:		Street type:	
City:	State:	Zip:	
Phone #:			

Additional information:

IV. Restricted Waste Generated (Describe type and approximate amount of Restricted Waste being generated annually). Provide any waste manifests generated in the last 3 years in the next section.

Type of Restricted Waste	Drum or container size	Approximate volume of Restricted Waste currently in drum or container	Approximate amount generated yearly	

V. Restricted Waste Reporting (provide waste manifests for last 3 years)

Type of Waste	Waste Hauler	Volume or Weight	Units (gallons or pounds)	Date of pick up

VI. Applicant (Authorized Representative)

The applicant acknowledges that they are responsible for the proper storage, disposal and safe operation of all Restricted Waste generated at the facility named herein, and agrees to operate such facility in accordance with all laws and regulations pertaining thereto. Non-compliance with laws and regulations may result in revocation of Category II classification. A copy of applicable regulations can be found at <https://www.southernnevadahealthdistrict.org/solid-waste/regulations>.

Print name and job title:			
Signature		Date:	

PLEASE NOTE THAT THE ACCEPTANCE OF THIS APPLICATION, BY SOUTHERN NEVADA HEALTH DISTRICT, DOES NOT CONSTITUTE APPROVAL. APPLICATIONS CAN BE SUBMITTED BY MAIL, EMAIL OR FAX.

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