



Solid Waste and Compliance, 280 South Decatur Boulevard, Las Vegas, NV 89107 – (702) 759-0600, option 6

Restricted Waste Management Permit Exemption Application

Type or print clearly - Incomplete Applications may be denied

Is my facility eligible for exemption?

Complete the checklist to determine if your facility is eligible for exemption.

Restricted Waste generated by the facility is:

Inspected and/or permitted by the Environmental Protection Agency (USEPA) under the Resource Conservation and Recovery Act (RCRA)

Yes No

Inspected and/or permitted by Nevada Department of Environmental Protection (NDEP) under the Hazardous Waste Management Program

Yes No

Inspected and/or permitted by the Publicly Owned Treatment Works (POTW) under a National Pollution Discharge Elimination System (NPDES) permit

Yes No

Inspected and/or permitted by the Solid Waste Management Authority as a permitted Solid Waste Management Facility

Yes No

Is less than 1 (gallon) or 8 (eight) pounds per calendar year and is not elemental Mercury or categorized as an Acutely Hazardous Waste as defined by 40 CFR 261.33

Yes No

Only Universal Waste (excluding lead acid batteries)

Yes No

Only Untreated Medical Waste

Yes No

If you answered YES to one or more of the statements above, you may eligible for exemption. Please contact Southern Nevada Health District, Solid Waste and Compliance Section for more information at 702-759-0600, option 7

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|---|--------|---|-----------------|
| I. Establishment Information: | | | |
| Name of Facility: | | | |
| Owner of Facility: | | | |
| Contact Person at Location: (Name and Phone Number): | | | Phone #: |
| II. Address of Commercial Activities: | | | |
| 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: |
| III. Inspection/Permit History (if applicable) | | | |
| Restricted Waste last inspected by: | | <input type="checkbox"/> USEPA <input type="checkbox"/> NDEP <input type="checkbox"/> POTW <input type="checkbox"/> SNHD | |
| Date of last inspection*: | | * Please attach copy of inspection report. | |
| IV. 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. A copy of applicable regulations can be found at https://www.southernnevadahealthdistrict.org/solid-waste/regulations . | | | |
| Print name and job title: | | | |
| Signature | | | Date: |

THE ACCEPTANCE OF THIS APPLICATION, BY SOUTHERN NEVADA HEALTH DISTRICT, DOES NOT CONSTITUTE APPROVAL.

Mailing address:
Southern Nevada Health District
Solid Waste and Compliance Section
PO BOX 3902
Las Vegas, Nevada 89127

EMAIL: RWMI@snhd.org

FAX: (702) 759-1427