



WASTE TIRE MANAGEMENT FACILITY
PERMIT APPLICATION
Nevada Division of Environmental Protection
Solid Waste Branch

Date

Instructions: Complete Sections I through V. Attach additional sheets if necessary to thoroughly answer the questions.

Section I. Applicant Information

1. Land Owner

Name:

City:

State:

Zip Code:

Phone:

2. Facility Owner

Name:

Address:

City:

State:

Zip Code:

Phone:

3. Facility Operator

Name:

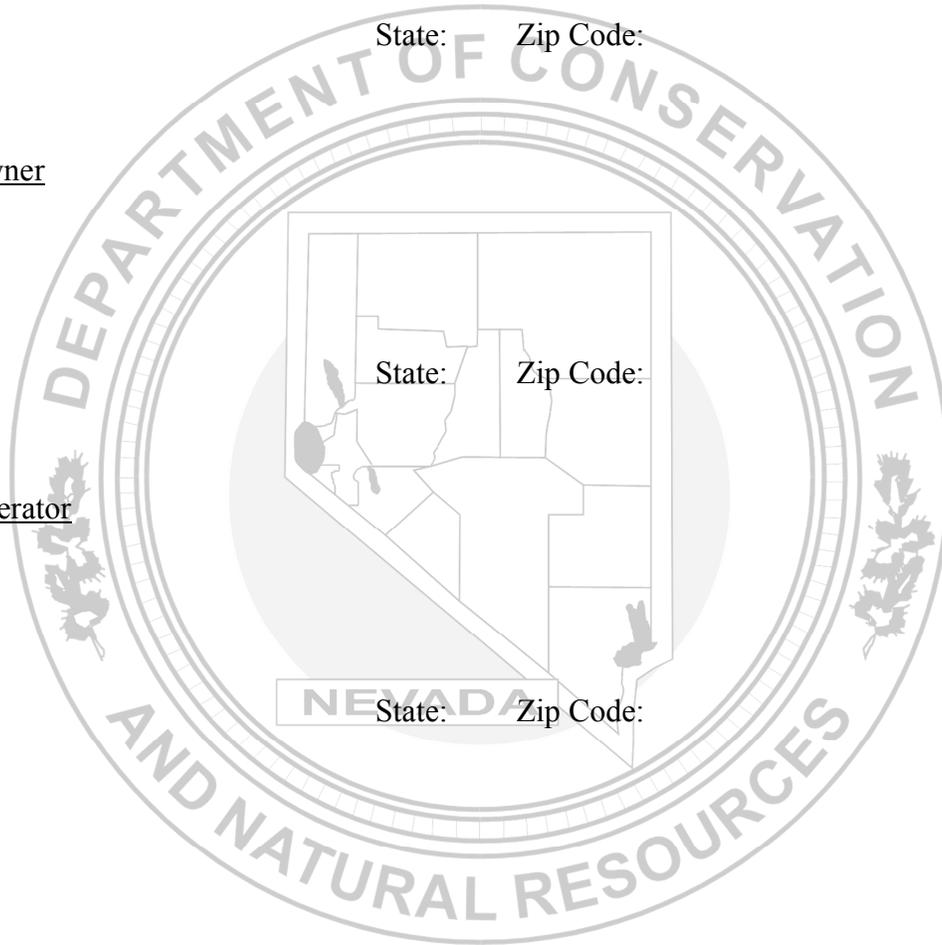
Address:

City:

State:

Zip Code:

Phone:





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Section II. Facility Location

1. Location

Name:

Physical Address:

City: State: County: Zip Code:

Lat: Long:

Phone:

1. Attach a site map that shows the location of the tire storage area, each building at the facility, fences and gates, and identifies surrounding landowners. Scale should reflect the size of the facility
2. Attach a copy of the lease agreement with the property owner, if applicable.

Section III. Facility Operation

1. Estimate the number of passenger tire equivalents (PTE's) that the facility will receive each year. (A PTE = one passenger tire or 20 lbs. of processed tire material):

Refer to Section in Application

2. If tires or tire materials are to be processed at the facility, indicate how and what equipment will be used. All processing equipment must be in operating condition before the facility begins operation.

Refer to Section in Application

3. Describe the final use for the tires or processed material or list available markets. A minimum of 75% of the material accepted at the facility must be used or removed within one year of receipt.

Refer to Section in Application

4. Tires will be received from: Private Haulers Public Self-hauled



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5. Describe the methods that will be used to control access to the facility:
Refer to Section in Application

6. Describe how vectors will be controlled:
Refer to Section in Application

7. Attach proof of compliance with any applicable ordinances or other requirements of the state or local governments for permits.
Refer to Section in Application

Tire Storage

1. Estimate the maximum number of passenger tire equivalents (PTE's) that will be stored at the facility at any one time.

2. Tires and processed tire material will be stored:

<input type="checkbox"/>	Indoors	(Answer question 7 only)
<input type="checkbox"/>	Outdoors	(Answer questions 3-6)
<input type="checkbox"/>	Both	(Answer questions 3-7)

3. Describe the location of the tire storage area. It must not be located within 10 ft. of any property line or building and shall not exceed 6 ft. in height when within 20 ft. of any property line or building.
Refer to Section in Application

4. Attach a scaled schematic drawing of the pile arrangement.
Refer to Section in Application

5. Describe how 40-foot fire lanes will be established around the perimeter of each stockpile, and how the lanes will be kept clear of flammable or combustible material or vegetation:
Refer to Section in Application

6. Describe how surface water runoff will be directed away from the tire storage area:
Refer to Section in Application



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- 7. Describe how tires and processed tire material will be stored in accordance with guidelines for indoor tire storage adopted by Nevada Administrative Code 477:

Refer to Section in Application

Fire Prevention Measures

- 1. Provide the names of all individuals to be contacted in the event of a fire, one of which must be the Fire District for your site:

Name: _____ Title: _____ Day phone: _____ Evening phone: _____

Name: _____ Title: _____ Day phone: _____ Evening phone: _____

Name: _____ Title: _____ Day phone: _____ Evening phone: _____

- 2. List the equipment to be used to control fires and the manner in which it will be used:

Refer to Section in Application

- 3. Develop a list of procedures that will be used if a fire occurs at the facility, and measures to minimize the spread of fire. Use additional pages as necessary. Attach a letter of approval of the fire protection procedures from the local emergency planning committee:

Refer to Section in Application

- 4. Describe how surface and ground water will be protected from potential runoff resulting from extinguishing a fire at the facility:

Refer to Section in Application

Section IV. Financial Assurance

Each facility is required to establish a financial assurance mechanism to cover the costs of removing all PTE's from the facility whenever it is necessary in accordance with Nevada Administrative Code 444.68525. Use the information below to evaluate your financial assurance needs and to establish a financial assurance mechanism as described. Attach proof of the financial assurance mechanism to the application.

Cost Estimate

Cost Estimate from Calculation Sheet-

Financial assurance required =



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Financial Assurance Mechanisms

General requirements

The mechanism for financial assurance must be in effect before any tires or tire-derived materials are accepted at the facility.

An entity providing the mechanism used to demonstrate financial assurance shall reimburse or make payments to the owner, operator or any other person designated by the solid waste management authority, from that mechanism, for expenses in such amounts as the solid waste management authority shall direct in writing.

Allowable mechanisms

The mechanisms used to demonstrate financial assurance must ensure that the money necessary to remove all PTE's from the facility will be available whenever it is needed. The financial assurance may be in the form of:

1. A trust fund;
2. A surety bond guaranteeing payment or performance;
3. A letter of credit;
4. A policy of insurance;
5. A mechanism approved by the solid waste management authority; or
6. Any combination of the options listed above.

Section V: Signatures

All owners and operators of the facility and property must sign the application, including the president or executive office of a corporation or a partner when applicable. If an owner or operator is a governmental unit, a certification of the signer's authority must be included.

I certify that I am familiar with the information contained in the application and I believe that the information provided is complete and accurate.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____