## STATE OF NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH ENVIRONMENTAL HEALTH SECTION

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## APPLICATION FOR POTABLE WATER HAULERS PERMIT



| Permit No:      |      |
|-----------------|------|
| Letter Sent     | <br> |
| Inspection Time |      |

ANY OPERATOR HAULING, VENDING, PROVIDING OR SELLING POTABLE WATER AT BURNING MAN MUST BE PERMITTED BY THE NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH. TEMPORARY EVENT FEE IS \$50.00 (USD) PER TANK/TRUCK MAKE CHECK PAYABLE TO "DIVISION OF PUBLIC AND BEHAVIORAL HEALTH"

| Business Information  |                |                   |                       |             |           |  |  |  |
|---|----------------|-------------------|-----------------------|-------------|-----------|--|--|--|
| Owner Name  |                |                   |                       |             |           |  |  |  |
| Name of Busin   | ess            |                   |                       |             |           |  |  |  |
| Mailing Addres  | ss             |                   |                       |             |           |  |  |  |
| of Business   |                |                   |                       |             |           |  |  |  |
| Telephone No.   | . of           |                   |                       |             |           |  |  |  |
| Business  |                |                   |                       |             |           |  |  |  |
| Responsible   |                |                   |                       |             |           |  |  |  |
| Operator if oth   | ner            |                   |                       |             |           |  |  |  |
| than owner  |                |                   |                       |             |           |  |  |  |
| Physical Addre  | ess ess        |                   |                       |             |           |  |  |  |
| of Operator   |                |                   |                       |             |           |  |  |  |
| Telephone No.   | . of           |                   |                       |             |           |  |  |  |
| Operator  |                |                   |                       |             |           |  |  |  |
| Email of Opera  | itor           |                   |                       |             |           |  |  |  |
|   |                | VEHICLE AND       | TANK DESCRIPTION      |             |           |  |  |  |
|   |                | ** Add addition   | al pages if necessary | <b>/</b> ** |           |  |  |  |
| STATE OF REGIST   | <b>TRATION</b> | LICENSE PLATE NO. | TRUCK TYPE            | TANK TYPE   | TANK SIZE |  |  |  |
|   |                |                   |                       |             |           |  |  |  |
|   |                |                   |                       |             |           |  |  |  |
|   |                |                   |                       |             |           |  |  |  |
|   |                |                   |                       |             |           |  |  |  |
|   |                |                   |                       |             |           |  |  |  |
| WATER SOURCE  |                |                   |                       |             |           |  |  |  |
| If there are multiple water sources please add additional pages |                |                   |                       |             |           |  |  |  |
| Source  |                |                   |                       |             |           |  |  |  |
| Description:  |                |                   |                       |             |           |  |  |  |
|   |                |                   |                       |             |           |  |  |  |
| Source  |                |                   |                       |             |           |  |  |  |
| 1   |                |                   |                       |             |           |  |  |  |
| Description:  |                |                   |                       |             |           |  |  |  |
| Description:  |                |                   |                       |             |           |  |  |  |

| CHECK BOX   | REQUIREMENT VERIFICATION   |   |                  |                       |                                |  |  |  |
|---|--|---|------------------|-----------------------|--------------------------------|--|--|--|
|   | Potable water is   | s from an approv  |                  |                       |                                |  |  |  |
|   |  | Tanks and hoses used on trucks are food or water grade. |                  |                       |                                |  |  |  |
|   | Labels or placards on trucks and potable water tanks are as described in the policy. |   |                  |                       |                                |  |  |  |
|   | <u> </u>   |   | •                | vent in accordance    |                                |  |  |  |
|   |  |   |                  | 1-4 PPM to 1-4 m      |                                |  |  |  |
|   |  |   |                  |                       | dual water chlorination level. |  |  |  |
|   |  |   |                  | ry during the even    |                                |  |  |  |
|   |  |   |                  | anitary water tank    |                                |  |  |  |
|   |  | intained as requi                                       |                  | amilary water tank    | 35.                            |  |  |  |
|   | Logs will be mai   | ntained as requi  | rea.             |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
| Indicate a tim  | e when vou will h  |   | TION AVAILABI    |                       | be full and operational. All   |  |  |  |
|   | <del>_</del>   | •   | •                |                       | le please make arrangement     |  |  |  |
| turno arraci tri  |  |   | ronmental Health |                       | - p soo mane arrangement       |  |  |  |
| Days  | 9:00-9:30  | 9:30-10:00  | 10:00-10:30      | 10:30-11:00           | Other Times Requested          |  |  |  |
| Friday, 8/26  |  |   |                  |                       | •                              |  |  |  |
| Saturday, 8/27  |  |   |                  |                       |                                |  |  |  |
| Sunday, 8/28  |  |   |                  |                       |                                |  |  |  |
| Monday, 8/29  |  |   |                  |                       |                                |  |  |  |
| Tuesday, 8/30   |  |   |                  |                       |                                |  |  |  |
| Date:   |  |   |                  |                       |                                |  |  |  |
| Date:   |  |   |                  |                       |                                |  |  |  |
| Date:   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   | LOCA   | TION OF OPERA   | TION DURING T    | HE SPECIAL EVE        | NT                             |  |  |  |
| Location of   |  |   |                  |                       |                                |  |  |  |
| operation du  | ring   |   |                  |                       |                                |  |  |  |
| _   | _  |   |                  |                       |                                |  |  |  |
| special event   | •  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
| 1,  |  |   |                  | st that I have read a | and understand the policy      |  |  |  |
| requirements and  | information for Bur  | ning Man potable  | water hauling.   |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
|   |  |   |                  |                       |                                |  |  |  |
| Signatur  | re of Applicant  |   | Print Name       |                       | Date                           |  |  |  |
| FOR OFFICIAL USE ONLY  Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal) |  |   |                  |                       |                                |  |  |  |
| Environmental nealth specialist Approval for Permit: ६८०५ staff iviust keview Application for Accuracy Prior to Submittal)                      |  |   |                  |                       |                                |  |  |  |
| Signature   |  |   |                  |                       |                                |  |  |  |