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We'll handle it from here.™



PROPER DISPOSAL OF MEDICAL MARIJUANA WITHIN THE CITY OF LAS VEGAS

1. Complete a Republic Services Special Waste Profile form (next slide). The form is a writable PDF and can be found on the City of Las Vegas Medical Marijuana Establishment Information. Print and sign when completed and email to Rtidwell@republicservices.com.
2. In addition, please also provide the following information within the email for the submission of the completed and signed profile form:
 - a. On-site facility contact information for disposal coordination – Name, telephone number, email address.
 - b. One copy of the Establishments Security Plan which includes disposal container security
 - c. One copy of the Facility Disposal Plan including a detailed description on how Republic Services would access the disposal containers onsite.
 - d. A detailed description on proposed methodology for rendering the medical marijuana unusable.
3. Please refer any specific questions to Republic Services:

Rob Tidwell | CEM #1803|Nevada Area- Special Waste Executive |
770 E. Sahara Ave.| Las Vegas, NV 89104| (702)599-5907 Bus.|
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Republic Services Special Waste Profile Form (pg1)



SPECIAL WASTE PROFILE



Page 1 of 2

Requested Disposal Facility: --- Select a Facility ---	Waste Profile #
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Saveable fill-in form. Restricted printing until all required (yellow) fields are completed.

I. Generator Information

Sales Rep #:

Generator Name:			
Generator Site Address:			
City:	County:	State: -- Select a State --	Zip:
State ID/Reg No:	State Approval/Waste Code:	(if applicable)	NAICS # :
Generator Mailing Address (if different):			
City:	County:	State: -- Select a State --	Zip:
Generator Contact Name:		Email:	
Phone Number:	Ext:	Fax Number:	

II. Billing Information

Bill To:	Contact Name:		
Billing Address:	Email:		
City:	State:	Zip:	Phone:

III. Waste Stream Information

Name of Waste:	
Process Generating Waste:	
Type of Waste:	<input type="checkbox"/> INDUSTRIAL PROCESS WASTE <input type="checkbox"/> POLLUTION CONTROL WASTE
Physical State:	<input type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER <input type="checkbox"/> LIQUID
Method of Shipment:	<input type="checkbox"/> BULK <input type="checkbox"/> DRUM <input type="checkbox"/> BAGGED <input type="checkbox"/> OTHER:
Estimated Annual Volume:	-- Select Volume Type --
Frequency:	<input type="checkbox"/> ONE TIME <input type="checkbox"/> ONGOING
Disposal Consideration:	<input type="checkbox"/> LANDFILL <input type="checkbox"/> SOLIDIFICATION <input type="checkbox"/> BIOREMEDIATION

IV. Representative Sample Certification

NO SAMPLE TAKEN

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Type of Sample:	<input type="checkbox"/> COMPOSITE SAMPLE <input type="checkbox"/> GRAB SAMPLE
Sample Date:	
Sample ID Numbers:	

Republic Services Special Waste Profile Form (pg2)



SPECIAL WASTE PROFILE



Waste Profile #

V. Physical Characteristics of Waste

Characteristic Components	% by Weight (range)
1. [Redacted]	[Redacted]
2. [Redacted]	[Redacted]
3. [Redacted]	[Redacted]
4. [Redacted]	[Redacted]
5. [Redacted]	[Redacted]

Color	Odor (describe)	Does Waste Contain Free Liquids? <input type="checkbox"/> YES or <input type="checkbox"/> NO	% Solids	pH:	Flash Point °F
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm) [reference 40 CFR 261.23(a)(5)]?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste a reactive or heat generating waste?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does the waste contain sulfur or sulfur by-products?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste generated at a Federal Superfund Clean Up Site?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste from a TSD facility, TSD like facility or consolidator?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

VI. Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc.

<div style="background-color: yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> Authorized Representative Name And Title (Type or Print)	<div style="background-color: yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> Company Name
<div style="background-color: yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> Authorized Representative Signature	<div style="background-color: yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> Date



**CITY OF LAS VEGAS
DEPARTMENT OF PLANNING**

BUSINESS LICENSING	Scope: Medical Marijuana Establishments
Subject: Unusable Medical Marijuana Policy	Effective: June 22, 2015

1. PURPOSE

Under Las Vegas Municipal Code 6.95.190, medical marijuana waste must be made unusable prior to leaving a licensed medical marijuana facility. The purpose of this policy is to set forth guidelines for medical marijuana establishments to maintain waste manifest documentation for any marijuana rendered unusable.

2. SCOPE

This policy applies to City of Las Vegas medical marijuana establishments.

3. PROCEDURE

Waste manifest documentation is required to be maintained and available for inspection upon request. This waste manifest must be contained in each Waste Marijuana Disposal Plan as a part of the establishment's Environmental Plan and must include the following information:

- The reason why the medical marijuana is unusable or has expired.
- Quantity of medical marijuana unusable or expired.
- Verifiable inventory tracking information of the product
- Date of expiration or date that the medical marijuana became unusable.
- The name of the employee who determined the expiration date or determined that the medical marijuana was unusable.
- Description of the approved method used to render the medical marijuana unusable.
- Date of disposal. An authorized disposal agency must pick up all waste within 10 days of expiration or determination that medical marijuana is unusable.
- Two signatures of the medical marijuana establishment's employees who can verify each disposal date.

CLARK COUNTY

8.60.170 Disposal of waste.

(a) Medical marijuana, edible marijuana products and marijuana-infused products must be stored, secured and managed in accordance with all applicable state and County statutes, regulations, ordinances or other requirements.

(b) Conservation of water is strongly encouraged and liquid waste from medical marijuana establishments shall be disposed of in accordance with all applicable federal, state and County laws, regulations, rules or other requirements.

(c) Disposal of chemical, dangerous or hazardous waste must be conducted in a manner consistent with federal, state and County laws, regulations, rules and other requirements. This disposal may include, but is not limited to, the disposal of all pesticide or other chemicals used in the cultivation process, certain solvents or other chemicals used in the production of medical marijuana concentrate or any marijuana soaked in flammable solvent for purposes of producing a medical marijuana concentrate.

(d) Solid waste generated from the cultivation of marijuana or the production of edible marijuana products or of marijuana-infused products, including products that have exceeded the expiration date for sale, or from the testing *of marijuana or marijuana products must be disposed of in such a manner as to make the waste unusable and unrecognizable and the disposal* of marijuana waste must be documented in the inventory control system pursuant to the provisions in NAC 453A.