



# Memorandum

**Date:** March 28, 2024

**To:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

**From:** Daniel Isler, PE, REHS, *Environmental Health Engineer/Supervisor* *DI*  
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* *DB*  
Chris Saxton, MPH-EH, REHS, *Environmental Health Director* *CS*  
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*  
Fermin Leguen, M.D., MPH, *District Health Officer* *FL*

---

**Subject:** Variance Request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr, Las Vegas, NV 89110 to remain encroaching on the property line

---

## I. BACKGROUND:

Huma Fahim, Owner ("Petitioner"), is requesting a variance to obtain the approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number (APN) 140-35-210-065, also known as 499 Sari Dr., Las Vegas, NV 89110 ("Subject Property"). The existing septic system was approved on October 7, 1977.

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Sections 5.1 and 11.26 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 5.1 which states that "no septic tank or soil absorption system shall be located within ten feet (10') of any property line." Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing leach field to remain encroaching on the property line.

Petitioner states the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the petitioner, and do not generally affect other persons subject to the regulation:

*[See attached Justification Letter].*

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

*[See attached Justification Letter].*

3. Granting the variance will not be detrimental or pose a danger to public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

*[See attached Justification Letter].*

## **II. RECOMMENDATION:**

The Subject Property is depicted in Attachment E as Lot 11 of Block 19 of the recorded subdivision known as Hollywood Vegas Inc. Estates, which was approved in 1956. The existing subdivision was created prior to the adoption of the current SNHD ISDS Regulations in 2009 and no changes to the Subject Property have been recorded since adoption of the current regulations.

Examination of the Clark County Assessor's records and parcel genealogy show that Petitioner is the fifth owner of the septic system and obtained the Subject Property in September 2011. An analysis of the surrounding area shows that there are 10 wells and 161 permitted septic systems within a square mile of the Subject Property.

The existing ISDS is approximately six feet (6') from the west property line, but it is more than ten feet (10') from the wall that separates the Subject Property from the neighboring property. This situation arose because the wall was constructed about ten feet (10') to the west of the property line, rather than directly on it (see aerial photo included as Attachment G).

Staff are of the opinion that granting the variance would not endanger public health or safety. Staff recommends APPROVAL of the variance. If the Board of Health approves the variance, staff recommends approval with the following conditions outlined in Section III.

## **III. CONDITIONS:**

If approved, staff recommends the following conditions:

1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the applicants' property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
  
2. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter Submitted by Petitioner
- C. Tenant Improvement Review Conducted by SNHD Staff (SR0048601)
- D. Final Inspection Report and Plot Plan for ON0014664
- E. Hollywood Vegas Inc. Estates Subdivision Map
- F. Leach Field Location Determined by Hardin & Sons
- G. Aerial Photo of 499 Sari Drive
- H. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 3)



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

Name of Facility/Establishment: \_\_\_\_\_  
 Health Permit Number: \_\_\_\_\_ Date of Inquiry: \_\_\_\_\_  
 Name of Operator/Agent: \_\_\_\_\_  
 Address of Operator/Agent: \_\_\_\_\_  
 Contact Information of Operator/Agent:  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 If corporation, the name/title of individual to sign for Variance document:  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

OWNER INFORMATION

Name of Property Owner: FAHIM HUMA REVOCABLE TRUST HUMA FAHIM TIRS  
 Address of Property Owner: 6479 AURORA DAWN DRIVE, LV, NV 89142  
 Contact Information of Property Owner:  
 Office Phone: \_\_\_\_\_ Cell Phone: 702-917-5892  
 Fax Number: \_\_\_\_\_ Email Address: Tangobravo250@gmail-com

PROPERTY INFORMATION

Property Address: 499 SARI DRIVE, LAS VEGAS, NV 89142  
 Assessor's Parcel Number (APN): 140-35-210-065  
 Describe location within larger facility (i.e. hotel/casino/resort, etc.):  
N/A

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)

Section 3.7 The Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations.

Section 11.26 ISDS must be constructed on and remain on the same parcel as the structure(s) it serves.

Attachment A: Variance Candidate Application (Page 2 of 3)

**PART II:**

Nevada Administrative Code 439.240 states in general that certain conditions or circumstances must be shown to exist in order for a Board of Health to approve a request for a Variance from adopted public health regulations. A variance application letter (as noted below in PART III) MUST specifically address each of the following issues:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:

*I have been disabled after multitrauma, I also am Psychiatric Patient. I want to move into basement due to my limitations. I am divorced woman, I want my family member to occupy other portion of the house. Since I can't walk long, I also have neuropathy in all 4 limbs, and I get panic attacks and OCD often. I can't live in same setting with anyone - but I need help with daily life and medical meds. So my family could live separate, that would be one person to help me with daily routine, Dr's visits, future surgeries.*

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

*I have been disabled for last 3 years. I am low income. Last year I had made around 20,000 dollar all year. I can't afford much with this income. It's very limited, and I can't afford anyone to help me with daily chores, Dr's appointment, and other needs as I can't hire anyone to help me, as I don't have much to spend on even myself.*

3. Granting the variance will not be detrimental or pose a danger to the public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

*I do not intend to have every bathroom, every faucet running at the same time. I never had any problem with my septic tank. I do not use much water. I had had the septic tank cleaned a few years ago. I will have probably one more person living with me on the property.*

Attachment A: Variance Candidate Application (Page 3 of 3)

**NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.190, 439.200)**

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
  - (a) There are circumstances or conditions which:
    - (1) Are unique to the applicant;
    - (2) Do not generally affect other persons subject to the regulation;
    - (3) Make compliance with the regulation unduly burdensome; and
    - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
  - (b) Granting the variance:
    - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
    - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.

[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

**PART III:**

**A Variance Application Letter**, which includes all information provided by the applicant on his worksheet, must be submitted in writing to the Environmental Health Division (EHD) Director no later than 40 days before the monthly Board of Health Meeting. **The Application letter must be on the owner's letterhead signed by the Owner/Corporate Officer specifically listing which part(s) of the Regulation the proposed Variance covers with this completed Worksheet as an attachment. The written Application Letter must take particular care in providing statements and evidence of circumstances or conditions and reasons why the District Board of Health should grant the Variance as listed in NAC 439.240 as shown at the top of this page. ALL information you have provided in PART I and II of this Worksheet must be included in the body of the letter.** The evidence required may include 8 1/2" x 11" or 11" x 17" detailed drawings and/or photographs.

The Variance process is outlined in Nevada Administrative Code (NAC) 439.200 through 439.260 with the exception that an application fee is payable to SOUTHERN NEVADA HEALTH DISTRICT (SNHD).

**This section to be completed by SNHD staff ONLY**

Next closing date is: \_\_\_\_\_ for the \_\_\_\_\_ BOH Meeting.

Referred by: \_\_\_\_\_

(Print Name of REHS)

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name of REHS if not by supervisor)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner/Operator/Agent)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of SNHD Manager)

Attachment B: Justification Letter from Petitioner (Page 1 of 2)

Hardship Letter

To the respected board members of SNHD,

My name is Huma Fahim, for variance of APN #140-35-210-065

I am a disabled divorced woman, Last year I have made only 20,000 dollars, tax papers attached, I have had a multi trauma accident at work in 2019. And since than I have gone through 4 surgeries and I have 5<sup>th</sup> one coming up. Last two years I have had right ankle surgery, right knee surgery, twice right shoulder rotator cuff surgery, I do have right hand fingers hand and carpel tunnel surgery coming up since I had right and left broken ankles, right and left damaged knees, right shoulder rotator cuff broken and muscles twisted, right hand was broken, neck and head injury, I have neuropathy on all of my 4 limbs, that makes me unstable and shake if I try to walk a little long, I have been on restrictions -I am attaching a recent disability certification by my attending doctor I am disabled and have not been working for several years. Last year I only made 20,000 dollars, I am attaching my tax return papers with this also so you guys can see.

I cant take care of myself, and I wanted to have myself in the basement with my own privacy, I have OCD and I am a psychiatric patient with paranoia , I cant live in a same setting with anyone, I get severe anxiety but I do need separate portion to take care and keep eye on me, I have been sleeping in a living room sofa for last 3 years, since I have been trying to get this portion approve, I have to wait and stay on a sofa until I get this approve.

Attachment B: Justification Letter from Petitioner (Page 2 of 2)

I don't have money to spend even on myself, I am not planning to use every bathroom or every faucet at the same time, it will be me and my brother, may be his wife and one kid.

The house sits on a sunrise mountain as you know, the house behind mine is way down on the slop, its more than 10 feet and there is no way that they have my septic system or the leachfield on their property!

The neighbor next to my house close to septic system I have spoken to and he has been the original owner of the house, he told me that he knows very well that he does not have leach field or any part of my septic system on his property ,he also said that there are walls around every property and he knows for a fact that he does not have part of my septic system on his property at all-

I would ask the board members to please look into my hardship, my income, my disabilities and please make an exception to get my variance approved, I will keep everyone of you in my prayer to be blessed and may God make your life be away from any problem like I have gone through-

May God bless you

Huma Fahim

Date : 10/31/2023



---



Attachment C: Tenant Improvement Review Conducted by SNHD Staff (SR0048601) (Page 1 of 2)

**SOUTHERN NEVADA HEALTH DISTRICT**  
 280 SOUTH DECATUR BLVD • PO BOX 3902 • LAS VEGAS, NV • 89127 • 702-759-0660 (DIRECT)• 702-759-1000(24 HOURS)

REPORT AND/OR NOTICE OF INSPECTION

EHS 1173	PERMIT NUMBER ON0014664	FACILITY Fahim Revocable Living Trust and Hafim Huma TRS			ADDRESS 499 Sari DR Sunrise Manor, NV 89110		
DIST 32	CITY Sunrise Manor	APN # 140-35-210-065			SR # SR0048601	WATER SOURCE PWS - Community	
CURRENT ACTION 628	Service Date 03/07/2024	Status	Time In	Time Out	Result		
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action	Action	Date

NOTIFIED OF THE FOLLOWING

Tenant Improvement to convert an existing basement to an accessory apartment is **CONDITIONALLY APPROVED**. The proposed accessory apartment will contain 14 fixture units consisting of 2 toilets @ 2 FU, 2 bathtubs @ 2 FU, 2 lavatory sinks @ 1 FU, 1 kitchen sink @ 2 FU, and 1 clothes washer @ 2 FU. The existing septic system appears to be adequate if the original toilets have been replaced by low-flow versions (1.6 gpf or less). For final approval, provide photo documentation that all toilets are low-flow to [septics@snhd.org](mailto:septics@snhd.org).

Additionally, the leach field is less than 10' from the rear (west) property line. Final approval of this Tenant Improvement is conditioned on approval of a pending variance application before the Southern Nevada District Board of Health.

The building permit for the proposed accessory apartment may be released, but **PLACE A HOLD ON THE FINAL INSPECTION** until the above conditions have been met.



Attachment D: Final Inspection Report and Plot Plan for ON0014664 (Page 1 of 2)

#37  
 CLARK COUNTY HEALTH DISTRICT  
 625 SHADOW LANE ♦ LAS VEGAS, NEVADA 89106

PERMIT NO.	ADDRESS	CITY - TOWN																																										
S7267	Sari Street	Clark County																																										
DATE SCH'D. ACT.	N A M E	TYPE ESTAB. CAPACITY DATE PREV. INSP. PREV. ACT. PREC. DIST.																																										
10/7/77	Fugit, Leon	080081																																										
APPLICANT NAME		INITL. REINS. SURVEY C.C. SAMPLE OTHER																																										
ACTION ORDER ▶		5																																										
NOTIFIED OF THE FOLLOWING		FINDINGS																																										
Requested Final Insp.		<table border="1" style="width: 100%; font-size: small;"> <tr> <td>PV</td><td>1</td><td>PP</td><td>2</td><td>P</td><td>3</td><td>REV</td><td>4</td><td>WSP</td><td>5</td><td>TOW</td><td>6</td><td>CEU</td><td>7</td> </tr> <tr> <td>OR</td><td>8</td><td>VC</td><td>9</td><td>IPPP</td><td>10</td><td>UP</td><td>11</td><td>NA</td><td>12</td><td>RBI</td><td>13</td><td>SH</td><td>14</td> </tr> <tr> <td>WCC</td><td>15</td><td>BACE</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>DEM</td><td>21</td><td></td><td></td><td></td><td></td> </tr> </table>	PV	1	PP	2	P	3	REV	4	WSP	5	TOW	6	CEU	7	OR	8	VC	9	IPPP	10	UP	11	NA	12	RBI	13	SH	14	WCC	15	BACE	16	17	18	19	20	DEM	21				
PV	1	PP	2	P	3	REV	4	WSP	5	TOW	6	CEU	7																															
OR	8	VC	9	IPPP	10	UP	11	NA	12	RBI	13	SH	14																															
WCC	15	BACE	16	17	18	19	20	DEM	21																																			
DATE OF INSPECTION		Y F I																																										
10.7.77		14 34																																										
ACTION																																												
CODE		DATE																																										
2		10/7/77																																										
RECOMMENDED																																												
YCW 1 NCA 2 SH 3 VPS 4 REIN 5 OTHER 6 SAMP 7																																												
2																																												
RECEIVED COPY	SUBDIVISION HEALTH SANITARIAN	REVISOR BY																																										
	<i>Chm Sweet</i>	<i>MS</i>																																										
		1979																																										

**REPORT AND NOTICE OF INSPECTION**

**SEPTIC TANK:**

Number of Compartments \_\_\_\_\_ Type of Material \_\_\_\_\_  
 Inside Dimensions: Length \_\_\_\_\_ ft.; Width \_\_\_\_\_ ft.; Liquid Depth \_\_\_\_\_  
 Total Liquid Capacity 1500 gals. Distance from Well \_\_\_\_\_ ft.

**SUBSOIL DISPOSAL:**

Distance from Well \_\_\_\_\_ ft. Distance from Foundation 15 ft.  
 Distance from Nearest Lot Line \_\_\_\_\_ ft. at Front \_\_\_\_\_, Side 10, Rear 10.

**Seepage Beds:**

Width 24 ft.; Length 50 ft.; Total Depth 3 ft.  
 Total effective absorption area in bottom of bed 1200 sq. ft.  
 Number of Lines 4. Length of each line 45 ft.  
 Distance between lines 6 ft. Total length of tile lines 180 ft.  
 Type of filter material: Gravel , Broken Stones \_\_\_\_\_, Other \_\_\_\_\_  
 Depth of filter material beneath tile 1.5 ft. Over tile 1.6 ft.

**Absorption Trenches:**

Total length of tile lines \_\_\_\_\_ ft. Number of lines \_\_\_\_\_  
 Length of each line \_\_\_\_\_ ft. Distance between lines \_\_\_\_\_ ft.  
 Trench width \_\_\_\_\_ ft. Total effective absorption area on sides of trenches \_\_\_\_\_  
 Depth of filter material beneath tile \_\_\_\_\_ ft.; Over tile \_\_\_\_\_ ft.

**Seepage Pits:**

Number of pits \_\_\_\_\_ Diameter \_\_\_\_\_  
 Effective Depth \_\_\_\_\_ ft. Lining Material \_\_\_\_\_  
 Total effective absorption area of side wall \_\_\_\_\_

DATE OF APPROVAL: 10.7.77, 19 \_\_\_\_  
*Chm Sweet*  
 Sanitarian

**NOTE: INSTALLATION APPROVED ONLY UNTIL SEWER AVAILABLE.**

Attachment D: Final Inspection Report and Plot Plan for ON0014664 (Page 2 of 2)

**CLARK COUNTY HEALTH DISTRICT**  
 Las Vegas, Nevada

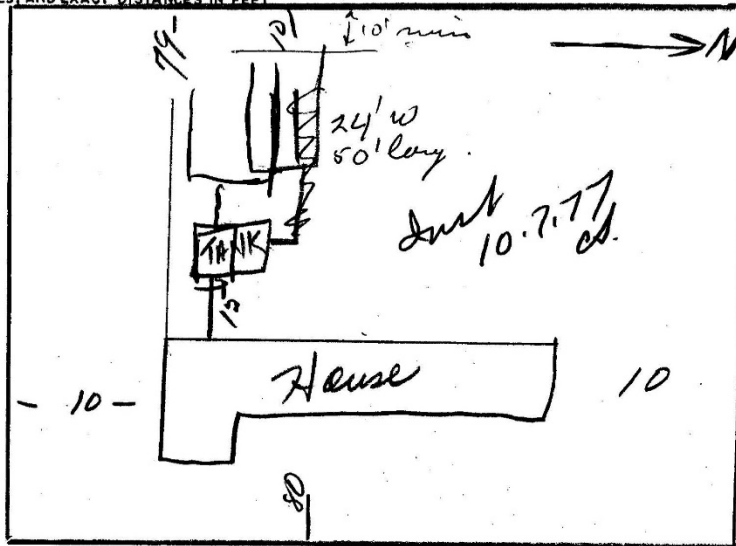
**APPLICATION TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

PERMIT NUMBER: 3130411  
 7 | 2 | 6 | 7

DISTRICT: 2 TYPE CODE: 17 CATEGORY:   
 BILLING CITY CODE: 09 TOTAL FIXTURE UNITS: 18  
 PROPERTY OWNER NAME: Fugit, Leon SUBDIVISION: 33  
 APPLICANT NAME: Same MINIMUM SEPTIC TANK SIZE: 1500 Gal.  
 PROPERTY LEGAL DESCRIPTION: NW 1/4 Sec. 35 T 20 R 62 Hollywood Vegas Estates MINIMUM LEACH FIELD SIZE: 1165 Sq. Ft.  
 STREET NO. 7 449 FRACTION: DIRECTION: STREET NAME: Sari Street TYPE ROAD: LAND AREA: 100 x 200 =  
 CITY: Las Vegas ZIP CODE: TOTAL BEDROOMS/BATHS: 4 BDRMS 3 BATHS  
 PHONE: PREFIX 731 NUMBER 4772 EXTENSION: AREA CODE: 23  
 SEPTIC TANK CONTRACTOR: 10 Unknown TYPE OWNER: 24  
 WATER SUPPLIER: 11 LVVWD WATER SUPPLY CONTROL NO.: TYPE:  
 SANITATION DISTRICT VERIFICATION: 12 Terry PARCEL NUMBER: 26  
 APPLICANT/OWNER FREE FORM ADDRESS: 27 PERMIT STATUS: EXPIRATION DATE:  
 STREET NO. 14 2670 FRACTION: DIRECTION: STREET NAME: Van Patten TYPE ROAD: 28  
 CITY: Las Vegas STATE: Nv ZIP CODE: 89104 29 PREPARED BY: Rec # 57250  
 PHONE: AREA CODE: PREFIX: NUMBER: EXTENSION: 30 APPROVED BY: C. Seward  
 16 31

IN THE SPACE PROVIDED BELOW DRAW A LAYOUT OF YOUR PROPOSED SEWAGE DISPOSAL SYSTEM. INCLUDE ALL PROPERTY LINES, WATER WELLS, BUILDINGS, SWIMMING POOLS, TREES, WATER LINES, AND EXACT DISTANCES IN FEET.

FIXTURE	UNITS	NO.	TOTAL
WATER CLOSETS	6 <sup>00</sup>	3	18
BATHTUBS	2 <sup>00</sup>	2	4
SHOWERS	2 <sup>00</sup>		
DOUBLE LAVATORIES	2 <sup>00</sup>	1	2
SINGLE LAVATORIES	1 <sup>00</sup>	2	2
KITCHEN SINK DISHWASHER	2 <sup>00</sup>	1	2
CLOTHES WASHER	2 <sup>00</sup>	1	2
OTHER: W/B	1 <sup>00</sup>		1
L/Tub	2 <sup>00</sup>	1	2



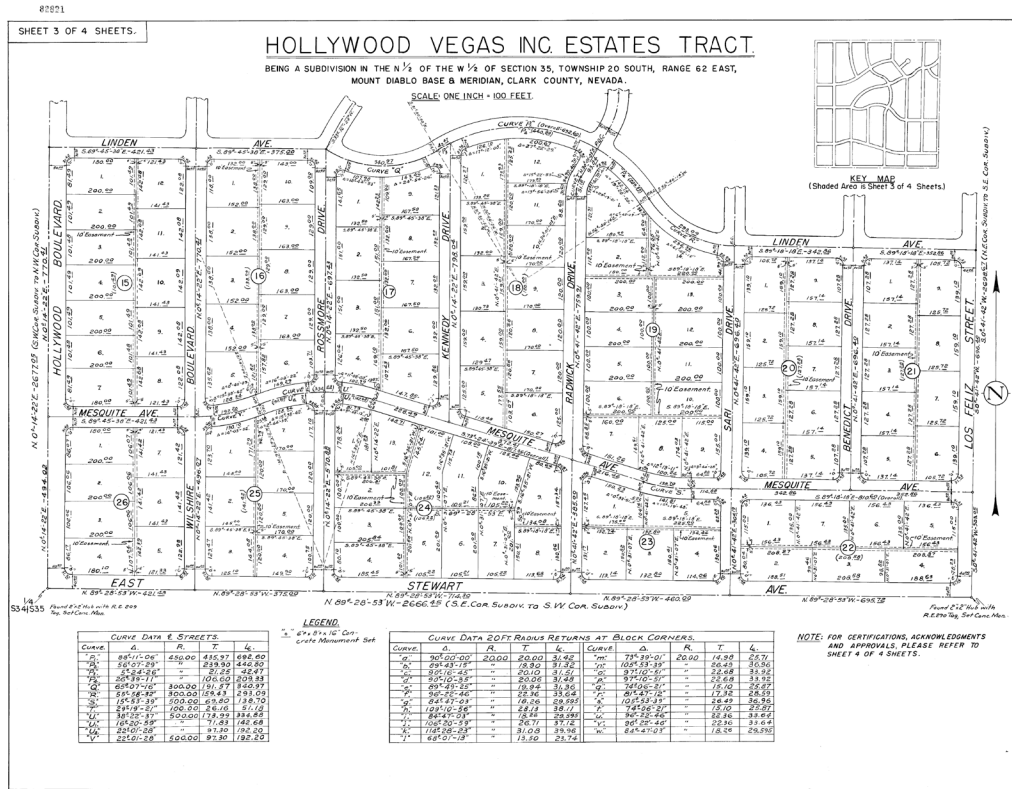
LOCATION OF ISDS APPROVED BASED ON PLAT MAP PRESENTED BY APPLICANT THIS DATE AND SUBJECT TO RELEASE OF EXISTING PATENT RIGHT OF ~~THE STATE OF NEVADA~~.

SARI St.

*Leon Fugit*  
 APPLICANTS SIGNATURE

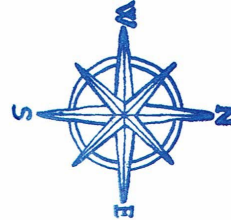
APPLICATION APPROVED BY

Attachment E: Hollywood Vegas Inc. Estates Subdivision Map

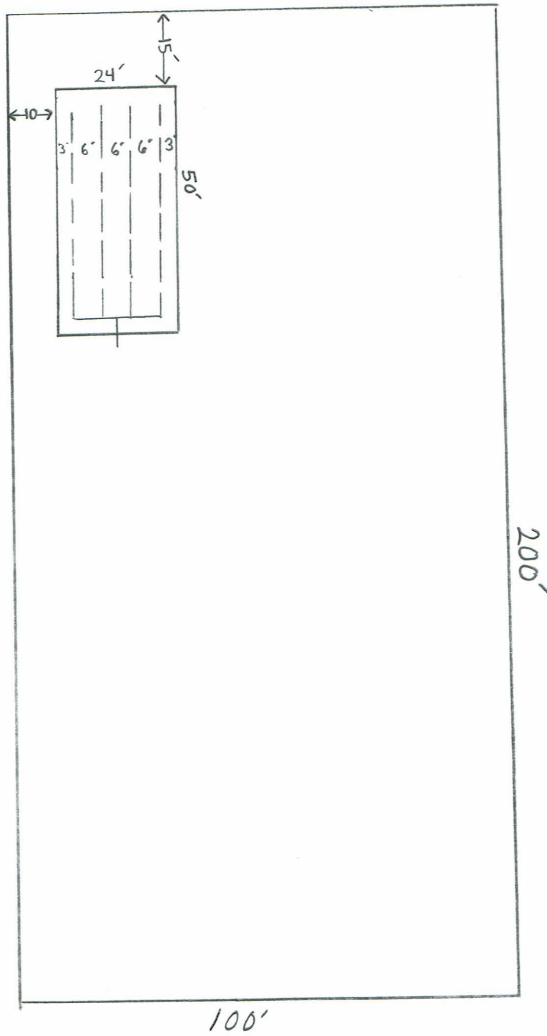


Attachment F: Leach Field Location Determined by Hardin & Sons

LEACHFIELD EXCAVATED TO VERIFY  
ACTUAL LOCATION ON 1-30-2024.  
(SEE ATTACHED PHOTOS)



SCALE  
1" = 30'



499 SARI DR.  
APN # 140-35-210-065  
SNHD # 7267-H39-00  
ON0014664

SARI DRIVE

Attachment G: Aerial Photo of 499 Sari Drive



Attachment H: Public Notice



**PUBLIC NOTICE**

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, March 28, 2024 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Huma Fahim (“Petitioner”), to allow a reduced property line setback for the existing septic system (SNHD Permit #ON0014664) on the property located at 499 Sari Dr., Las Vegas, NV 89110, APN 140-35-210-065.

The variance is requested to allow the Petitioner to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing septic system to encroach on the property line.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by March 27, 2024 to:

Daniel Isler, P.E., REHS  
Environmental Health Engineer/Supervisor  
Southern Nevada Health District  
P.O. Box 3902  
Las Vegas, Nevada 89127  
isler@snhd.org

The variance application is available for review at the Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas, Nevada 89107. Please contact Cherie Custodio at (702) 759-0660 to schedule an appointment to review the application during the normal business hours of 8:00 AM to 4:30 PM.

- S -  
\_\_\_\_\_  
Chris Saxton, MPH-EH, REHS  
Environmental Health Director

March 12, 2024  
Date