

**NOTICE OF MEETING AND AGENDA  
District Board of Health**

**Members**

Devon Reese, Chair  
Clara Andriola, Vice Chair  
Paul Anderson  
Michael Brown  
Dr. Eloy Ituarte, MD  
Steve Driscoll  
Dr. Reka Danko, MD

**Thursday, March 26, 2026  
1:00 p.m.**

**Washoe County Administration  
Complex  
Commission Chambers, Building A  
1001 E. 9th Street, Reno, Nevada 89512**

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1:00 p.m.

1. Roll Call and Determination of Quorum.
2. Pledge of Allegiance.
3. Public Comment. Comment heard under this item will be limited to three (3) minutes per person and may pertain to matters both on and off the Board agenda. Unused time may not be allocated to other speakers. Comments are to be made to the Board as a whole. Virtual Public Comment may be taken when facilities are available.

A speaker's viewpoint will not be restricted; however, reasonable restrictions may be imposed upon the time, place, and manner of speech. Irrelevant statements, unduly repetitious statements, and personal attacks that would objectively antagonize or incite others are examples of speech that may be reasonably limited.

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Furthermore, certain disruptions of a public meeting are criminal acts as defined under NRS 208.090 and/or NRS 203.119, which may result in prosecution in appropriate cases.

4. Approval of Agenda. (FOR POSSIBLE ACTION)

**5. Recognitions.**

## New Hires -

Kathleen Patterson - APRN - CCHS - 2/23/2026

## Years of Service -

Heylyn Lorena Solorio - Office Specialist - CCHS TB Clinic - 30 years 2/26/1996

Sunita Mongo - Registered Dietitian Nutritionist - CCHS WIC - 30 years 3/6/1996

Nicholas Florey - Environmental Health Specialist - EHS - 20 years 3/27/2006

Michael Crawford - Air Quality Specialist - AQM - 10 years 3/21/2016

Nancy Diao - Division Director Population Health Division - 5 years 2/1/2021

## Health Heroes -

Ryan Rennie - EHS - Adaptability

Victoria Nicolson-Hornblower - CCHS - Adaptability

Eva Sandoval - ODHO - Compassion and Inclusivity

Dawn Edwards - CCHS - Adaptability, Compassion, Collaboration, Inclusivity, Trustworthiness

April Miller - PHD - Adaptability, Compassion, Collaboration, Inclusivity, Trustworthiness

**6. Proclamations.**

**6.A.** Proclaim the week of April 6-12, 2026, as National Public Health Week.

Staff Representative: Scott Oxarart

**Attachments:** [2026-National Public Health Week Proclamation.docx](#)

**7. Consent Items. (FOR POSSIBLE ACTION)**

**7.A.** Possible Approval of February 26, 2026, Draft Minutes. (FOR POSSIBLE ACTION)

**Attachments:** [02262026 Draft Minutes.docx](#)

**7.B.** Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) providing partial funding in the amount of \$200,000.00 retroactive to October 1, 2025 through September 30, 2026 for the Air Quality Management, EPA Air Pollution Control Program, IO# 12586 and authorize the District Health Officer to execute the Agreement and any future amendments. (FOR POSSIBLE ACTION)

Staff Representative: Kristen Palmer & Francisco Vega

**Attachments:** [FY26 12586 EPA DBOH 03-26-26 A-00905426-0 Washoe County Award](#)

**7.C.** Accept menstrual product donation from Swoon Bridal with an estimated \$2,000 value for product distribution in the community. (FOR POSSIBLE ACTION)

Staff Representative: Christina Sheppard

**Attachments:** [DBOH 3-26-2026 Period Kit Donations](#)

- 7.D.** Recommendation for the Board to uphold an uncontested violation issued to StoneHaven Construction & Development, Case No. 1603, Notice of Violation No. AQMV26-0002 with a \$500.00 Administrative Penalty for failing to obtain a Dust Control Permit prior to the commencement of a dust generating activity. (FOR POSSIBLE ACTION)

Staff Representative: Francisco Vega

**Attachments:** [DBOH 3-26-2026 - AQMD - Case No. 1603 Staff Report](#)  
[DBOH - 3-26-2026 - AQMD - Case No. 1603 Supp Docs](#)

- 7.E.** Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2026. (FOR POSSIBLE ACTION)

Staff Representative: Jack Zenteno

**Attachments:** [DBOH 02-26-26 - AHS - January Financials](#)  
[ZS15 January 2026](#)

- 7.F.** Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2026. (FOR POSSIBLE ACTION)

Staff Representative: Jack Zenteno

**Attachments:** [DBOH 03-26-26 - AHS - February Financials](#)  
[ZS15 February 2026](#)

#### **End of Consent Agenda.**

### **8. Presentations.**

- 8.A.** Presentation and discussion of Northern Nevada Public Health's Suicide Prevention Initiatives.  
Staff Representative: Joseph Dibble

**Attachments:** [IP Suicide Prevention Initiatives March DBOH 03-2026 JDibble FINAL.pdf](#)

- 8.B.** Presentation and discussion of the Chronic Disease and Injury Data Dashboard.  
Staff Representative: Nicole Alberti, Stephanie Chen, Tayler Gerhard

**Attachments:** [CDIP Data Dashboard DBOH Presentation 03262026.pdf](#)

- 8.C.** Presentation and discussion of the 2025-2026 Pertussis Overview.  
Staff Representative: Liliana Wilbert

9. Recommendation to accept the REMSA Health Monthly Franchise Reports for January and February 2026 which include REMSA Health Accounts Receivables Summary, Compliance by Zones, Average Response Times, Incident Details Reporting, Summary Penalty Fund Reconciliation, Personnel, Ground Ambulance Operations Report, Patient Experience Report and Comments, Education Report, Public Relations Report, and Frequently Asked Questions, and provide possible Board direction. (FOR POSSIBLE ACTION)

Presented by: Barry Duplantis

**Attachments:** [DBOH - 3-26-2026 - REMSA Health Monthly Franchise Report](#)  
[REMSA Franchise Reports](#)

10. Presentation, discussion, and possible approval of the Regional Emergency Medical Services Authority (REMSA) Health Franchise Compliance Report for the period of 7/1/2024 through 6/30/2025 (FY25). (FOR POSSIBLE ACTION)

Presented by: Andrea Esp

**Attachments:** [DBOH - 3-26-2026 - REMSA Health Franchise Compliance Staff Report](#)  
[DBOH – 3-26-2025 – REMSA Health Franchise Compliance Report FY25](#)  
[DBOH – 3-26-2025 – REMSA Health Franchise Compliance Checklist](#)  
[FY25](#)

11. Presentation, discussion, and possible approval of the Proposed REMSA Response Zone Map for the Ambulance Franchise Service Area with a July 1, 2026, Effective Date. (FOR POSSIBLE ACTION)

Presented by: Andrea Esp

**Attachments:** [DBOH - 3-26-2026 - Annual Franchise Map Review](#)  
[Annual Franchise Service Area.pdf](#)

12. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation (SWS) Hearing Board to approve Variance Case #H26-0001VARI, a variance to Section 040.030 to allow a reduced lot size for a second parcel map on a lot created after October 23, 2001, Parcel 038-280-67, 430 River Pines, Washoe County, NV. (FOR POSSIBLE ACTION)

Staff Representative: David Kelly

**Attachments:** [DBOH 03-26-2025 - EHS - Cook 2011 Family Trust Variance](#)  
[03-05-2026 SWS Draft Minutes](#)  
[H26-0001VARI 430 RIVER PINES BOARD PACKET 03.05.26 MTG](#)

13. Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management Part 040.033 (Food Establishments) with a finding that the revised regulation does not impose a direct and significant economic burden on a business; nor does the revised regulation directly restrict the formation, operation, or expansion of a business. (FOR POSSIBLE ACTION)  
Staff Representative: Craig Petersen
- Attachments:** [DBOH 3-26-2026 Chapter 040 Revision BIS Staff Report](#)  
[Chapter 040 Revision BIS -Supp Docs](#)  
[NNPH BIS Food.pdf](#)
14. Presentation, discussion, and possible acceptance of Northern Nevada Public Health's 2026 Bay Area Regional Health Inequities Initiative (BARHII) Assessment and Results. (FOR POSSIBLE ACTION)  
Presented By: Eva Sandoval
- Attachments:** [Staff Report BARHII Assessment and Results 3262026](#)  
[FINAL 2026 BARHII PPT.pdf](#)  
[2026 BARHII Action Plan.docx](#)
15. Presentation, discussion, and possible acceptance of the 2025 PH WINS Survey Results and Workforce Insights. (FOR POSSIBLE ACTION)  
Presented By: Rayona LaVoie
- Attachments:** [Staff Report Workforce Insights DBOH 32626](#)  
[2022 2024 Workforce Development Plan Staff Report v 4 2.24.2022](#)
16. Review and approval of Annual 360 Feedback Survey Questions, Process, List of Participants, and Adjustments (addition of a second rating calculation to include a fourth (4th) group of participants) for the District Health Officer's Annual 360 Feedback Survey, and direct staff to conduct the survey utilizing the Microsoft Forms Survey Program. (FOR POSSIBLE ACTION)  
Staff Representative: Laurie Griffey through Devon Reese
- Attachments:** [Staff rpt DHO Beg Eval Process 2026](#)  
[2026 List of Participants w-4th group](#)  
[2026 DHO Eval Questions](#)
17. Staff Reports and Program Updates.
- 17.A. Air Quality Management - States/Groups Urge DC circuit to Deny EPA's Motion to Vacate 2024 PM2.5 NAAQS, September 2025 EPA Small Business Newsletter, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.  
Staff Representative: Francisco Vega
- Attachments:** [DBOH 03-26-2026 AQMD DD Staff Report \(Jan and Feb 2026\)](#)

- 17.B.** Community and Clinical Health Services - 2026 World TB Day; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers.

Staff Representative: Christina Sheppard

**Attachments:** [DBOH 3-26-2026 CCHS Director Staff Report](#)

- 17.C.** Environmental Health Services Program - Consumer Protection (Food Safety Plan Review & Operations, Commercial Plan Review, Foodborne Illness, Special Events, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-borne Disease Surveillance, Waste Management / Underground Storage Tanks).

Staff Representative: Robert Fyda

**Attachments:** [2026.03.26 - DBOH EHS Division Report](#)

- 17.D.** Population Health - Epidemiology, Statistics and Informatics, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention.

Staff Representative: Dr. Nancy Diao

**Attachments:** [DBOH 3-26-2026 - PHD-Division Report](#)

- 17.E.** Office of the District Health Officer Report - Northern Nevada Public Health Communications Update, Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Program, Equity Projects / Collaborations, Community Events, and Public Communications and Outreach.

Staff Representative: Chad Kingsley

**Attachments:** [ODHO Staff Report 03262026.docx](#)  
[February-Media-Mentions-2026.xlsx](#)

18. Public Comment. Comment heard under this item will be limited to three (3) minutes per person and may pertain to matters both on and off the Board agenda. Unused time may not be allocated to other speakers. Comments are to be made to the Board as a whole. Virtual Public Comment may be taken when facilities are available.

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19. Board Comment. Board members' announcements, reports and updates, requests for information topics for future agendas. (No discussion among Board Members will take place on this item.)

Adjournment.

NOTE: Items on this agenda may be taken out of order, combined with other items, removed from the agenda, or moved to the agenda of a later meeting. The Consent section is a single agenda item and is considered as a block and will not be read aloud. Items on this agenda may also be moved to or from the consent section. Items not voted on in the Consent section may also be voted on in a separate block or blocks. Items designated for a specified time will not be heard prior to the stated time, but may be heard later. There will be only one period of public comment on any block vote. Any public comment made during that period may pertain to any of the items being voted on in the block, but there will not be separate public comment periods for each item within the block.

Location. This meeting will be held at the physical location designated on this agenda, but one or more of the Board Members and/or Staff may attend and participate by a remote technology system. Members of the public wishing to attend the meeting may do so at the designated physical location or may otherwise participate as stated in the Public Comment section. The Chair or their designee will make reasonable efforts to ensure that members of the public body and members of the public present at the physical location can hear or observe each member attending by remote technology system, and each member of the public body in attendance can participate in the meeting.

Accessibility. Northern Nevada Public Health, in compliance with Title VI of the 1964 Civil Rights Act and Title II of the Americans with Disabilities Act, will make its public meetings accessible to members of the public. For limited English proficient and hearing-impaired individuals, the Wordly application is available to members of the public attending the meeting in person. Persons who require special accommodations or assistance in attending this meeting may contact Northern Nevada Public Health at least two working days before the meeting, if possible, by dialing 775-328-2415.

Public Transportation. Public transportation is available to this meeting site. For eligible RTC ACCESS reservations call (775) 348-5438 or visit: <https://www.rtcwashoe.com/public-transportation/>.

Public Comment. Public comment is welcomed during public comment periods and is limited to 3 minutes per person per public comment period. Unused time may not be allocated to other speakers. A speaker's viewpoint will not be restricted; however, reasonable restrictions may be imposed upon the time, place, and manner of speech. Irrelevant statements, unduly repetitious statements, and personal attacks that would objectively antagonize or incite others are examples of speech that may be reasonably limited. All comments are to be directed to the Board as a whole.

During the general public comment periods at the beginning and end of the meeting, speakers may address any matter either on or off the agenda. Items voted on in the Consent section or in a separate block or blocks, shall have a single public comment period per block, and public comment will only be heard about the specific items being considered by the Commission in the block. For the remainder of the agenda, during items designated "for possible action" that are considered individually, public comment will only be heard about the specific item being considered by the Board. Members of the public who wish to share documents or make a brief presentation within their public comment period must provide ten (10) printed copies of each document. Please note that USB drives or any other digital media will not be accepted due to the risk of introducing viruses or malicious code, which could

potentially compromise the County's systems.

Members of the public may also submit comments by mail to NNPH at 1001 E. Ninth St., Reno, NV 89512, or eComment at <https://washoe-nv.legistar.com/calendar.aspx>. NNPH will make reasonable efforts to include all such comments received by 4:00 pm one working day prior to the meeting in the record. Mail and eComment will not be read by the Clerk but will be entered into the record.

Forum Restrictions and Orderly Conduct of Business. This Board carries out the business of Northern Nevada Public Health and its citizens during its meetings. The presiding officer may order a person to be removed if the person's conduct or statements disrupt the order or safety of the meeting. Warnings about disruptive conduct or comments may or may not be given prior to removal.

Responses to Public Comments. The Board may only deliberate or take action on matters that have been properly labeled "FOR POSSIBLE ACTION" and listed on a properly noticed Agenda. While the Open Meeting Law allows discussion of public comments by members of the Board, responses to matters not listed on the agenda could become deliberation without notice to the public. To avoid this situation and ensure the public has proper notice of all matters, members may choose not to respond to the public comments, except to correct factual inaccuracies, ask for staff to provide information, or ask that the matter be listed on a future agenda for consideration.

Posting the Notice. Pursuant to NRS 241.020, the Agenda for the District Board of Health has been posted as required at the following locations: Washoe County Administrative Building (1001 E. 9th Street, Bldg A), Northern Nevada Public Health (1001 E. 9th St., Building B), <https://www.nnph.org>, <https://notice.nv.gov>, [https://www.cityofsparks.us/your\\_government/public\\_meetings/index.php](https://www.cityofsparks.us/your_government/public_meetings/index.php).

Although no longer required under NRS 241.020, the agenda has also been physically posted at the Downtown Reno Library (301 S. Center St., Reno).

Support documentation for the items on the agenda provided to this Board, is available to members of the public at Northern Nevada Public Health located at 1001 E. 9th Street, in Reno, Nevada. Ms. Jacqueline Lawson, Recording Secretary to the Board of Health may also be reached by telephone at (775) 328-2415 or by email at [jlawson@NNPH.org](mailto:jlawson@NNPH.org). Supporting materials are also available at the Northern Nevada Public Health Website <https://www.NNPH.org> pursuant to the requirements of NRS 241.020.

The meeting will be televised live and replayed on YouTube at:  
<https://www.youtube.com/@northernnevadapublichealth>

# *Proclamation*

**WHEREAS**, the week of April 6, 2026, is National Public Health Week, and the theme is “Ready. Set. Action!” to recognize how public health has improved our daily lives, safeguarded our families, expanded our life spans, and strengthened our communities; and

**WHEREAS**, Northern Nevada Public Health (NNPH) works every day to protect and improve the health of residents in Reno, Sparks, and Washoe County by preventing disease, promoting wellness, and preparing communities to respond to emerging health threats; and

**WHEREAS**, public health professionals and community partners help ensure residents are ready for health challenges through programs that monitor disease trends, promote vaccinations, support maternal and child health, prevent chronic disease, and ensure access to essential health services; and

**WHEREAS**, NNPH helps communities get set for healthier living through initiatives that improve environmental health, including restaurant and childcare inspections, food safety education, and programs such as the winter Burn Code, which helps reduce particulate air pollution and improve regional air quality; and

**WHEREAS**, NNPH is taking action to protect community health through efforts such as disease surveillance and outbreak investigations, emergency preparedness planning for disasters and public health emergencies, safe transportation initiatives for children, and expanding population health strategies to address the root causes of health disparities; and

**WHEREAS**, National Public Health Week is an opportunity to recognize the essential contributions of public health professionals and partners whose work protects the community - often behind the scenes - by preventing illness, ensuring safe environments, and preparing for emergencies;

**NOW, THEREFORE**, be it resolved, that Northern Nevada Public Health District Board of Health does hereby recognize the week of April 6-12, 2026, as

## ***National Public Health Week***

**RECOGNIZED** this 26th day of March 2026.



## District Board of Health Meeting Minutes

### Members

Devon Reese, Chair  
Clara Andriola, Vice Chair  
Paul Anderson  
Michael Brown  
Dr. Eloy Ituarte  
Steve Driscoll  
Dr. Reka Danko

Thursday, February 26, 2026  
9:00 a.m.

Washoe County Administration Complex  
Conference Rooms A & B  
1001 East Ninth Street, Bldg B  
Reno, NV

### 1. Roll Call and Determination of Quorum

Vice Chair, Clara Andriola, called the meeting to order at 9:00 a.m.

Members present: Clara Andriola, Vice Chair

Michael Brown  
Dr. Eloy Ituarte  
Steve Driscoll  
Paul Anderson  
Dr. Reka Danko – via Zoom at 9:02 a.m.

Staff present:

Dania Reid, DDA  
Dr. Chad Kingsley  
Erin Dixon  
Dr. Nancy Diao  
Rob Fyda  
Rayona LaVoie  
Scott Oxarart  
Christina Sheppard  
Francisco Vega  
Jack Zenteno  
Dr. Kellie Watkins

**Ms. Lawson verified a quorum was present.**

### 2. Pledge of Allegiance.

Dr. Ituarte led the pledge to the flag.

### 3. Public Comment.

Jamar May stated that his original Mars Mobile Munchies sidewalk stand model was developed as a practical learning opportunity to gain real-world experience before investing in a full mobile food trailer. He explained that his goal has been to build responsibly, gain experience, and scale appropriately. During discussions regarding his permitting, the options presented to him were transitioning to a pushcart model or operating under a full mobile food trailer framework, which is not often affordable for aspiring small business owners. He is requesting clarification regarding the implementation of SB92 and how the term “stand” is interpreted under the sidewalk vendor framework. SB92 establishes sidewalk food vending as a lawful, regulated business activity in Nevada and includes “stand” within the statutory definition of a sidewalk vendor, but does not define what a stand includes. He would like clarification as to the regulatory basis for excluding a limited, commissary-supported stand model and how the term “stand” is interpreted and implemented locally under SB92.

There was one additional comment via eComment, which was shared with the Board and entered into the record, but will not be read.

### 4. Approval of Agenda.

**Steve Driscoll motioned to approve the agenda. Paul Anderson seconded the motion, and the agenda was approved unanimously.**

### 5. Possible approval of January 22, 2026, Draft Minutes.

**Mr. Brown moved to accept the consent items, with a second by Mr. Driscoll, and the minutes were approved unanimously.**

### 6. Welcome and Opening.

Dr. Kingsley thanked Erica Olsen with OnStrategy and the staff for the time that was put into preparation for this planning meeting. He also thanked the Board for their support in this process.

Ms. Olsen explained that the meeting was intended as a discussion to obtain Board direction and sentiment regarding organizational priorities for the next three years. The goal was to provide high-level guidance and identify focus areas, informed by community health data, staff feedback, and the organization’s financial position, to support a refresh of the existing strategic plan rather than the development of a new plan. Any proposed updates would be prepared by staff and returned to the Board for future consideration. Materials provided in advance included community health data and organizational information, and the discussion was structured to include both presentations and Board dialogue with flexible timeframes. Planned topics included an overview of the strategic direction and priority-setting process, review of Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) data, health equity considerations, workforce planning and staffing needs, and organizational sustainability and financial health. It was noted that Board action would be required on the proposed budget and that guidance was requested on proposed financial guiding principles. After reading the mission statement, Ms. Olsen stated that no changes were recommended at this time. She also reviewed the structure of the current strategic plan, which is organized around six established priorities—Healthy Lives, Healthy Environment,

Local Culture of Health, Impactful Partnerships, Organizational Capacity, and Financial Stability—that guide organizational outcomes, key performance indicators, and activities. She noted that these priorities would serve as the starting point for discussion, and Board input could result in retaining the priorities or refining elements as part of the strategic plan refresh process.

Dr. Kingsley stated that the current strategic priorities are comprehensive, meaningful, and broadly supported, and he expressed support for maintaining the existing framework while considering opportunities to further strengthen it over the next three years. He described the approach being used to inform development of the next three-year strategic plan, noting that multiple inputs are being used to ensure the plan is data-driven and operationally realistic. These inputs include Community Health Assessment (CHA) data to anchor priorities in identified community needs, Board input to reflect governance direction and policy priorities, a Foundational Public Health Services analysis to assess system capacity and service alignment, evaluation of priority considerations to ensure focus and feasibility, and leadership workshops to apply professional judgment in aligning programs and resources with relevant and sustainable priorities. He noted that these components are intended to support a refreshed strategic plan that is evidence-based and positioned to achieve meaningful impact over the next three years.

Rayona LaVoie described the strategic planning process and the Board's role in providing direction. She explained that information is presented at the retreat to enable the Board to provide input regarding organizational priorities for the next one to three years. Once the Board's priority areas are identified and aligned, staff work within divisions to translate those priorities into actionable plans. The divisions participate in workshops to ensure that outcomes, activities, and performance measures align with the Board's identified priorities, which are then integrated into the organization's performance management system for execution and monitoring. Progress toward Board priorities is reported quarterly through performance reports at DBOH meetings, providing updates on implementation and outcomes. Staff provided an overview of the Foundational Public Health Services (FPHS) framework and Board reporting processes.

Ms. Olsen reported that approximately seven years ago the organization aligned its work with the Foundational Public Health Services model, which identifies the core programs and capabilities that local health departments should maintain to protect community health, including health data monitoring, outbreak and emergency response, food and water safety, chronic disease prevention, maternal and child health services, and the staffing and systems needed to support these functions. She explained that this framework serves as a guiding standard at the local, state, and national levels and is used to evaluate priorities, mission alignment, and service delivery to ensure resources support essential public health functions. Ms. Olsen also reviewed Board reporting practices, including monthly divisional reports with narrative updates and trend data, quarterly performance reports measuring progress toward performance management targets, and the District Snapshot, which is intended to streamline presentation of key data through improved informatics capacity.

Vice Chair Andriola asked if the information is shared with the public.

Dr. Kingsley responded that monthly divisional reports, quarterly performance reports, and the District Snapshot are public records and available to the community. He noted that summary information is also shared during biannual jurisdiction presentations. While the information is accessible, he acknowledged opportunities to improve how data is presented to make it more user-friendly and digestible for the public, including potential enhancements to online dashboards and reporting formats.

Scott Oxarart noted that all major organizational reports, including the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), strategic plan, and Health Equity Plan, are publicly accessible through NNPH's Data Publications and Reports webpage. He also indicated plans to optimize the page by incorporating more visual and graphic elements to improve accessibility and public engagement.

Steve Driscoll complimented staff on the quality of the reports, noting that they are written in clear, understandable language that is accessible to the public. He highlighted that the reports effectively translate technical, medical, and regulatory information without requiring additional clarification, and that staff are responsive and provide timely answers when questions arise. He emphasized the value of the reports as reliable, archivable documents for ongoing reference.

Dr. Kingsley summarized the discussion regarding Board access to information for governance purposes, noting that the Board generally does not experience difficulty obtaining the information needed to fulfill its responsibilities.

**7. Presentation and Discussion of the 2026 Washoe County Community Health Assessment (CHA). Review of Community Health Assessment data to inform Board decisions on Northern Nevada's strategic priorities for the next planning cycle, including primary and secondary health outcome data for Washoe County.**

Kellie Watkins presented Washoe County's community health assessment, describing the use of population health data and community input to guide evidence-based priorities. The assessment was overseen by a community steering committee and incorporated surveys, focus groups, interviews, and secondary data indicators from multiple sources. Using the Hanlon prioritization method, the analysis identified mental health as the highest priority, followed by access to healthcare, economic stability, and health risk behaviors and early detection. Findings highlighted concerns related to suicide, youth mental health, provider shortages, healthcare navigation challenges, housing instability, cost of living, and preventive health needs. The presentation also noted community strengths, including social connectedness, recreational and outdoor access, cultural diversity, and partnerships with healthcare providers and community organizations.

Kerry Kelly from Renown Health described the Community Health Assessment (CHA) as a joint effort between Renown Health and Northern Nevada Public Health, noting that Renown has conducted similar assessments for approximately 15 years and that the current report was completed collaboratively. Ms. Kelly emphasized the importance of partnerships among healthcare providers, public health agencies, and community organizations to align strategies, reduce duplication of efforts, and improve population health outcomes. She stated that the shared approach helps prioritize prevention, reduce disparities, and guide community

investment, and that the assessment is intended to serve not only as a report but as a coordinated call to action to support long-term community health improvement in Washoe County.

Rayona LaVoie explained how Washoe County translates the Community Health Assessment (CHA) into the Community Health Improvement Plan (CHIP), an actionable framework to address identified community needs and measure progress. Following data collection and analysis, a community forum engages partners to review priorities and provide input. Partners evaluate health topics using five criteria—opportunity, urgency, capacity, leverage, and momentum—to determine where resources can be effectively applied. Current top priorities include mental health, access to healthcare, economic stability, and maternal and child health. While all topics are important, these four represent areas where the community and partners can take immediate, coordinated action to improve health outcomes.

**The meeting went into a break at 10:32 a.m. and resumed at 10:42.**

**Due to the remaining time, items 8 and 9 will be taken from today's agenda and brought back to the Board for the March meeting.**

Rayona LaVoie noted the CHA is used in guiding Washoe County's health priorities over the next three years and provides a comprehensive overview of community health, informing where the County and its partners should focus resources and interventions. Community input and board feedback help determine priorities and areas where the County has the capacity to act. Current top priorities identified include mental health, access to healthcare, economic stability, and maternal and child health.

Mr. Anderson asked how the people were chosen for the community survey and what the demographics of the group looked like.

Ms. Watkins noted that demographic breakdown details from the community survey were not included in the presentation, but are available. She explained that the survey was not truly randomized, and a simple statistical review was conducted to assess how closely the respondents reflected the demographics of Washoe County. The analysis indicated some differences from the county's population distribution, including an overrepresentation of women and an underrepresentation of men, as well as challenges in reaching certain racial and demographic groups. She stated that staff considered these findings as lessons learned and will explore strategies to better reach underrepresented populations in future surveys while continuing efforts to promote broad community participation.

Mr. Driscoll asked about the priority list being different from the initial pyramid-shaped list and which one will be used, since they are set up in a different order.

Dr. Watkins clarified that the community health rankings and priorities are derived from multiple data sources, including primary data collected from hundreds of Washoe County residents and secondary data indicators. These inputs are synthesized using the Hanlon prioritization method to generate structured rankings. The priorities presented at the community forum reflected these data-driven results, and forum participants—representing an additional segment of the community—provided further feedback after reviewing the findings. This additional input helped validate and inform the prioritization process; thus, the

list will be used, rather than the pyramid list.

Mr. Anderson asked whether the community stakeholder group included representatives from the Housing Authority, educational participants, and economic development organizations.

Ms. LaVoie described community forum outreach, noting that invitations were extended for about one month to a wide range of partners, including business, academic, nonprofit, housing, managed care, healthcare, and other sectors. Additional outreach was conducted by Renown Health to encourage broad participation. The Community Health Assessment steering committee reviews and vets data indicators to ensure comprehensive representation and appropriate data sources, supporting a holistic assessment of community health.

Mr. Brown appreciated the clarification that this included public safety and law enforcement.

Dr. Diao clarified that the two sets of rankings reflect different processes. Dr. Watkins' chart represented a six-month effort combining primary and secondary data with steering committee input to develop evidence-based priority rankings. The community forum rankings, in contrast, reflected participant perspectives on areas where they believed change was feasible, which accounts for differences between the two lists.

Vice Chair Andriola thanked Dr. Watkins and the team for their work on the community health assessment and acknowledged the extensive data collection and committee contributions. She inquired about representation on the steering committee and suggested potential opportunities to broaden engagement, including participation from additional regional and national organizations. She also encouraged alignment between the Community Health Assessment and the Sequential Intercept Model, noting its relevance across multiple identified priority areas and suggesting increased board awareness of how these frameworks intersect to reduce siloed efforts and strengthen coordinated strategies.

Ms. LaVoie provided an overview of the Sequential Intercept Model, noting that it is supported by the previous Community Health Improvement Plan and the behavioral health system. The model focuses on providing early intervention and support for individuals who interface with the juvenile justice system, aiming to address needs before more intensive or system-level interventions are required.

Vice Chair Andriola emphasized that the Sequential Intercept Model applies to all community members, not just youth, and highlighted the importance of mental health in prevention efforts. She suggested that the board receive a presentation on the model to better understand opportunities for early intervention and treatment, and recommended including Judge Walker as a speaker. Vice Chair Andriola inquired about plans for additional community forums to present and discuss the CHA findings. She suggested that, given the breadth and complexity of the data, future outreach efforts could present the information in focused segments to improve community understanding and engagement. She noted that some identified priorities affect many residents and recommended continued public communication and opportunities for discussion. She enquired about the anticipated release of the assessment results.

Dr. Watkins noted that the goal is for the CHA first draft by June and published shortly thereafter. She noted that the full chart contains extensive data that can be challenging to

synthesize and emphasized the importance of maintaining community engagement and feedback loops, both with partners and internally, to ensure the community can understand the results, see how it affects them, and provide input.

Vice Chair Andriola suggested conducting a “CHA tour” to present the Community Health Assessment to other boards and community groups, highlighting how it intersects with multiple aspects of the community and how stakeholders could help develop solutions. She noted that financial resources could be leveraged to maximize impact. She also shared insights from a recent National Association of Counties legislative conference, including discussions on children’s health, nutrition programs, and legislative opportunities to improve health outcomes. They emphasized the relevance of these topics to the CHA and community-wide efforts.

Dr. Ituarte noted that mental health is closely interconnected with substance abuse, health risk behaviors, and violence prevention and crime, while economic stability influences many other outcomes, including homelessness and access to basic resources. He emphasized that these relationships demonstrate the importance of key priority areas being interconnected and collectively inform where the community should focus its attention and resources.

Ms. LaVoie explained that the CHIP priorities are intended to focus on the top areas where the greatest impact can be achieved over the next three years. While other items, such as health risk behaviors and early detection, will still be addressed, the plan intentionally concentrates on the highest-priority areas to leverage resources, time, and community engagement most effectively.

Mr. Driscoll asked how the priorities identified by the community align with the services currently provided by the health department, and whether there are any gaps or conflicts between community expectations and existing programs.

Ms. LaVoie explained that while the health department may not provide direct services such as therapy, it can support community priorities by investing in infrastructure, convening partners, and addressing systemic barriers. For example, transportation challenges identified in the community survey could be addressed through planning and coordination rather than direct service provision. She emphasized striking a balance between responding to community-identified priorities and staying within the department’s role, noting that facilitating collaboration can lead to impactful outcomes without the department directly delivering all services.

Dr. Ituarte added that the CHA not only informs the health department’s priorities but also guides external agencies and community partners in identifying where services are most needed. By highlighting gaps, the assessment can help stakeholders make strategic decisions, such as locating emergency rooms or other services closer to the populations they serve.

Vice Chair Andriola emphasized that the CHA provides the framework and data to guide priorities but does not place responsibility for service delivery on the health department. Instead, it supports partner organizations in using the information to secure resources, adjust programs, or apply for grants to address community needs. A coordinated outreach effort to share these findings widely would further extend this impact, ensuring that stakeholders responsible for implementation are informed and positioned to respond effectively.

Ms. Olsen suggested that the board review the top four priorities identified through the process and indicate whether they concur with these selections or would like to highlight any additional areas. She noted that staff would use these priorities, along with tools and guidance, to develop an implementation plan, focusing on foundational public health services while supporting other areas through convening or partnership efforts. This discussion was intended to help clarify the distinction between direct services provided by the health department and supportive or secondary roles.

Dr. Ituarte supports maternal and child health as a primary concern, noting that challenges faced by single mothers can contribute to broader issues, including behavioral health, legal involvement, and social instability. He observed that addressing maternal and child health alongside mental health, economic stability, and access to care allows for a more integrated approach, which he believes will yield better long-term outcomes for the community.

Mr. Anderson asked about the relationship between the CHA to the CHIP.

Ms. LaVoie explained that the CHA combines secondary data, primary data from surveys, focus groups, and key informant interviews, and analysis of health indicators to understand community needs and priorities. The CHA identifies areas where organizations can support improvements in health outcomes. The CHIP translates these findings into action by focusing on the top priorities and specifying measurable initiatives, such as the crisis response system, physical activity and nutrition programs, and maternal and child health interventions, in collaboration with community partners.

Dr. Kingsley noted that the most recent CHA added economic stability as a community-identified priority compared with the prior assessment. He explained that, consistent with previous cycles, the CHA informed the development of the CHIP, which guides targeted initiatives.

Mr. Driscoll asked what would keep the team in the advocacy role and not move out of that zone?

Ms. LaVoie explained that foundational public health services provide the core framework for the department's work, and that resource availability guides which priorities the department can directly address. When the department cannot provide direct resources, it identifies community partners to carry out initiatives, while still including those priorities in the Community Health Assessment and reporting progress to ensure transparency and accountability.

Ms. Olsen noted that the five areas identified in the early slides represent the foundational public health services, which serve as the starting point for the department's programming. She explained that priorities directly aligned with these services would continue as core initiatives, while other priorities could be addressed through convening, advocacy, or partnership efforts. She stated that, if the board concurs, staff will use this framework to guide implementation and planning.

Dr. Kingsley shared that the CHA and CHIP are core requirements across the nation for public health agencies and serve as a framework for guiding local initiatives. While the department may not directly provide all services, it can participate in adjacent systems to

help identify opportunities for impact. Collaboration, communication, and strategic resource investment are key to supporting community-wide improvements.

Vice Chair Andriola clarified that she sees these as the prioritized community needs, which reflect the compilation of primary and secondary data, informed by extensive hours of community engagement and analysis. She noted that while some lower-ranked items may be statutorily required, the prioritization focuses on the top areas identified through the assessment. She also emphasized that distinguishing between core responsibilities and areas addressed through partnerships provides clarity for organizational focus and prevents overextension into areas outside the department's role.

Mr. Anderson asked if we routinely check to ensure we haven't gone down a path that a community partner is better suited to address.

Ms. LaVoie explained that the CHIP is presented each year to review initiatives and is frequently assessed for alignment with the department's role. She noted that while the department may not be resourced to provide all services directly, it participates as a convening partner to ensure coordination among stakeholders using the same data to measure health outcomes. The crisis response system was cited as an example, where the department facilitated collaboration without directly providing the service, allowing partners to design and implement the system for Washoe County.

The board members support moving forward with the four identified items – mental health, access to health care, economic stability, maternal & child health, for the next 3-year planning cycle.

**8. Presentation and Discussion of the Bay Area Regional Health Inequities Initiative (BARHII) Framework and Assessment findings to support understanding of key health outcome patterns and inform strategic plan discussions.**

**Item 8 was removed from this agenda and will be presented in the regular March meeting.**

**9. Presentation and Discussion of the 2025 Public Health WINS survey and data to inform discussions on strategies that support a positive, productive, and resilient public health workforce culture.**

**Item 9 was removed from this agenda and will be presented in the regular March meeting.**

**10. Update, discussion, and possible direction regarding the FY27 Northern Nevada Public Health Budget, including revenues, expenditures, and projections.**

Jack Zenteno shared that the department currently has 165 of 194.99 authorized positions filled and has managed vacancies strategically to address budget constraints. Expenditures are increasing faster than revenues, primarily due to salaries, benefits, and overhead, which together account for roughly 90% of the budget. Revenue sources include federal grants, state funding, service fees, and county transfers; from 2019 to 2027, these revenues increased modestly but have not kept pace with expenditures, particularly salaries (71% increase), benefits (75%), and county overhead (132%). Health fund reserves have historically offset

shortfalls, but trends indicate reserves may reach minimum levels by 2027–2028. Spending on services and supplies has decreased by approximately 11% to cover personnel and overhead. He highlighted the need for long-term sustainability planning, including strategic use of grants, operational efficiencies, and county support, to maintain fiscal balance while continuing to provide core public health services.

Dr. Kingsley expressed appreciation to the board and county partners for their collaboration in budget review and refinement. He noted that monthly coordination with county budget staff has helped address risks, refine assumptions, and align resources with core services and community priorities. While acknowledging fiscal challenges, he emphasized that the process is manageable, reaffirmed the department’s commitment to protecting public health in Washoe County, and highlighted the importance of continued partnership and data-driven decision-making to maintain sustainability and effectiveness.

Mr. Anderson noted that the budget assumptions rely on anticipated county funding to maintain operations and meet departmental needs. He observed that this support appears to be a key factor underlying the financial projections presented in the budget slides.

Mr. Zenteno explained that ongoing discussions with the county are focused on determining funding needs and allocations, noting that the proposed \$1,000,000 reflects a good-faith effort while awaiting clarity on post-COVID and ARPA funding trends and federal support. He emphasized the complexity of the budget, including offsets and grant-funded programs, and suggested that future adjustments may involve a combination of programmatic changes and infrastructure investments to ensure public health priorities are supported in a challenging fiscal environment. Much of this reflects the most difficult grant environment from the public health perspective in over 20 years.

Vice Chair Andriola suggested that the department consider a priority-based budgeting approach to clearly identify compliance requirements, services it can realistically provide, and any gaps. This framework would support transparent, informed decision-making rather than reactive responses. She emphasized the value of ongoing discussions and briefings outside formal meetings to deepen understanding of assumptions, trade-offs, and funding implications, and to align expectations about departmental responsibilities and capabilities while ensuring effective support for the community.

Mr. Zenteno acknowledged the feedback and noted that a priority matrix has been developed, which can be integrated into the budget process.

Mr. Driscoll raised a question regarding the proposed budget principles, specifically the recommendation to maintain an ending fund balance of at least 17%. He noted that the current budget under consideration projects a 13.9% ending fund balance and asked how the proposed principle would be reconciled with the actual budget, and which would ultimately be approved.

Dr. Kingsley explained that the county’s guidance sets an ending fund balance target of 10% to 17%, and the department selected the high end at 17% as a guiding principle to maintain flexibility for unexpected events, such as public health outbreaks. He clarified that while the current budget projects a balance below this target, the principle serves as a planning tool to inform decisions and highlight the need for adjustments or hard choices to return to the

desired fund balance. The principle is intended to guide the board and staff in budgeting and financial planning.

Vice Chair Andriola asked what the statutorily required fund balance is.

Mr. Zenteno noted that, by policy, it is between 10 and 17%.

Vice Chair Andriola noted that the ending fund balance falls within the statutory range and emphasized the importance of staying within the scope of the current agenda item. She suggested that discussion of the guiding principles be addressed after the next agenda item, and recommended pausing the current item discussion to review the principles first. Legal counsel was consulted to confirm the appropriate process.

Dania Reid noted that the items can be taken out of order, as long as they are noted in the meeting record.

**Item 10 will be deferred until after item 11 is presented, discussed, and action taken.**

**11. Presentation, discussion, and acceptance of NNPH's Guiding Financial Principles to align the Board on long-term sustainability, responsible stewardship, investment strategy, and mission-aligned resource allocation.**

Dr. Kingsley presented five proposed guiding principles for the budget, explaining that the principles provide direction for the board and support budget development and management to ensure alignment with board priorities. The board was asked to guide the discussion format by reviewing each principle individually or providing an overview of all five.

Vice Chair Andriola expressed the view that while guiding principles are helpful, she recommends the first item on the proposed list would be more appropriately classified as a policy because it relates to statutory requirements for the ending fund balance. She suggests that this item be agendized separately as a policy reflecting the statutory range of 10% to 17%, while noting that the remaining items on the list could remain as guiding principles. She would respect the board's vote on the matter.

Ms. Olsen explained that the proposed guiding principles were intended to serve as preliminary decision-making guidelines before potentially being formalized as policy. She noted that the first item differs because it reflects a current requirement, and therefore falls outside the scope of experimental or trial principles.

Vice Chair Andriola suggested that, in addition to deferring the first item to a formal policy, the board consider adding a guiding principle focused on priority-based budgeting that incorporates compliance requirements. She noted that guiding principles allow flexibility and do not require the same level of detail as formal policies, but recommended including this concept to inform future budgeting decisions.

Dr. Kingsley provided additional context for the proposed guiding principles, noting that they are intended to help guide decision-making and may eventually inform future policy development. He emphasized the importance of transparency regarding how these principles could translate into real-world impacts. For example, pursuing a goal of 100% cost recovery could result in higher fees for regulated businesses, which may affect small businesses and

the broader local economy. He also noted that independent fee studies conducted at least every five years help ensure that fees remain appropriately aligned with actual costs.

Dr. Kingsley further explained that dedicating \$500,000 to community health investments has been a previous priority under the CHIP, but acknowledged that during periods of fiscal constraint, the board may need to evaluate whether that level of investment remains feasible relative to core service needs. Similarly, the application of priority-based budgeting could require difficult decisions about whether to continue or pause certain lower-priority programs until resources allow reinvestment. He noted that these principles are intended to provide a framework for navigating those types of decisions and ensuring the department moves forward deliberately and transparently, while also committing to regular financial reporting to the board.

Mr. Driscoll recommended replacing “shall” with “may” where the \$500,000 allocation for the CHIP investments is referenced.

Vice Chair Andriola emphasized that, as the board considers principles that could affect programs, fees, or services, it will be important to communicate with the community proactively. She emphasized the value of public education and outreach to explain that any changes are not a reflection of diminished concern for programs such as suicide prevention or mosquito abatement, but rather the result of legal requirements and fiscal constraints that require certain obligations to be met first. She also noted that clear communication would help the community better understand the reasons behind potential decisions and their impacts.

Mr. Brown requested clarification regarding the ending fund balance range referenced and whether the proposed 17% level would apply only to the current fiscal year or as a target for future years.

Vice Chair Andriola responded that she is asking that the item return as a formal policy stating that the ending fund balance range is 10% to 17%, noting that the health fund balance is required by statute.

**Item 11 discussion was closed. Moved back to item 10.**

**Item 10: Mr. Driscoll moved to accept the FY27 Northern Nevada Public Health Budget, including revenues, expenditures, and projections. Mr. Brown provided a second, and the item passed unanimously.**

## **12. Public Comment.**

**Having no requests for public comment, the public comment period was closed.**

## **13. Board Comment.**

Mr. Anderson thanked the staff and all who have been involved in today’s topics.

Vice Chair Andriola expressed appreciation to staff and participants for their work in preparing and presenting the information, noting the effort involved and the importance of helping educate the community, particularly as the organization addresses challenging issues. She also thanked the facilitator for their work and support during the process.

Ms. Olsen noted that the purpose of the discussion today was to obtain high-level direction from the board regarding priorities for the next several years, including community needs and budget focus areas. She stated that the work would remain in draft form so staff could review and process the feedback provided, document requested follow-up items, and incorporate the board's comments before bringing information back to a later meeting.

Dr. Kingsley thanked the board for providing strategic direction at multiple levels and acknowledged the guidance provided to staff in supporting the organization's work. Appreciation was also expressed for staff contributions and for the collaboration with federal and state partners, noting the organization's continued commitment to growth and service to the community.

**With no additional comments by the Board, this comment period was closed.**

**Adjournment.**

**The meeting adjourned at 12:02 p.m.**

DRAFT

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**DATE:** March 12, 2026  
**TO:** District Board of Health  
**FROM:** Kristen Palmer, Fiscal Compliance Officer  
775-328-2419, [kpalmer@nmpH.org](mailto:kpalmer@nmpH.org)  
Francisco Vega, Division Director  
775-784-7211, [fvega@nmpH.org](mailto:fvega@nmpH.org)  
**SUBJECT:** Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) providing partial funding in the amount of \$200,000.00 retroactive to October 1, 2025 through September 30, 2026 for the Air Quality Management, EPA Air Pollution Control Program, IO# 12586 and authorize the District Health Officer to execute the Agreement and any future amendments.

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**SUMMARY**

The Air Quality Management Division received a Grant Agreement #00905426 from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO# 12586. A copy of the Grant Agreement is attached for the period retroactive to October 1, 2025 through September 30, 2026. This Agreement was received on February 19, 2026.

**District Health Strategic Priorities supported by this item:**

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 6. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

**PREVIOUS ACTION**

No previous action this fiscal year.

**BACKGROUND**

**Project/Program Name:** Air Quality Management, EPA 105 Base Award

**Scope of the Project:** The base award provides funding for a portion of Air Quality Management Air Pollution Control Program expenditures including personnel and operating expenses. Additional funding comes from fees, state dedicated funds, and general fund transfer.

**Benefit to Washoe County Residents:** Implementation of clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

**On-Going Program Support:** The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program.

**Award Amount:** \$200,000.00 (Partial Funding)  
**Award Received:** February 19, 2026  
**Grant Period:** October 1, 2025 – September 30, 2026  
**Funding Source:** U.S. Environmental Protection Agency  
**Pass Through Entity:** n/a  
**CFDA Number:** 66.001  
**Grant ID Number:** 00905425

**Match Amount and Type:** \$1,530,514.00 Funding for match expenditures comes from fees, state dedicated funds and general fund transfer.

**Sub-Awards and Contracts:** No Sub-Awards are anticipated

This item is retroactive because the Grant Agreement was not received until February 19, 2026.

**FISCAL IMPACT**

Should the Board approve the Grant Agreement, there is no fiscal impact as this award was anticipated and included in the adopted FY26 budget.

**RECOMMENDATION**

It is recommended the District Board of Health approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) providing partial funding in the amount of \$200,000.00 retroactive to October 1, 2025 through September 30, 2026 for the Air Quality Management, EPA Air Pollution Control Program, IO# 12586 and authorize the District Health Officer to execute the Agreement and any future amendments.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) providing partial funding in the amount of \$200,000.00 retroactive to October 1, 2025 through September 30, 2026 for the Air Quality Management, EPA Air Pollution Control Program, IO# 12586 and authorize the District Health Officer to execute the Agreement and any future amendments.”

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                   | <b>TYPE OF ACTION:</b><br>New                                                                                            | <b>MAILING DATE</b><br>02/19/2026                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                   | <b>PAYMENT METHOD:</b><br>ASAP                                                                                           | <b>ACH#</b><br>90104                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                   | <b>RECIPIENT TYPE:</b><br>County                                                                                         |                                                                                                                                                                                       |
| <b>RECIPIENT:</b><br>WASHOE COUNTY<br>1001 E. Ninth St.<br>Building D<br>RENO, NV 89512<br><b>EIN:</b> 88-6000138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | <b>PAYEE:</b><br>WASHOE COUNTY<br>1001 E. Ninth St.<br>Building D<br>RENO, NV 89512                                                                                               |                                                                                                                          |                                                                                                                                                                                       |
| <b>PROJECT MANAGER</b><br>Francisco Vega<br>1001 East Ninth Street<br>Building B<br>Reno, NV 89512<br><b>Email:</b> fvega@nnpb.org<br><b>Phone:</b> 775-784-7211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <b>EPA PROJECT OFFICER</b><br>Rebecca Newhouse<br>75 Hawthorne Street, AIR-4-2<br>San Francisco, CA 94105<br><b>Email:</b> newhouse.rebecca@epa.gov<br><b>Phone:</b> 415-972-3936 |                                                                                                                          | <b>EPA GRANT SPECIALIST</b><br>Eric Tovar<br>Grants Branch, MSD-6<br>75 Hawthorne Street<br>San Francisco, CA 94105<br><b>Email:</b> Tovar.Eric@epa.gov<br><b>Phone:</b> 415-972-3396 |
| <b>PROJECT TITLE AND DESCRIPTION</b><br>FY-26 Air Pollution Control Program<br>See Attachment 1 for project description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                       |
| <b>BUDGET PERIOD</b><br>10/01/2025 - 09/30/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PROJECT PERIOD</b><br>10/01/2025 - 09/30/2026                      | <b>TOTAL BUDGET PERIOD COST</b><br>\$ 2,286,514.00                                                                                                                                | <b>TOTAL PROJECT PERIOD COST</b><br>\$ 2,286,514.00                                                                      |                                                                                                                                                                                       |
| <b>NOTICE OF AWARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                       |
| Based on your Application dated 07/25/2025 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$ 200,000.00. EPA agrees to cost-share 33.06% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$ 200,000.00. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments. |                                                                       |                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                       |
| <b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                   | <b>AWARD APPROVAL OFFICE</b>                                                                                             |                                                                                                                                                                                       |
| <b>ORGANIZATION / ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                   | <b>ORGANIZATION / ADDRESS</b>                                                                                            |                                                                                                                                                                                       |
| U.S. EPA, Region 9, U.S. EPA, Region 9 Grants Branch, MSD-6<br>75 Hawthorne Street<br>San Francisco, CA 94105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                   | U.S. EPA, Region 9, Air and Radiation Division, AIR-1<br>R9 - Region 9<br>75 Hawthorne Street<br>San Francisco, CA 94105 |                                                                                                                                                                                       |
| <b>THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                       |
| Digital signature applied by EPA Award Official Morgan Capilla - Acting Grants Management Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                   |                                                                                                                          | <b>DATE</b><br>02/13/2026                                                                                                                                                             |

## EPA Funding Information

| FUNDS                         | FORMER AWARD | THIS ACTION  | AMENDED TOTAL |
|-------------------------------|--------------|--------------|---------------|
| EPA Amount This Action        | \$ 0         | \$ 200,000   | \$ 200,000    |
| EPA In-Kind Amount            | \$ 0         | \$ 0         | \$ 0          |
| Unexpended Prior Year Balance | \$ 0         | \$ 0         | \$ 0          |
| Other Federal Funds           | \$ 0         | \$ 0         | \$ 0          |
| Recipient Contribution        | \$ 0         | \$ 1,530,514 | \$ 1,530,514  |
| State Contribution            | \$ 0         | \$ 0         | \$ 0          |
| Local Contribution            | \$ 0         | \$ 0         | \$ 0          |
| Other Contribution            | \$ 0         | \$ 0         | \$ 0          |
| Allowable Project Cost        | \$ 0         | \$ 1,730,514 | \$ 1,730,514  |

| Assistance Program                             | Statutory Authority     | Regulatory Authority                                     |
|------------------------------------------------|-------------------------|----------------------------------------------------------|
| 66.001 - Air Pollution Control Program Support | Clean Air Act: Sec. 105 | 2 CFR 200, 2 CFR 1500, 40 CFR 33 and 40 CFR 35 Subpart A |

| Fiscal    |            |    |              |                     |        |              |              |                   |                           |
|-----------|------------|----|--------------|---------------------|--------|--------------|--------------|-------------------|---------------------------|
| Site Name | Req No     | FY | Approp. Code | Budget Organization | PRC    | Object Class | Site/Project | Cost Organization | Obligation / Deobligation |
| -         | 2609M7S003 | 25 | E1           | 09M4                | 000A04 | 4112         | -            | -                 | \$ 200,000                |
|           |            |    |              |                     |        |              |              |                   | \$ 200,000                |

## Budget Summary Page

| Table A - Object Class Category<br>(Non-Construction)              | Total Approved Allowable<br>Budget Period Cost |
|--------------------------------------------------------------------|------------------------------------------------|
| 1. Personnel                                                       | \$ 1,202,921                                   |
| 2. Fringe Benefits                                                 | \$ 752,433                                     |
| 3. Travel                                                          | \$ 100                                         |
| 4. Equipment                                                       | \$ 0                                           |
| 5. Supplies                                                        | \$ 9,950                                       |
| 6. Contractual                                                     | \$ 0                                           |
| 7. Construction                                                    | \$ 0                                           |
| 8. Other                                                           | \$ 310,208                                     |
| 9. Total Direct Charges                                            | \$ 2,275,612                                   |
| 10. Indirect Costs: 0.00 % Base see general T/C                    | \$ 10,902                                      |
| 11. Total (Share: Recipient <u>66.94</u> % Federal <u>33.06</u> %) | \$ 2,286,514                                   |
| 12. Total Approved Assistance Amount                               | \$ 756,000                                     |
| 13. Program Income                                                 | \$ 0                                           |
| 14. Total EPA Amount Awarded This Action                           | \$ 200,000                                     |
| 15. Total EPA Amount Awarded To Date                               | \$ 200,000                                     |

## Attachment 1 - Project Description

This agreement provides funding to Northern Nevada Public Health Air Quality Management Division (AQMD) in its efforts to implement air pollution control programs and maintain healthy air throughout Washoe County. Specifically, the recipient will operate and maintain established ambient air quality monitoring stations to collect and report accurate air quality information and monitor ambient air quality for comparison to National Ambient Air Quality Standards (NAAQS). The recipient will also coordinate with state and federal agencies on completing federal and state air planning requirements to maintain healthy air throughout the county. Additionally, the recipient will assure that air pollution sources are properly regulated and are in compliance with all permit conditions, standards, and regulations through an effective and timely permitting, inspection, compliance, and enforcement process.

This assistance agreement provides partial funding in the amount of \$200,000. Pre-Award Costs are approved back to 10/1/2025. Refer to Terms and Conditions.

The recipient will implement activities within the scope of the Section 105 program including: 1) implementing national priorities as defined in EPA national guidance; 2) actions mandated by statute or regulation; and 3) program activities delegated to the recipient (state, local or tribe) for which EPA provides section 105 grant funding. Specifically, the activities include analysis and planning for maintenance of national ambient air quality standards NAAQS; control strategy development and implementation; ambient air quality monitoring; regulation development and implementation; non-Title V related permitting and enforcement; public outreach; air pollution data analysis and management and other air pollution prevention activities. The anticipated deliverables include reporting quality assured data, administering an air permitting program, coordinating with state and federal agencies on air quality planning requirements, and enforcing air regulations in a manner that ensures equal protection. The expected outcomes include maintaining air quality that meets the national ambient air quality standards (NAAQS), and a broadened awareness of air quality programs that are established to address the attainment and maintenance of the NAAQS, as well as immediate and emerging threats to public health and welfare from air pollution (CAA 105(a)). The intended beneficiaries include county residents who will have decreased exposure to criteria air pollutants.

No subawards are included in this assistance agreement.

## Administrative Conditions

### General Terms and Conditions

The recipient agrees to comply with the current EPA general terms and conditions available at: <https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-october-1-2025-or-later>

These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award.

The EPA repository for the general terms and conditions by year can be found at: <https://www.epa.gov/grants/grant-terms-and-conditions#general>

### A. Federal Financial Reporting (FFR)

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to **September 30** of each calendar year to the EPA Finance Center in Research Triangle Park, NC. The annual FFR will be submitted electronically to [rtpfc-grants@epa.gov](mailto:rtpfc-grants@epa.gov) no later than **December 30** of the same calendar year. Find additional information at <https://www.epa.gov/financial/grants>. (Per 2 CFR § 200.344(b), the recipient must submit the Final FFR to [rtpfc-grants@epa.gov](mailto:rtpfc-grants@epa.gov) within 120 days after the end of the project period.)

The recipient shall identify non-federal, non-recurrent expenditures in Block 12 (Remarks) of the FFR or include the information as an attachment to the FFR on a separate page. The recipient also agrees to include a statement certifying that supplanting did not occur.

### B. Procurement

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with 2 CFR § 200.319. In accordance with 2 CFR § 200.324, the recipient and subawardee(s) must perform a cost or price analysis in connection with applicable procurement actions, including contract modifications. ***State and Tribal government entities must follow procurement standards as outlined in 2 CFR § 200.317.***

### C. Cost-Share Requirement and Maintenance of Effort

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,530,513 (final MOE for FY-25), whichever is greater. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

## Programmatic Conditions

### a.1.] Partial Funding

This initial award represents partial funding in the amount of \$200,000 for Federal Fiscal Year 2026 (10/01/2025 -09/30/2026). The estimated full funding amount of this assistance agreement is not guaranteed and is subject to the availability of funds. In the event that additional funding is not received, the recipient's final performance (progress) report submitted in accordance with 2 CFR 200 shall address which work plan tasks were not accomplished as a result of the reduction in estimated EPA funding.

### a.] Performance Reporting and Final Performance Report

#### Performance Reports - Content

In accordance with 2 CFR 200.329, the recipient must relate financial data and project or program accomplishments to the performance goals and objectives of the EPA award and must provide cost information to demonstrate cost-effective practices (for example, through unit cost data) when reporting program performance. The recipient agrees to submit performance reports that include information on each of the following areas: 1) A comparison of accomplishments to the outputs/outcomes established in the assistance agreement work plan for the reporting period (for example, comparing costs to units of accomplishment); 2) explanations on why established outputs/outcomes were not met; and 3) Additional information, analysis, and explanation of cost overruns or higher-than-expected-unit costs.

Additionally, the recipient agrees to notify the EPA when a significant development occurs that could impact the award. Significant developments include events that enable meeting milestones and objectives sooner or at less cost than anticipated or that produce different beneficial results than originally planned. Significant developments also include problems, delays, or adverse conditions which will impact the ability to meet the milestones or objectives of the award, including outputs/outcomes specified in the assistance agreement work plan. If the significant developments negatively impact the award, the recipient must include information on their plan for corrective action and any assistance needed to resolve the situation.

#### Performance Reports - Frequency

The recipient agrees to submit **semi-annual** performance reports electronically to the EPA Project Officer due within 30 days after the end of the reporting period (every six-month period). The recipient must submit the final performance report no later than 120 calendar days after the period of performance ends.

### b.] Cybersecurity Condition

(a) The recipient agrees that when collecting and managing environmental data under this assistance agreement, it will protect the data by following all applicable State or Tribal law cybersecurity requirements.

(b) (1) EPA must ensure that any connections between the recipient's network or information system and EPA networks used by the recipient to transfer data under this agreement, are secure. For purposes of this Section, a connection is defined as a dedicated persistent interface between an Agency IT system and an external IT system for the purpose of transferring information. Transitory, user-controlled

connections such as website browsing are excluded from this definition.

If the recipient's connections as defined above do not go through the Environmental Information Exchange Network or EPA's Central Data Exchange, the recipient agrees to contact the EPA Project Officer (PO) no later than 90 days after the date of this award and work with the designated Regional/Headquarters Information Security Officer to ensure that the connections meet EPA security requirements, including entering into Interconnection Service Agreements as appropriate. This condition does not apply to manual entry of data by the recipient into systems operated and used by EPA's regulatory programs for the submission of reporting and/or compliance data.

(2) The recipient agrees that any subawards it makes under this agreement will require the subrecipient to comply with the requirements in (b)(1) if the subrecipient's network or information system is connected to EPA networks to transfer data to the Agency using systems other than the Environmental Information Exchange Network or EPA's Central Data Exchange. The recipient will be in compliance with this condition: by including this requirement in subaward agreements; and during subrecipient monitoring deemed necessary by the recipient or subrecipient under 2 CFR 200.332(e), by inquiring whether the subrecipient has contacted the EPA Project Officer. Nothing in this condition requires the recipient to contact the EPA Project Officer on behalf of a subrecipient or to be involved in the negotiation of an Interconnection Service Agreement between the subrecipient and EPA.

#### **c.] Competency of Organizations Generating Environmental Measurement Data**

In accordance with Agency Policy Directive Number FEM-2012-02, Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements, Recipient agrees, by entering into this agreement, that it has demonstrated competency prior to award, or alternatively, where a pre-award demonstration of competency is not practicable, Recipient agrees to demonstrate competency prior to carrying out any activities under the award involving the generation or use of environmental data. Recipient shall maintain competency for the duration of the project period of this agreement and this will be documented during the annual reporting process. A copy of the Policy is available online at <https://www.epa.gov/measurements-modeling/documents-about-measurement-competency-under-assistance-agreements> or a copy may also be requested by contacting the EPA Project Officer for this award.

#### **d.] Geospatial Data Standards**

All geospatial data created must be consistent with Federal Geographic Data Committee (FGDC) endorsed standards. Information on these standards may be found at <https://www.fgdc.gov/>.

#### **e.] Quality Assurance**

Authority: Quality Assurance applies to all assistance agreements involving environmental information as defined in 2 C.F.R. § 1500.12 Quality Assurance.

##### **1. Quality Management Plan (QMP)**

a. Prior to beginning environmental information operations, the recipient must:

i. Submit a previously EPA-approved and current QMP,

ii. The EPA Quality Assurance Manager or designee (hereafter referred to as QAM) will notify the recipient and EPA Project Officer (PO) in writing if the QMP is acceptable for this agreement.

b. The recipient must submit the QMP within **60** days after grant award.

c. The recipient must review their approved QMP at least annually. These documented reviews shall be made available to the sponsoring EPA organization if requested. When necessary, the recipient shall revise its QMP to incorporate minor changes and notify the EPA PO and QAM of the changes. If significant changes have been made to the Quality Program that affect the performance of environmental information operations, it may be necessary to re-submit the entire QMP for re-approval. In general, a copy of any QMP revision(s) made during the year should be submitted to the EPA PO and QAM in writing when such changes occur. Conditions requiring the revision and resubmittal of an approved QMP can be found in section 6 of EPA's [Quality Management Plan \(QMP\) Standard](#).

## **2. Quality Assurance Project Plan (QAPP)**

Prior to beginning environmental information operations, the recipient must:

i. Submit a previously EPA-approved QAPP proposed to ensure the collected, produced, evaluated, or used environmental information is of known and documented quality for the intended use(s).

ii. The EPA Quality Assurance Manager or designee (hereafter referred to as QAM) will notify the recipient and EPA Project Officer (PO) in writing if the previously EPA-approved QAPP is acceptable for this agreement.

### **For Reference:**

- [Quality Management Plan \(QMP\) Standard and EPA's Quality Assurance Project Plan \(QAPP\) Standard](#); contain quality specifications for EPA and non-EPA organizations and definitions applicable to these terms and conditions.
- [EPA QA/G-5: Guidance for Quality Assurance Project Plans](#).
- [EPA's Quality Program](#) website has a [list of QA managers](#), and [Specifications for EPA and Non-EPA Organizations](#).
- The Office of Grants and Debarment [Implementation of Quality Assurance Requirements for Organizations Receiving EPA Financial Assistance](#).

### **f.] Use of Logos**

If the EPA logo is appearing along with logos from other participating entities on websites, outreach materials, or reports, it must **not** be prominently displayed to imply that any of the recipient or subrecipient's activities are being conducted by the EPA. Instead, the EPA logo should be accompanied with a statement indicating that the **Northern Nevada Public Health Air Quality Management Division** received financial support from the EPA under an Assistance Agreement. More information is available at: <https://www.epa.gov/stylebook/using-epa-seal-and-logo#policy>

**### END OF DOCUMENT ###**



**Community and Clinical Health Services  
Staff Report  
Board Meeting Date: March 26, 2026**

**DATE:** March 6, 2026  
**TO:** District Board of Health  
**FROM:** Christina Sheppard, APRN  
775-328-2477; [csheppard@nmph.org](mailto:csheppard@nmph.org)  
**SUBJECT:** Acceptance of menstrual product donation from Swoon Bridal with an estimated \$2,000 value for product distribution in the community.

---

**SUMMARY**

CCHS requests that the District Board of Health accept a donation of 160 tampon kits, 65 pad kits, and other menstrual product supplies from Swoon Bridal. The donation is valued at \$2,000 and will support community members who lack consistent access to menstrual health products.

**PREVIOUS ACTION**

None

**BACKGROUND**

Swoon Bridal, a local woman-owned boutique, selects community organizations each year to support through its Swoon Holiday Give initiative. This past holiday season, Swoon chose CCHS to help advance efforts to provide accessible menstrual health products to individuals in need. Brides participating in the Swoon Holiday Give received a discount on their gown when they purchased \$100–\$150 worth of supplies for menstrual product kits.

As part of its Holiday Give, Swoon Bridal donated:

- 160 tampon kits
- 65 pad kits
- Extra pads, tampons, hand sanitizer, and hygiene wipes

Period poverty - defined as limited or inconsistent access to menstrual hygiene products, safe restroom facilities, and menstrual health education - affects individuals nationwide and within Washoe County. Individuals experiencing homelessness, living in low-income households, or facing economic instability often struggle to obtain essential menstrual products.

Lack of access can result in:

- Missed school, work, or community engagement due to inability to manage menstruation safely.
- Use of unsafe substitutes, increasing risk for infections and other health complications.
- Emotional distress and stigma associated with inadequate menstrual hygiene resources.

Access to menstrual products is an important component of public health. Reliable supplies support personal hygiene, reduce infection risk, and allow individuals to participate fully in daily activities.

### **FISCAL IMPACT**

None

### **RECOMMENDATION**

CCHS recommends that the District Board of Health accept the donation of 160 tampon kits and 65 pad kits, valued at \$2,000, for distribution to individuals in need of menstrual health products.

### **POSSIBLE MOTION**

Acceptance of menstrual product donation from Swoon Bridal with an estimated \$2,000 value for product distribution in the community.

Date: March 26, 2026  
Subject: CCHS Staff Report  
Page: 3 of 4

Date: March 26, 2026  
Subject: CCHS Staff Report  
Page: 4 of 4

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**DATE:** March 12, 2026  
**TO:** District Board of Health  
**FROM:** Francisco Vega, Division Director  
(775) 784-7211, [fvega@nmph.org](mailto:fvega@nmph.org)  
**SUBJECT:** Recommendation for the Board to uphold an uncontested violation issued to StoneHaven Construction & Development, Case No. 1603, Notice of Violation No. AQMV26-0002 with a \$500.00 Administrative Penalty for failing to obtain a Dust Control Permit prior to the commencement of a dust generating activity.

---

**SUMMARY**

Northern Nevada Public Health, Air Quality Management Division (AQMD) staff recommend Notice of Violation (NOV) No. AQMV26-0002 be **upheld** and an Administrative Penalty in the amount of **\$500.00** levied against StoneHaven Construction & Development for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 (Dust Control) Section C (Standards) Subsection 3 (Dust Control Permit Requirements).

**District Health Strategic Priority supported by this item:**

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

No previous action.

**BACKGROUND**

Please refer to the attached NOV No. AQMV26-0002 for background information. The NOV contains the facts associated with the incidents of noncompliance and supporting documentation relevant to the NOV.

NOV No. AQMV26-0002 and associated documentation supporting the NOV was sent certified mail to the offices of StoneHaven Construction & Development and was delivered on February 4, 2026. The case packet contained instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV26-0002 was not exercised by StoneHaven Construction & Development within the 10-day appeal timeframe pursuant to paragraph 020.000.C.3 Appeal Procedure. As such, NOV No. AQMV26-0002 was determined to be final by the AQMD with an Administrative Penalty of \$500.00.

### **FISCAL IMPACT**

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation and associated Administrative Penalty. All Administrative Penalty money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

### **RECOMMENDATION**

Staff recommend the Board uphold an uncontested violation issued to StoneHaven Construction & Development, Case No. 1603, Notice of Violation No. AQMV26-0002, with a \$500.00 Administrative Penalty.

### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation No. AQMV26-0002; or
2. The Board may determine to uphold Notice of Violation No. AQMV26-0002 and levy any Administrative Penalty in the range of \$0.00 to \$500.00 per day per violation for the minor violation.

### **POSSIBLE MOTION**

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested violation issued to StoneHaven Construction & Development, Case No. 1603, Notice of Violation No. AQMV26-0002 with a total Administrative Penalty of \$500.00."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

1. "Move to dismiss Case No. 1603, Notice of Violation No. AQMV26-0002, issued to StoneHaven Construction & Development"; or
2. "Move to uphold Case No. 1603, Notice of Violation No. AQMV26-0002, and levy an Administrative Penalty in the amount of (range of \$0.00 to \$500.00) per day per violation, with the matter being continued to the next meeting to allow for the StoneHaven Construction & Development to be properly noticed."

NORTHERN NEVADA PUBLIC HEALTH  
AIR QUALITY MANAGEMENT DIVISION  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

**NOTICE OF VIOLATION No.: AQMV26-0002**  
**ISSUED TO**  
**StoneHaven Construction and Development**  
**Location: 580 Maestro Dr., Reno, NV 89511, APN 025-590-12**  
**Permit Number: APCP25-0208**  
**Date of Issuance: January 30, 2026**  
**Case No.: 1603**

Northern Nevada Public Health Air Quality Management Division (AQMD) has determined that StoneHaven Construction and Development is in violation of the District Board of Health Regulations Governing Air Quality Management PART 040.030 – DUST CONTROL.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity (1) acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority  
The District Board of Health Regulations Governing Air Quality Management paragraph 040.030.C.3. - DUST CONTROL PERMIT REQUIREMENTS:

The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the “District Board of Health Regulations Governing Air Quality Management.” Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

- B. Facts to Constitute the Violation

On Sept. 19, 2025, the AQMD reviewed the civil improvement plans for the Swift Institute project under City of Reno Building Permit No. BLD26-02709E. The AQMD approved the plans with conditions indicating that any dust generating activity that is equal to or greater than one (1) acre in size requires a Dust Control Permit. An email was sent to the applicant noting the requirement to obtain a Dust Control Permit.

On Dec. 4, 2025, the AQMD observed and documented dust generating activities on the Swift Institute project site on APN 025-590-12. Site disturbance was documented at approximately 2.15 acres. The site did not have an active Dust Control Permit.



The AQMD contacted site personnel and advised that a Dust Control Permit was required and that all dust generating activities must cease until a permit is obtained. Work on the project was stopped. Following contact with the AQMD, a Dust Control Permit Application was submitted to the AQMD.

On Dec. 5, 2025, the AQMD received and processed a Dust Control Permit application for the Swift Institute project. Dust Control Permit No. APCP25-0208 for 2.36 acres to StoneHaven Construction and Development was issued on the same date.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

StoneHaven Construction and Development is advised that within (10) working days of receipt of this Notice of Violation, StoneHaven Construction and Development may submit a written petition for appeal to the Northern Nevada Public Health - Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Northern Nevada Public Health  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Northern Nevada Public Health - District Board of Health with a recommendation for the assessment of an administrative fine of \$500.00.

1/30/26  
Date

  
Jeff Jeppson  
Senior Air Quality Specialist, AQMD  
Northern Nevada Public Health

**Northern Nevada Public Health  
Air Quality Management Division  
Recommended Penalty Calculation Worksheet**

Company Name Stone Haven Construction and Development  
Contact Name Justin Rowe  
Case Number 1603

I. Violation of Section 040.030.C.3 DUST CONTROL PERMIT REQUIREMENTS

**I. Recommended Penalty** = \$ 500.00

II. Violation of Section 0

**II. Recommended Penalty** = \$ 0.00

III. Violation of Section 0

**III. Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

**IV. Recommended Penalty** = \$ 0.00

V. Violation of Section 0

**V. Recommended Penalty** = \$ 0.00

**Total Recommended Penalty** = \$ 500.00

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

1/30/26  
\_\_\_\_\_  
Date

**Northern Nevada Public Health  
Air Quality Management Division  
Recommended Penalty Calculation Worksheet**

Company Name Stone Haven Construction and Development  
 Contact Name Justin Rowe  
 Case Number 1603  
 Violation Number AQMV26-0002

Violation of Section 040.030.C.3 DUST CONTROL PERMIT REQUIREMENTS  
 Permit Condition N/A

**I. Base Penalty as specified in the Penalty Table** = \$ **500.00**

**II. Severity of Violation**

**A. Public Health Impact**

**1. Toxicity of Release (For Emissions Exceedances)**

Unable to Quantify - 1x      Criteria Pollutant - 1x      Hazardous Air Pollutant - 2x  
**Adjustment Factor** **1**

**Comment:** Penalty by Rule

**2. Environmental/Public Health Risk (Proximity to sensitive environment or group)**

Negligible - 1x    Moderate - 1.5x    Significant - 2x      **Adjustment Factor** **1.0**

**Comment:** Penalty by Rule

Total Adjustment Factors (1 x 2) = **1**

**B. Adjusted Base Penalty**

Base Penalty \$ 500.00 x Adjustment Factor 1 = \$ **500.00**

**C. Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 500.00 x Number of Days/Weeks/Mo **1** = \$ **500.00**

**Comment:** Penalty by Rule

**D. Economic Benefit**

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

**Comment:** Penalty by Rule

**Penalty Subtotal**

Adjusted Base Penalty \$ 500.00 + Economic Benefit \$ 0.00 = \$ **500.00**

**Northern Nevada Public Health  
Air Quality Management Division  
Recommended Penalty Calculation Worksheet**

**III. Penalty Adjustment Consideration**

**A. Mitigating Factors** (0 +/- 25%)

0%

Comment \_\_\_\_\_

**B. Compliance History**

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5 years

5% x   , # of previous violations

+ 0%

Comment: \_\_\_\_\_

**Total Penalty Adjustment Factors** – Sum of A & B

0%

**IV. Recommended Penalty**

Penalty Adjustment:

    \$    500.00     x           0%           = \$ 0.00

Penalty Subtotal (From Section II)                      Total Adjustment Factors (From Section III)                      Total Adjustment Value

Additional Credit for Environmental Investment/Training                      - \$ 0.00

Comment: \_\_\_\_\_

Adjusted Penalty:

    \$    500.00     +/-     \$    0.00     =     \$    500.00    

Penalty Subtotal (From Section II)                      Total Adjustment Value (From Section III + Credit)                      Recommended Penalty

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

    1/30/26      
\_\_\_\_\_  
Date

February 27, 2026

Dear Joshua Restori:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**9489 0090 0027 6623 4275 27.**

#### Item Details

|                            |                                              |
|----------------------------|----------------------------------------------|
| <b>Status:</b>             | Delivered, Front Desk/Reception/Mail Room    |
| <b>Status Date / Time:</b> | February 4, 2026, 12:35 pm                   |
| <b>Location:</b>           | RENO, NV 89511                               |
| <b>Postal Product:</b>     | First-Class Mail®                            |
| <b>Extra Services:</b>     | Certified Mail™<br>Return Receipt Electronic |

#### Shipment Details

|                |       |
|----------------|-------|
| <b>Weight:</b> | 2.2oz |
|----------------|-------|

#### Recipient Signature

Signature of Recipient:



Address of Recipient:

5530 RENO CORPORATE DR,  
RENO, NV 89511

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004

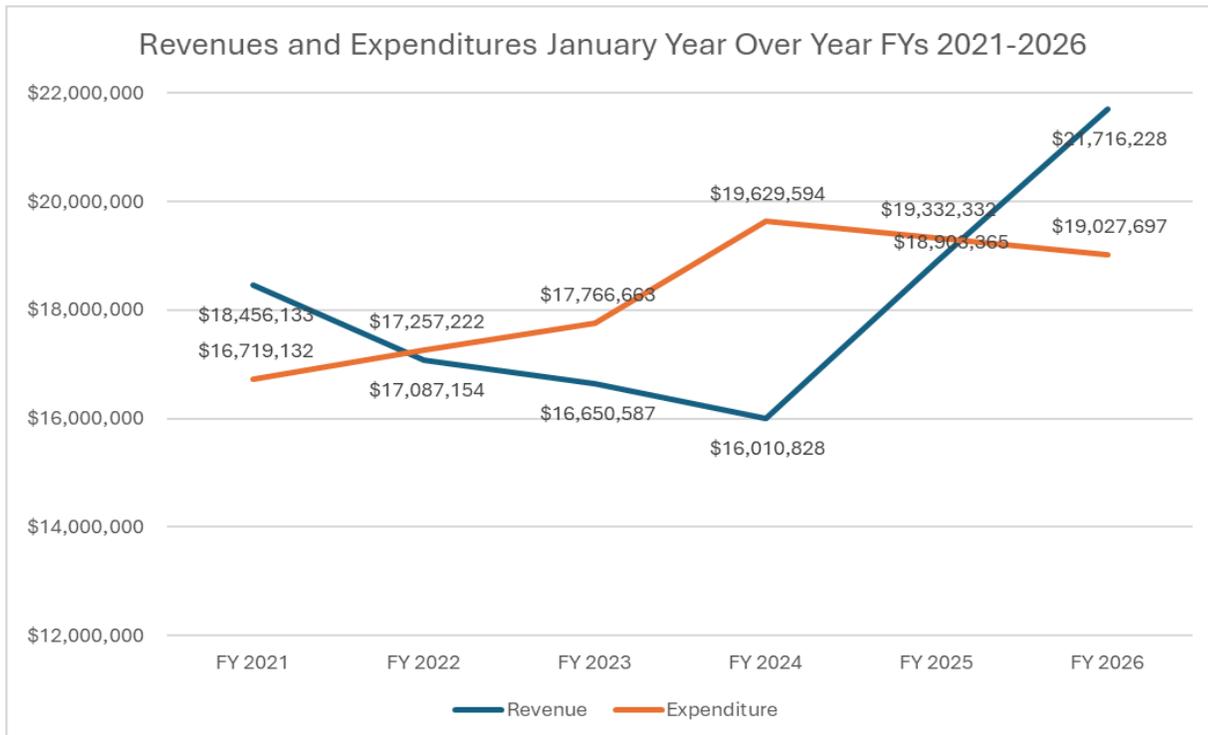
**Staff Report**  
**Board Meeting Date: March 26, 2025**

**DATE:** March 17, 2026  
**TO:** District Board of Health  
**FROM:** Jack Zenteno, Administrative Health Services Officer  
 775-328-2417, [Jzenteno@nmpH.org](mailto:Jzenteno@nmpH.org)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2026.

**SUMMARY**

**Fiscal Year 2025:**

The seventh month of FY 2026 ended with a cash balance of \$14,348,846. The total revenues were \$21,716,228, or 52.6% of budgeted up \$2,817,535 or 14.9% from FY2025. Expenditures totaled \$19,027,697, or 46.3% of budgeted, down -1.6% or -\$304,619 from FY 2025.



**District Health Strategic Priority supported by this item:**

**6. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

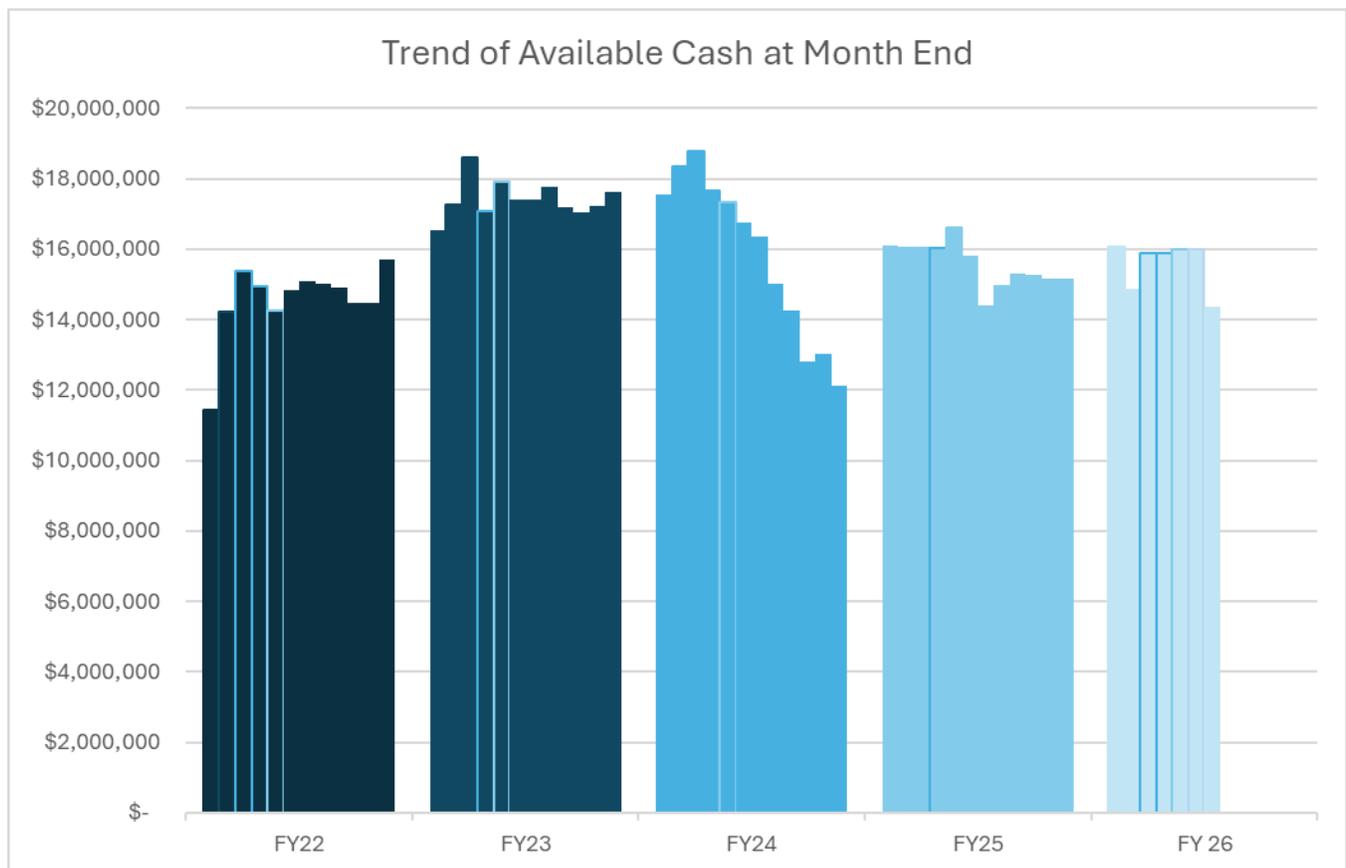
**PREVIOUS ACTION**

Fiscal Year 2026 Budget was adopted May 20, 2025.

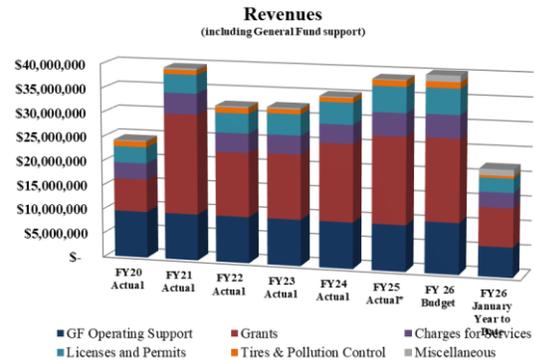
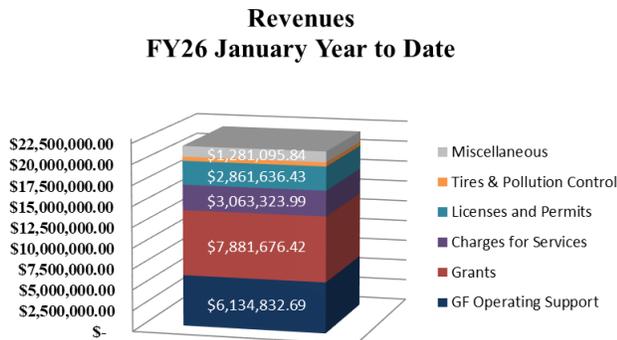
**BACKGROUND**

**Review of Cash**

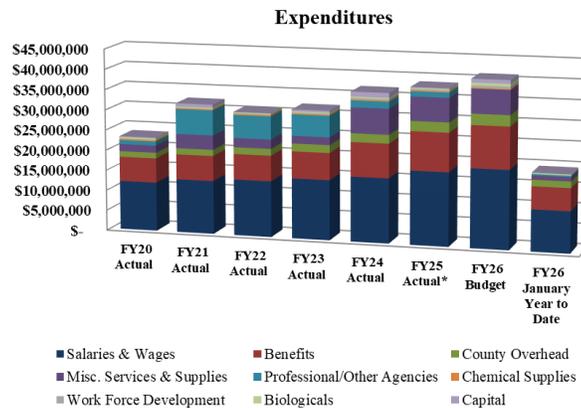
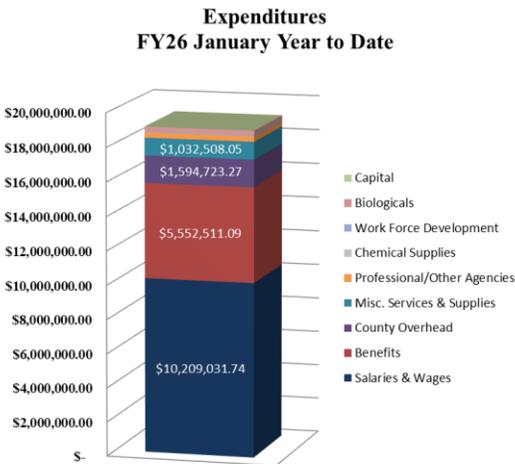
The available cash at the end of January FY26 was \$14,348,846, which is enough to cover 5.1 months of expenditure. Encumbrances and other liability cash totals \$2.7 million. The cash restricted as to use is \$2,731,603 (includes \$300,560 DMV Pollution Control revenue, \$251,276 DMV Excess Reserve revenue, \$1,260,695 Tire Fees, and Burning Man donations \$25,670, and Regional Technology Fee \$893,402), leaving a balance of \$9.4 Million.



**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total revenues year to date were \$21,716,228, up \$2,817,535 or 14.9% compared to January FY25. Revenue categories up over FY25 were Federal Grants up \$3,410,933, due to revenues related to the TB clinic at \$4,390,203, Pollution Control Fees up \$14,994 and Charges for Services up \$434,157. The remaining revenue categories are down compared to FY25 including Licenses and Permits down \$198,741 or -7.5%. The County Transfer was \$6,134,833.



The total year-to-date expenditures of \$19,027,697 were down \$304,619 or -1.6% compared to FY25. Salaries and Benefits were \$15,761,543 up \$185,148 compared to FY 25. Total Services and Supplies were \$3,147,023, down \$608,366 or -16.2%.

**Review of Revenues and Expenditures by Division**

ODHO revenues were \$1,617,306 for programmatic activity, down -40% or \$1,095,962 and \$4,390,203 for TB clinic activity. Expenditures were \$2,419,898 for programmatic and administrative activities, which is up \$415,973 or 20.8% compared to FY25.

**AHS** expenditures were \$1,051,917 up 9.4% or \$90,315 compared to FY25.

**AQM** revenues were \$2,192,724, up 12.1% or \$236,825 compared to FY25. Expenditures were \$2,451,139, which is up 2.1% or \$50,042 compared to FY25.

**CCHS** revenues were \$2,062,365, down -38.9% or -\$1,313,745 compared to FY25, due mostly to the move of programmatic functions from CCHS to PHD. Expenditures were \$4,996,569 down -31.0% or -\$2,243,609 compared to FY25.

**EHS** revenues were \$3,933,879, up 7.7% or \$281,749 compared to FY25. Expenditures were \$4,689,003 which is up 4.1% or \$185,319 compared to FY25.

**PHD** revenues were \$1,384,919 up 3.4% or \$45,587 compared to FY25. Expenditures were \$3,419,172, which is up 53.9% or \$1,197,342 compared to FY25, due mostly to programmatic moves from CCHS.

| Northern Nevada Public Health<br>Summary of Revenues and Expenditures<br>Fiscal Year 2022 through January Year to Date Fiscal Year 2026 |                      |                      |                      |                       |                         |                      |                         |                   |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|-----------------------|-------------------------|----------------------|-------------------------|-------------------|-----------------------|
|                                                                                                                                         | Actual Fiscal Year   |                      |                      | FY 2025               |                         | Fiscal Year 2026     |                         |                   | Increase over<br>FY25 |
|                                                                                                                                         | FY 2022              | FY 2023              | FY 2024              | Unaudited<br>Year End | January<br>Year to Date | Adjusted<br>Budget   | January<br>Year to Date | Percent of Budget |                       |
| <b>Revenues (all sources of funds)</b>                                                                                                  |                      |                      |                      |                       |                         |                      |                         |                   |                       |
| ODHO                                                                                                                                    | 244,552              | 1,108,062            | 1,279,944            | 3,010,445             | 2,713,268               | 3,170,139            | 1,617,306               | 51.0%             | -40.4%                |
| ODHO (TB Clinic)                                                                                                                        |                      |                      |                      | 2,256,352             | 310,455                 | 7,241,900            | 4,390,203               | 60.6%             |                       |
| AHS                                                                                                                                     | -                    | 30,870               | -                    | -                     | -                       | -                    | -                       |                   |                       |
| AQM                                                                                                                                     | 3,754,067            | 3,588,700            | 3,730,584            | 4,181,291             | 1,955,898               | 5,281,796            | 2,192,724               | 41.5%             | 12.1%                 |
| CCHS                                                                                                                                    | 6,211,924            | 5,747,083            | 6,824,296            | 6,847,127             | 3,376,110               | 5,138,852            | 2,062,365               | 40.1%             | -38.9%                |
| EHS                                                                                                                                     | 5,125,352            | 5,610,846            | 5,649,621            | 6,853,125             | 3,652,129               | 6,677,090            | 3,933,879               | 58.9%             | 7.7%                  |
| EPHP                                                                                                                                    | 9,330,745            | 6,795,841            | 8,010,827            | 2,792,008             | 1,339,332               | 3,242,261            | 1,384,919               | 42.7%             | 3.4%                  |
| GF support                                                                                                                              | 9,516,856            | 9,516,856            | 9,516,856            | 9,516,856             | 5,551,499               | 10,516,856           | 6,134,833               | 58.3%             | 10.5%                 |
| <b>Total Revenues</b>                                                                                                                   | <b>\$ 34,183,496</b> | <b>\$ 32,398,258</b> | <b>\$ 35,012,129</b> | <b>\$ 35,457,203</b>  | <b>18,898,693</b>       | <b>\$ 41,268,894</b> | <b>21,716,228</b>       | <b>52.6%</b>      | <b>14.9%</b>          |
| <b>Expenditures (all uses of funds)</b>                                                                                                 |                      |                      |                      |                       |                         |                      |                         |                   |                       |
| ODHO                                                                                                                                    | 1,795,314            | 2,962,863            | 4,322,064            | 3,507,038             | 2,003,925               | 5,821,869            | 2,419,898               | 41.6%             | 20.8%                 |
| AHS                                                                                                                                     | 1,162,521            | 1,361,706            | 1,414,102            | 1,651,343             | 961,602                 | 2,114,321            | 1,051,917               | 49.8%             | 9.4%                  |
| AQM                                                                                                                                     | 3,137,496            | 3,066,293            | 3,797,818            | 4,191,415             | 2,401,097               | 5,410,232            | 2,451,139               | 45.3%             | 2.1%                  |
| CCHS                                                                                                                                    | 9,607,271            | 10,033,846           | 12,170,306           | 12,143,450            | 7,240,179               | 10,496,036           | 4,996,569               | 47.6%             | -31.0%                |
| EHS                                                                                                                                     | 6,622,164            | 7,062,782            | 7,592,606            | 7,718,105             | 4,503,683               | 10,281,583           | 4,689,003               | 45.6%             | 4.1%                  |
| EPHP                                                                                                                                    | 8,970,538            | 7,200,044            | 8,569,528            | 4,008,900             | 2,221,830               | 6,945,181            | 3,419,172               | 49.2%             | 53.9%                 |
| Capital                                                                                                                                 |                      |                      |                      |                       | 1,436,879               | 916,637              | 1,594,723               |                   |                       |
| <b>Total Expenditures</b>                                                                                                               | <b>\$ 31,295,303</b> | <b>\$ 31,687,533</b> | <b>\$ 37,866,423</b> | <b>\$ 33,220,250</b>  | <b>19,332,316</b>       | <b>\$ 41,069,222</b> | <b>19,027,697</b>       | <b>46.3%</b>      | <b>-1.6%</b>          |
| <b>Revenues (sources of funds) less Expenditures (uses of funds):</b>                                                                   |                      |                      |                      |                       |                         |                      |                         |                   |                       |
| ODHO                                                                                                                                    | (1,550,762)          | (1,550,762)          | (1,854,801)          | (495,093)             | 408,068                 | (2,651,729)          | 2,046,852               |                   |                       |
| AHS                                                                                                                                     | (1,162,521)          | (1,162,521)          | (1,330,836)          | (1,651,343)           | (961,602)               | (2,114,321)          | (1,051,917)             |                   |                       |
| AQM                                                                                                                                     | 616,571              | 616,571              | 522,407              | (33,916)              | (445,199)               | (169,010)            | (283,842)               |                   |                       |
| CCHS                                                                                                                                    | (3,395,347)          | (3,395,347)          | (4,286,762)          | (5,296,323)           | (3,864,069)             | (5,357,184)          | (2,934,204)             |                   |                       |
| EHS                                                                                                                                     | (1,496,812)          | (1,496,812)          | (1,451,936)          | (951,312)             | (848,382)               | (3,757,127)          | (850,777)               |                   |                       |
| EPHP                                                                                                                                    | 360,207              | 360,207              | (404,203)            | (1,216,891)           | (882,498)               | (3,702,920)          | (2,034,252)             |                   |                       |
| GF Operating                                                                                                                            | 9,516,856            | 9,516,856            | 9,516,856            | 9,516,856             | 5,551,499               | 10,516,856           | 6,134,833               |                   |                       |
| Surplus (deficit)                                                                                                                       | \$ 2,888,193         | \$ 2,888,193         | \$ 710,725           | \$ (128,022)          | \$ (1,042,181)          | \$ (7,235,435)       | \$ 1,026,692            |                   |                       |
| <b>Fund Balance (FB)</b>                                                                                                                | <b>\$ 18,164,875</b> | <b>\$ 18,333,625</b> | <b>\$ 16,020,680</b> | <b>\$ 15,892,658</b>  |                         |                      |                         |                   |                       |
| FB as a % of Expenditures                                                                                                               | 58.0%                | 57.9%                | 42.3%                | 47.8%                 |                         |                      |                         |                   |                       |

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

**FISCAL IMPACT**

No fiscal impact associated with the acknowledgement of this staff report.

Date: March 26, 2026  
Subject: Financial Review  
Page: 5 of 5

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for January, Fiscal Year 2026.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to acknowledge receipt of the Health Fund financial review for January, Fiscal Year 2026."

**Attachment:**

NNPH Fund financial system summary report

|                       |                  |                       |
|-----------------------|------------------|-----------------------|
| Period: 1 thru 7 2026 | Fund: 202        | Health Fund           |
| Account: GO-P-L       | Fund Center: 000 | Default Washoe County |

| Accounts                       | Plan           | Actual        | PO Commit | Actual + PO   | Available      | Avail%  | PreCommit | Available      | Avail%  |
|--------------------------------|----------------|---------------|-----------|---------------|----------------|---------|-----------|----------------|---------|
| 422503 Environmental Permits   | 183,220.00-    | 98,273.14-    |           | 98,273.14-    | 84,946.86-     | 46.36-  |           | 84,946.86-     | 46.36-  |
| 422504 Pool Permits            | 456,304.00-    | 179,143.44-   |           | 179,143.44-   | 277,160.56-    | 60.74-  |           | 277,160.56-    | 60.74-  |
| 422505 RV Permits              | 65,000.00-     | 52,035.84-    |           | 52,035.84-    | 12,964.16-     | 19.94-  |           | 12,964.16-     | 19.94-  |
| 422507 Food Service Permits    | 2,361,872.00-  | 1,598,145.75- |           | 1,598,145.75- | 763,726.25-    | 32.34-  |           | 763,726.25-    | 32.34-  |
| 422508 Wat Well Const Perm     | 200,000.00-    | 75,631.68-    |           | 75,631.68-    | 124,368.32-    | 62.18-  |           | 124,368.32-    | 62.18-  |
| 422509 Water Company Permits   | 7,899.00-      |               |           |               | 7,899.00-      | 100.00- |           | 7,899.00-      | 100.00- |
| 422510 Air Pollution Permits   | 849,695.52-    | 97,343.48-    |           | 97,343.48-    | 752,352.04-    | 88.54-  |           | 752,352.04-    | 88.54-  |
| 422511 ISDS Permits            | 519,512.40-    | 281,914.13-   |           | 281,914.13-   | 237,598.27-    | 45.73-  |           | 237,598.27-    | 45.73-  |
| 422513 Special Event Permits   | 130,000.00-    | 207,982.93-   |           | 207,982.93-   | 77,982.93      | 59.99   |           | 77,982.93      | 59.99   |
| 422514 Initial Applic Fee      | 312,000.00-    | 27,719.04-    |           | 27,719.04-    | 284,280.96-    | 91.12-  |           | 284,280.96-    | 91.12-  |
| 422515 UST Permits             | 169,754.00-    | 242,513.88-   |           | 242,513.88-   | 72,759.88      | 42.86   |           | 72,759.88      | 42.86   |
| 422516 General Permit Air Q    |                | 933.12-       |           | 933.12-       | 933.12         |         |           | 933.12         |         |
| * LICENSES AND PERMITS         | 5,255,256.92-  | 2,861,636.43- |           | 2,861,636.43- | 2,393,620.49-  | 45.55-  |           | 2,393,620.49-  | 45.55-  |
| 431100 Federal Grants          | 15,689,696.43- | 7,312,217.44- |           | 7,312,217.44- | 8,377,478.99-  | 53.39-  |           | 8,377,478.99-  | 53.39-  |
| 431105 Fed. Grants-Indirect    | 687,183.92-    | 315,052.66-   |           | 315,052.66-   | 372,131.26-    | 54.15-  |           | 372,131.26-    | 54.15-  |
| 432100 State Grants            | 687,926.51-    | 229,310.33-   |           | 229,310.33-   | 458,616.18-    | 66.67-  |           | 458,616.18-    | 66.67-  |
| 432105 State Grants-Indirect   | 60,562.00-     | 25,095.99-    |           | 25,095.99-    | 35,466.01-     | 58.56-  |           | 35,466.01-     | 58.56-  |
| 432310 Tire Fee NRS 444A.090   | 550,000.00-    | 291,665.68-   |           | 291,665.68-   | 258,334.32-    | 46.97-  |           | 258,334.32-    | 46.97-  |
| 432311 Polut Ctrl 445B.830     | 713,483.52-    | 201,997.00-   |           | 201,997.00-   | 511,486.52-    | 71.69-  |           | 511,486.52-    | 71.69-  |
| * INTERGOVERNMENTAL            | 18,388,852.38- | 8,375,339.10- |           | 8,375,339.10- | 10,013,513.28- | 54.45-  |           | 10,013,513.28- | 54.45-  |
| 460160 Other General Govt      |                | 216.00-       |           | 216.00-       | 216.00         |         |           | 216.00         |         |
| 460500 Other Immunizations     | 75,600.00-     | 51,296.46-    |           | 51,296.46-    | 24,303.54-     | 32.15-  |           | 24,303.54-     | 32.15-  |
| 460501 Medicaid Clinic Svcs    | 197,400.00-    | 92,756.64-    |           | 92,756.64-    | 104,643.36-    | 53.01-  |           | 104,643.36-    | 53.01-  |
| 460511 Birth Death Certific    | 720,000.00-    | 427,144.00-   |           | 427,144.00-   | 292,856.00-    | 40.67-  |           | 292,856.00-    | 40.67-  |
| 460513 Other Health Service    | 165,418.00-    | 130,734.48-   |           | 130,734.48-   | 34,683.52-     | 20.97-  |           | 34,683.52-     | 20.97-  |
| 460516 Pgm Inc-3rd prty rec    | 296,520.00-    | 226,570.96-   |           | 226,570.96-   | 69,949.04-     | 23.59-  |           | 69,949.04-     | 23.59-  |
| 460518 STD Fees                | 9,450.00-      | 2,901.73-     |           | 2,901.73-     | 6,548.27-      | 69.29-  |           | 6,548.27-      | 69.29-  |
| 460520 Eng Serv Health         | 673,425.00-    | 229,994.40-   |           | 229,994.40-   | 443,430.60-    | 65.85-  |           | 443,430.60-    | 65.85-  |
| 460521 Plan Review - Pools     | 3,353.00-      | 16,809.72-    |           | 16,809.72-    | 13,456.72      | 401.33  |           | 13,456.72      | 401.33  |
| 460523 Plan Review - Food F    | 204,690.00-    | 92,701.32-    |           | 92,701.32-    | 111,988.68-    | 54.71-  |           | 111,988.68-    | 54.71-  |
| 460524 Family Planning         | 105,000.00-    | 41,449.21-    |           | 41,449.21-    | 63,550.79-     | 60.52-  |           | 63,550.79-     | 60.52-  |
| 460525 Plan Review - Vector    | 47,425.00-     | 23,028.76-    |           | 23,028.76-    | 24,396.24-     | 51.44-  |           | 24,396.24-     | 51.44-  |
| 460526 Plan Review-Air Quality | 258,553.17-    | 22,270.08-    |           | 22,270.08-    | 236,283.09-    | 91.39-  |           | 236,283.09-    | 91.39-  |
| 460527 NOE-AQM                 | 348,477.70-    | 205,605.12-   |           | 205,605.12-   | 142,872.58-    | 41.00-  |           | 142,872.58-    | 41.00-  |
| 460528 NESHAP-AQM              | 317,286.83-    | 149,132.55-   |           | 149,132.55-   | 168,154.28-    | 53.00-  |           | 168,154.28-    | 53.00-  |
| 460529 Assessments-AQM         | 133,803.50-    | 59,264.28-    |           | 59,264.28-    | 74,539.22-     | 55.71-  |           | 74,539.22-     | 55.71-  |
| 460530 Inspector Regis-AQM     | 3,754.33-      |               |           |               | 3,754.33-      | 100.00- |           | 3,754.33-      | 100.00- |
| 460531 Dust Plan-Air Quality   | 830,559.40-    | 457,190.56-   |           | 457,190.56-   | 373,368.84-    | 44.95-  |           | 373,368.84-    | 44.95-  |
| 460532 Plan Rvw Hotel/Motel    | 2,584.00-      | 26,831.04-    |           | 26,831.04-    | 24,247.04      | 938.35  |           | 24,247.04      | 938.35  |
| 460534 Child Care Inspection   | 34,320.00-     | 26,509.20-    |           | 26,509.20-    | 7,810.80-      | 22.76-  |           | 7,810.80-      | 22.76-  |
| 460535 Pub Accomod Inspectn    | 50,000.00-     | 33,821.24-    |           | 33,821.24-    | 16,178.76-     | 32.36-  |           | 16,178.76-     | 32.36-  |
| 460537 Renewals - Air Quality  |                | 31,966.20-    |           | 31,966.20-    | 31,966.20      |         |           | 31,966.20      |         |
| 460538 Ann Maint Fee-Air Q     |                | 262,526.56-   |           | 262,526.56-   | 262,526.56     |         |           | 262,526.56     |         |
| 460539 Ann Emissions Fee AQ    |                | 167,505.88-   |           | 167,505.88-   | 167,505.88     |         |           | 167,505.88     |         |
| 460540 Permt Op Late Fee AQ    |                | 5,470.73-     |           | 5,470.73-     | 5,470.73       |         |           | 5,470.73       |         |

|        |                         |                |                |            |                |                |         |                |              |
|--------|-------------------------|----------------|----------------|------------|----------------|----------------|---------|----------------|--------------|
| 460541 | Annual Equip Fee AQ     |                | 82,338.72-     |            | 82,338.72-     | 82,338.72      |         | 82,338.72      |              |
| 460723 | Other Fees              | 256,046.46-    | 197,288.15-    |            | 197,288.15-    | 58,758.31-     | 22.95-  | 58,758.31-     | 22.95-       |
| *      | CHARGES FOR SERVICES    | 4,733,666.39-  | 3,063,323.99-  |            | 3,063,323.99-  | 1,670,342.40-  | 35.29-  | 1,670,342.40-  | 35.29-       |
| 481150 | Interest-Non Pooled     |                | 0.69-          |            | 0.69-          | 0.69           |         | 0.69           |              |
| 484000 | Donation,Contri-Oper    | 6,100.00-      | 6,078.31-      |            | 6,078.31-      | 21.69-         | 0.36-   | 21.69-         | 0.36-        |
| 484050 | Donation Fed Pgm Inc    | 1,500.00-      | 469.97-        |            | 469.97-        | 1,030.03-      | 68.67-  | 1,030.03-      | 68.67-       |
| 484195 | Non-Governmental Grants | 820,833.90-    | 63,330.60-     |            | 63,330.60-     | 757,503.30-    | 92.28-  | 757,503.30-    | 92.28-       |
| 484197 | Non-Gov. Grant-Indir    | 17,667.45-     | 7,649.69-      |            | 7,649.69-      | 10,017.76-     | 56.70-  | 10,017.76-     | 56.70-       |
| 485100 | Reimbursements          | 53,996.72-     | 17,961.18-     |            | 17,961.18-     | 36,035.54-     | 66.74-  | 36,035.54-     | 66.74-       |
| 485300 | Other Misc Govt Rev     | 1,474,164.51-  | 988,592.40-    |            | 988,592.40-    | 485,572.11-    | 32.94-  | 485,572.11-    | 32.94-       |
| 485301 | OtherMiscGovRev-Ind     |                | 197,013.00-    |            | 197,013.00-    | 197,013.00     |         | 197,013.00     |              |
| *      | MISCELLANEOUS           | 2,374,262.58-  | 1,281,095.84-  |            | 1,281,095.84-  | 1,093,166.74-  | 46.04-  | 1,093,166.74-  | 46.04-       |
| **     | REVENUE                 | 30,752,038.27- | 15,581,395.36- |            | 15,581,395.36- | 15,170,642.91- | 49.33-  | 15,170,642.91- | 49.33-       |
| 701110 | Base Salaries           | 17,128,364.63  | 9,140,738.04   |            | 9,140,738.04   | 7,987,626.59   | 46.63   | 7,987,626.59   | 46.63        |
| 701120 | Part Time               | 648,883.28     | 264,903.83     |            | 264,903.83     | 383,979.45     | 59.18   | 383,979.45     | 59.18        |
| 701130 | Pooled Positions        | 813,390.44     | 244,482.66     |            | 244,482.66     | 568,907.78     | 69.94   | 568,907.78     | 69.94        |
| 701140 | Holiday Work            | 4,318.65       | 1,381.14       |            | 1,381.14       | 2,937.51       | 68.02   | 2,937.51       | 68.02        |
| 701200 | Incentive Longevity     | 279,150.00     | 132,085.83     |            | 132,085.83     | 147,064.17     | 52.68   | 147,064.17     | 52.68        |
| 701300 | Overtime                | 64,017.17      | 39,954.54      |            | 39,954.54      | 24,062.63      | 37.59   | 24,062.63      | 37.59        |
| 701403 | Shift Differential      | 300.00         | 404.98         |            | 404.98         | 104.98-        | 34.99-  | 104.98-        | 34.99-       |
| 701404 | Uniform Allowance       | 4,500.00       | 3,225.00       |            | 3,225.00       | 1,275.00       | 28.33   | 1,275.00       | 28.33        |
| 701406 | Standby Pay             | 38,950.00      | 421.07-        |            | 421.07-        | 39,371.07      | 101.08- | 39,371.07      | 101.08-      |
| 701408 | Call Back               | 4,050.00       | 726.08         |            | 726.08         | 3,323.92       | 82.07   | 3,323.92       | 82.07        |
| 701410 | Detective Pay           |                |                |            |                |                |         |                |              |
| 701412 | Salary Adjustment       | 200,921.40     |                |            |                | 200,921.40     | 100.00  | 200,921.40     | 100.00       |
| 701413 | Vac Payoff Sick Term    | 208,970.00     | 285,347.07     |            | 285,347.07     | 76,377.07-     | 36.55-  | 76,377.07-     | 36.55-       |
| 701414 | Vacation Denied-Payoff  | 13,851.50      | 58,222.75      |            | 58,222.75      | 44,371.25-     | 320.34- | 44,371.25-     | 320.34-      |
| 701415 | Physical Fitness Pay    |                |                |            |                |                |         |                |              |
| 701417 | Comp Time               |                | 34,485.86      |            | 34,485.86      | 34,485.86-     |         | 34,485.86-     |              |
| 701419 | Comp Time - Transfer    |                | 3,495.03       |            | 3,495.03       | 3,495.03-      |         | 3,495.03-      |              |
| 701500 | Merit Awards            | 98,187.00      |                |            |                | 98,187.00      | 100.00  | 98,187.00      | 100.00       |
| *      | SALARIES AND WAGES      | 19,507,854.07  | 10,209,031.74  |            | 10,209,031.74  | 9,298,822.33   | 47.67   | 9,298,822.33   | 47.67        |
| 705110 | Group Insurance         | 2,256,594.82   | 1,181,687.82   |            | 1,181,687.82   | 1,074,907.00   | 47.63   | 1,074,907.00   | 47.63        |
| 705115 | ER HSA Contribs         | 295,250.00     | 273,903.90     |            | 273,903.90     | 21,346.10      | 7.23    | 21,346.10      | 7.23         |
| 705190 | OPEB Contribution       | 742,185.00     | 432,941.18     |            | 432,941.18     | 309,243.82     | 41.67   | 309,243.82     | 41.67        |
| 705210 | Retirement              | 6,615,682.30   | 3,480,946.32   |            | 3,480,946.32   | 3,134,735.98   | 47.38   | 3,134,735.98   | 47.38        |
| 705215 | Retirement Calculation  | 12,577.50      |                |            |                | 12,577.50      | 100.00  | 12,577.50      | 100.00       |
| 705230 | Medicare April 1986     | 252,055.36     | 141,777.04     |            | 141,777.04     | 110,278.32     | 43.75   | 110,278.32     | 43.75        |
| 705240 | Grp Insur Budget Inc    | 101,549.00     |                |            |                | 101,549.00     | 100.00  | 101,549.00     | 100.00       |
| 705320 | Workmens Comp           | 64,865.96      | 35,707.40      |            | 35,707.40      | 29,158.56      | 44.95   | 29,158.56      | 44.95        |
| 705330 | Unemply Comp            | 13,986.28      | 5,547.43       |            | 5,547.43       | 8,438.85       | 60.34   | 8,438.85       | 60.34        |
| 705350 | Education               |                |                |            |                |                |         | 384.00         | 384.00-      |
| 705360 | Benefit Adjustment      | 62,610.42      |                |            |                | 62,610.42      | 100.00  | 62,610.42      | 100.00       |
| *      | EMPLOYEE BENEFITS       | 10,417,356.64  | 5,552,511.09   |            | 5,552,511.09   | 4,864,845.55   | 46.70   | 384.00         | 4,864,461.55 |
| 710100 | Professional Services   | 1,983,901.69   | 306,928.76     | 485,724.24 | 792,653.00     | 1,191,248.69   | 60.05   | 1,086.23       | 1,190,162.46 |
| 710105 | Medical Services        | 10,738.00      | 2,177.50       |            | 2,177.50       | 8,560.50       | 79.72   |                | 8,560.50     |
| 710108 | MD Consultants          | 49,213.44      | 22,372.52      | 19,703.96  | 42,076.48      | 7,136.96       | 14.50   | 6,000.00       | 1,136.96     |
| 710110 | Contracted/Temp Svcs    | 15,452.60      | 48,948.75      | 30,710.50  | 79,659.25      | 64,206.65-     | 415.51- |                | 64,206.65-   |
| 710155 | Lobbying Services       | 600.00         |                |            |                | 600.00         | 100.00  |                | 600.00       |
| 710200 | Service Contract        | 69,307.76      | 16,604.07      | 960.00     | 17,564.07      | 51,743.69      | 74.66   |                | 51,743.69    |
| 710201 | Laundry Services        | 1,550.00       | 201.74         |            | 201.74         | 1,348.26       | 86.98   |                | 1,348.26     |
| 710204 | Security Contracts      | 19,193.54      | 5,153.88       | 4,586.12   | 9,740.00       | 9,453.54       | 49.25   |                | 9,453.54     |
| 710205 | Repairs and Maintenance | 17,356.93      | 5,758.19       |            | 5,758.19       | 11,598.74      | 66.82   | 40.66          | 11,558.08    |
| 710210 | Software Maintenance    | 5,440.00       | 27,020.32      | 27,289.92  | 54,310.24      | 48,870.24-     | 898.35- |                | 48,870.24-   |
| 710212 | Software Subscription   | 42,526.20      | 49,149.93      |            | 49,149.93      | 6,623.73-      | 15.58-  | 199.00         | 6,822.73-    |
| 710300 | Operating Supplies      | 426,840.01     | 45,860.19      | 66,413.68  | 112,273.87     | 314,566.14     | 73.70   | 41,911.56      | 272,654.58   |
| 710301 | Tires                   |                |                |            |                |                |         |                |              |
| 710302 | Small Tools & Allow     | 1,435.00       | 220.06         |            | 220.06         | 1,214.94       | 84.66   | 22.82          | 1,192.12     |

|        |                         |              |              |            |              |              |        |          |              |        |
|--------|-------------------------|--------------|--------------|------------|--------------|--------------|--------|----------|--------------|--------|
| 710308 | Animal Supplies         | 1,600.00     |              |            |              | 1,600.00     | 100.00 |          | 1,600.00     | 100.00 |
| 710310 | Parts and Supplies      |              |              |            |              |              |        |          |              |        |
| 710319 | Chemical Supplies       | 237,000.00   |              |            |              | 237,000.00   | 100.00 |          | 237,000.00   | 100.00 |
| 710325 | Signs and Markers       | 2,009.00     |              |            |              | 2,009.00     | 100.00 |          | 2,009.00     | 100.00 |
| 710334 | Copy Mach-Lease Exp     | 21,550.94    | 8,006.70     | 15,188.01  | 23,194.71    | 1,643.77-    | 7.63-  | 912.00   | 2,555.77-    | 11.86- |
| 710335 | Copy Machine-Copies     | 7,755.68     | 3,944.28     | 7,897.68   | 11,841.96    | 4,086.28-    | 52.69- | 200.00   | 4,286.28-    | 55.27- |
| 710347 | Medical Supplies        |              | 7.70         |            | 7.70         | 7.70-        |        |          | 7.70-        |        |
| 710350 | Office Supplies         | 35,473.24    | 6,858.09     |            | 6,858.09     | 28,615.15    | 80.67  | 1,383.61 | 27,231.54    | 76.77  |
| 710355 | Books and Subscriptions | 9,120.00     | 6,097.81     |            | 6,097.81     | 3,022.19     | 33.14  |          | 3,022.19     | 33.14  |
| 710360 | Postage                 | 25,114.69    | 19,786.89    |            | 19,786.89    | 5,327.80     | 21.21  |          | 5,327.80     | 21.21  |
| 710361 | Express Courier         | 100.00       | 148.92       |            | 148.92       | 48.92-       | 48.92- |          | 48.92-       | 48.92- |
| 710391 | Fuel & Lube             |              |              |            |              |              |        |          |              |        |
| 710400 | Pmts to O Agencies      | 185,350.00   | 116,786.00   | 121,990.00 | 238,776.00   | 53,426.00-   | 28.82- |          | 53,426.00-   | 28.82- |
| 710500 | Other Expense           | 99,399.04    | 16,219.60    | 40.00      | 16,259.60    | 83,139.44    | 83.64  | 7,403.45 | 75,735.99    | 76.19  |
| 710502 | Printing                | 32,565.00    | 22,694.14    |            | 22,694.14    | 9,870.86     | 30.31  |          | 9,870.86     | 30.31  |
| 710503 | Licenses & Permits      | 23,055.00    | 8,322.20     |            | 8,322.20     | 14,732.80    | 63.90  | 250.00   | 14,482.80    | 62.82  |
| 710504 | Registration            | 2,900.00     | 598.00       |            | 598.00       | 2,302.00     | 79.38  |          | 2,302.00     | 79.38  |
| 710506 | Dept InsDeductible      |              | 1,000.00     |            | 1,000.00     | 1,000.00-    |        |          | 1,000.00-    |        |
| 710507 | Network and Data Lines  | 16,740.00    | 12,845.61    | 1,464.90   | 14,310.51    | 2,429.49     | 14.51  |          | 2,429.49     | 14.51  |
| 710508 | Telephone Land Lines    | 5,362.90     | 538.54       |            | 538.54       | 4,824.36     | 89.96  |          | 4,824.36     | 89.96  |
| 710509 | Seminars and Meetings   | 320,156.00   | 33,122.79    |            | 33,122.79    | 287,033.21   | 89.65  | 610.00   | 286,423.21   | 89.46  |
| 710512 | Auto Expense            | 6,612.60     | 1,566.62     |            | 1,566.62     | 5,045.98     | 76.31  |          | 5,045.98     | 76.31  |
| 710514 | Regulatory Assessments  | 24,000.00    | 9,751.90     | 9,751.91   | 19,503.81    | 4,496.19     | 18.73  |          | 4,496.19     | 18.73  |
| 710518 | Telephone Subscription  | 40,352.00    | 17,773.06    |            | 17,773.06    | 22,578.94    | 55.95  |          | 22,578.94    | 55.95  |
| 710519 | Cellular Phone          | 17,773.60    | 10,610.72    |            | 10,610.72    | 7,162.88     | 40.30  |          | 7,162.88     | 40.30  |
| 710529 | Dues                    | 19,274.85    | 15,861.00    |            | 15,861.00    | 3,413.85     | 17.71  | 120.00   | 3,293.85     | 17.09  |
| 710535 | Credit Card Fees        | 57,490.00    | 34,365.37    | 36,534.63  | 70,900.00    | 13,410.00-   | 23.33- |          | 13,410.00-   | 23.33- |
| 710546 | Advertising             | 68,291.12    | 5,046.59     |            | 5,046.59     | 63,244.53    | 92.61  | 99.00    | 63,145.53    | 92.47  |
| 710551 | Cash Discounts Lost     |              | 143.91       |            | 143.91       | 143.91-      |        |          | 143.91-      |        |
| 710571 | Safety Expense          | 41,852.00    |              |            |              | 41,852.00    | 100.00 |          | 41,852.00    | 100.00 |
| 710577 | Uniforms & Special C    | 9,350.00     | 310.92       |            | 310.92       | 9,039.08     | 96.67  |          | 9,039.08     | 96.67  |
| 710579 | Education Exp Reimb     |              | 15.00        |            | 15.00        | 15.00-       |        |          | 15.00-       |        |
| 710585 | Undesignated Budget     | 1,537,039.94 |              |            |              | 1,537,039.94 | 100.00 |          | 1,537,039.94 | 100.00 |
| 710594 | Insurance Premium       | 22,302.25    |              |            |              | 22,302.25    | 100.00 |          | 22,302.25    | 100.00 |
| 710600 | LT Lease-Office Space   | 82,945.00    | 54,318.00    | 27,484.00  | 81,802.00    | 1,143.00     | 1.38   |          | 1,143.00     | 1.38   |
| 710703 | Biologicals             | 669,589.00   | 270,115.50   | 243,276.83 | 513,392.33   | 156,196.67   | 23.33  |          | 156,196.67   | 23.33  |
| 710714 | Referral Services       |              | 1,900.00     | 7,600.00   | 9,500.00     | 9,500.00-    |        |          | 9,500.00-    |        |
| 710721 | Outpatient              | 208,203.00   | 43,775.30    | 63,142.42  | 106,917.72   | 101,285.28   | 48.65  | 500.00   | 100,785.28   | 48.41  |
| 710729 | Mental Health Assess    |              |              |            |              |              |        |          |              |        |
| 710730 | Sub Abuse Assess        |              |              |            |              |              |        |          |              |        |
| 710872 | Food Purchases          | 19,618.00    | 1,884.34     |            | 1,884.34     | 17,733.66    | 90.39  | 1,808.95 | 15,924.71    | 81.17  |
| 711008 | Combined Utilities      | 146,846.00   | 58,296.19    |            | 58,296.19    | 88,549.81    | 60.30  |          | 88,549.81    | 60.30  |
| 711010 | Utilities               |              | 2,045.14     |            | 2,045.14     | 2,045.14-    |        |          | 2,045.14-    |        |
| 711011 | Waste Removal           |              | 900.00       |            | 900.00       | 900.00-      |        |          | 900.00-      |        |
| 711019 | Water                   |              | 253.99       |            | 253.99       | 253.99-      |        |          | 253.99-      |        |
| 711100 | ESD Asset Management    | 65,208.00    | 30,733.29    |            | 30,733.29    | 34,474.71    | 52.87  |          | 34,474.71    | 52.87  |
| 711112 | Special Modifications   | 15,583.00    |              |            |              | 15,583.00    | 100.00 |          | 15,583.00    | 100.00 |
| 711113 | Equip Srv Replace       | 112,561.23   | 63,200.33    |            | 63,200.33    | 49,360.90    | 43.85  |          | 49,360.90    | 43.85  |
| 711114 | Equip Srv O & M         | 47,388.51    | 21,282.83    |            | 21,282.83    | 26,105.68    | 55.09  |          | 26,105.68    | 55.09  |
| 711117 | ESD Fuel Charge         | 29,373.96    | 16,976.08    |            | 16,976.08    | 12,397.88    | 42.21  |          | 12,397.88    | 42.21  |
| 711119 | Property & Liability    | 78,593.00    | 45,845.94    |            | 45,845.94    | 32,747.06    | 41.67  |          | 32,747.06    | 41.67  |
| 711210 | Travel                  | 198,862.49   | 26,697.71    |            | 26,697.71    | 172,164.78   | 86.57  |          | 172,164.78   | 86.57  |
| 711213 | Travel - Non County     | 6,000.00     | 1,460.12     |            | 1,460.12     | 4,539.88     | 75.66  |          | 4,539.88     | 75.66  |
| 711300 | Cash Over Short         |              | 5.00-        |            | 5.00-        | 5.00         |        |          | 5.00         |        |
| 711399 | ProCard in Process      |              |              |            |              |              |        | 470.16   | 470.16-      |        |
| 711400 | Overhead - General Fund | 2,733,811.00 | 1,594,723.27 |            | 1,594,723.27 | 1,139,087.73 | 41.67  |          | 1,139,087.73 | 41.67  |
| 711504 | Equipment nonCapital    | 147,828.60   | 27,014.38    | 5,665.00   | 32,679.38    | 115,149.22   | 77.89  |          | 115,149.22   | 77.89  |
| 711508 | Computers nonCapital    | 124,185.00   | 2,787.55     | 1,890.00   | 4,677.55     | 119,507.45   | 96.23  |          | 119,507.45   | 96.23  |

|                                 |                |               |              |               |               |        |           |               |        |
|---------------------------------|----------------|---------------|--------------|---------------|---------------|--------|-----------|---------------|--------|
| 711509 Comp Sftw nonCapital     | 27,633.04      |               | 20,751.77    | 20,751.77     | 6,881.27      | 24.90  |           | 6,881.27      | 24.90  |
| * SERVICES AND SUPPLIES         | 10,227,373.85  | 3,147,023.23  | 1,198,065.57 | 4,345,088.80  | 5,882,285.05  | 57.52  | 63,017.44 | 5,819,267.61  | 56.90  |
| 781004 Equipment Capital        | 916,637.05     | 81,130.97     | 97,710.00    | 178,840.97    | 737,796.08    | 80.49  |           | 737,796.08    | 80.49  |
| 781009 Comp Sftw Capital        |                | 38,000.00     |              | 38,000.00     | 38,000.00-    |        |           | 38,000.00-    |        |
| * CAPITAL OUTLAY                | 916,637.05     | 119,130.97    | 97,710.00    | 216,840.97    | 699,796.08    | 76.34  |           | 699,796.08    | 76.34  |
| ** EXPENDITURES                 | 41,069,221.61  | 19,027,697.03 | 1,295,775.57 | 20,323,472.60 | 20,745,749.01 | 50.51  | 63,401.44 | 20,682,347.57 | 50.36  |
| 621001 Transfer From General    | 10,516,856.00- | 6,134,832.69- |              | 6,134,832.69- | 4,382,023.31- | 41.67- |           | 4,382,023.31- | 41.67- |
| * TRANSFERS IN                  | 10,516,856.00- | 6,134,832.69- |              | 6,134,832.69- | 4,382,023.31- | 41.67- |           | 4,382,023.31- | 41.67- |
| 812230 To Reg Permits-230       | 193,208.00     | 121,080.20    |              | 121,080.20    | 72,127.80     | 37.33  |           | 72,127.80     | 37.33  |
| 814092 To Public Works Cons     | 7,241,899.87   | 1,540,758.92  |              | 1,540,758.92  | 5,701,140.95  | 78.72  |           | 5,701,140.95  | 78.72  |
| * TRANSFERS OUT                 | 7,435,107.87   | 1,661,839.12  |              | 1,661,839.12  | 5,773,268.75  | 77.65  |           | 5,773,268.75  | 77.65  |
| ** OTHER FINANCING SOURCES/USES | 3,081,748.13-  | 4,472,993.57- |              | 4,472,993.57- | 1,391,245.44  | 45.14  |           | 1,391,245.44  | 45.14  |
| *** Total                       | 7,235,435.21   | 1,026,691.90- | 1,295,775.57 | 269,083.67    | 6,966,351.54  | 96.28- | 63,401.44 | 6,902,950.10  | 95.40- |

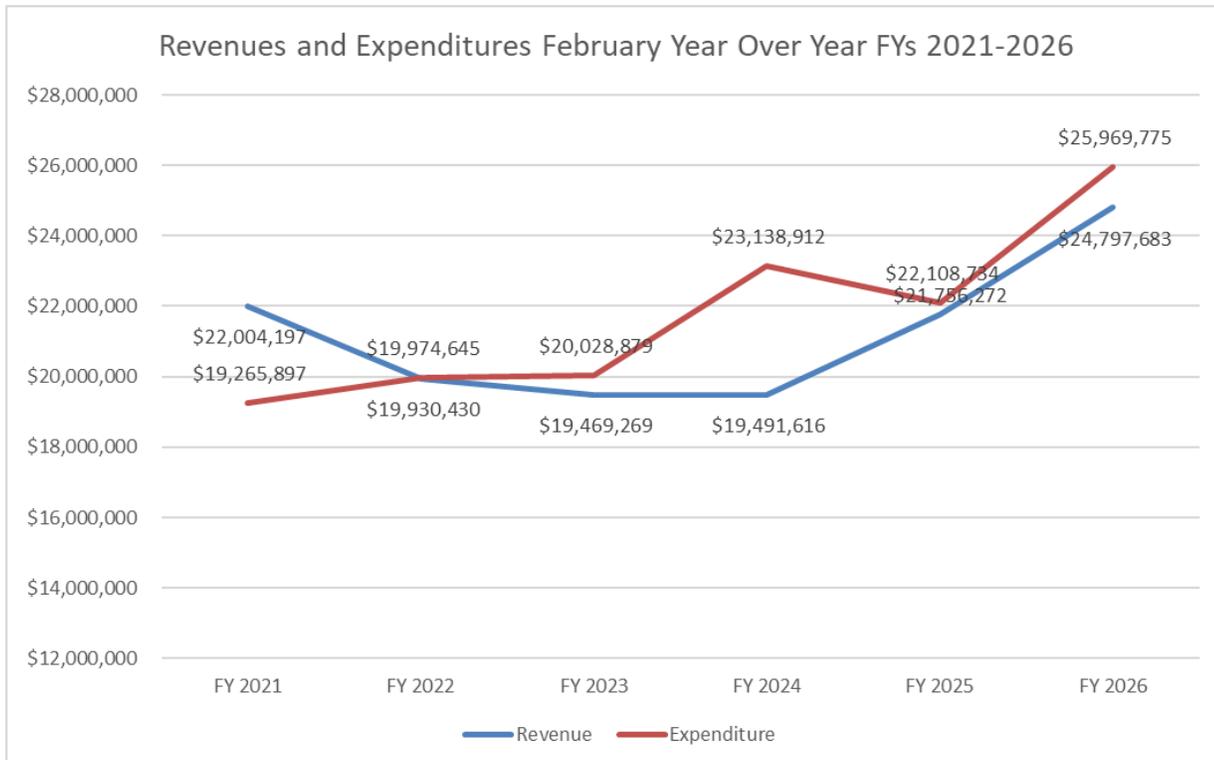
**Staff Report**  
**Board Meeting Date: March 26, 2025**

**DATE:** March 17, 2026  
**TO:** District Board of Health  
**FROM:** Jack Zenteno, Administrative Health Services Officer  
 775-328-2417, [Jzenteno@nnp.org](mailto:Jzenteno@nnp.org)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2026.

**SUMMARY**

**Fiscal Year 2025:**

The eighth month of FY 2026 ended with a cash balance of \$13,602,919. The total revenues were \$24,797,683, or 60.1% of budgeted up \$3,041,411 or 14.0% from FY2025. Expenditures totaled \$21,458,492, or 52.2% of budgeted, down -1.2% or -\$252,880 from FY 2025. Transfers out related to the TB clinic totaled \$4,511,283.



AGENDA PACKET NO.

**District Health Strategic Priority supported by this item:**

**6. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

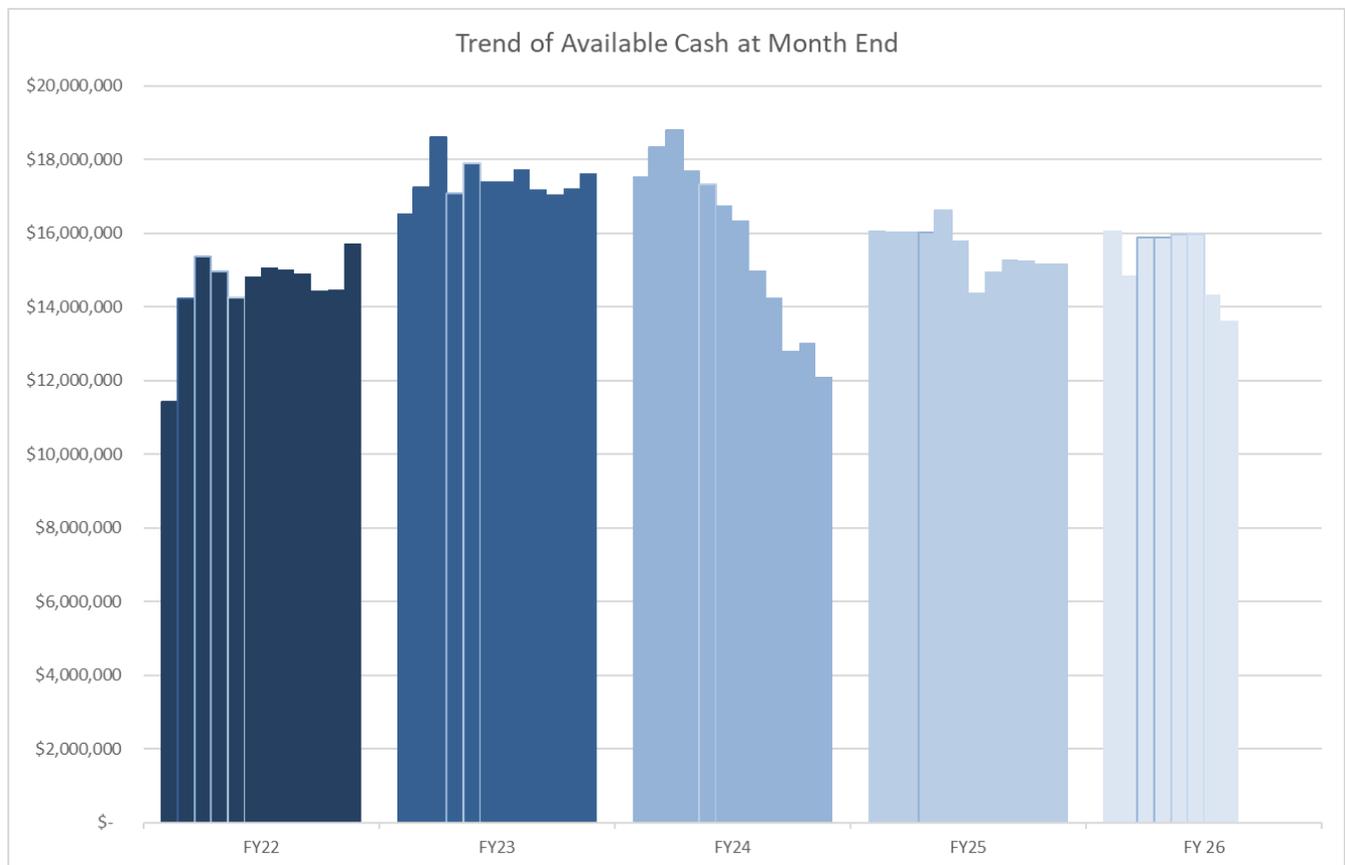
**PREVIOUS ACTION**

Fiscal Year 2026 Budget was adopted May 20, 2025.

**BACKGROUND**

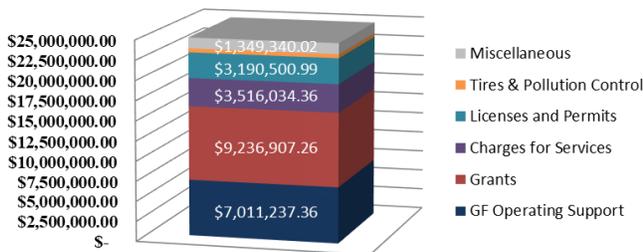
**Review of Cash**

The available cash at the end of January FY26 was \$13,602,919, which is enough to cover 5.6 months of expenditure. Encumbrances and other liability cash totals \$2.5 million. The cash restricted as to use is \$2,731,603 (includes \$300,560 DMV Pollution Control revenue, \$251,276 DMV Excess Reserve revenue, \$1,260,695 Tire Fees, and Burning Man donations \$25,670, and Regional Technology Fee \$893,402), leaving a balance of \$9.4 Million.

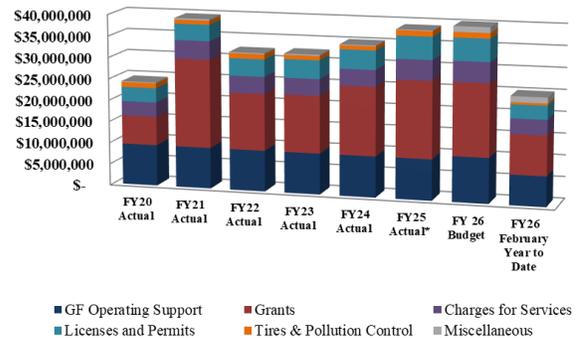


**Review of Revenues (including transfers from General Fund) and Expenditures by category**

**Revenues  
 FY26 February Year to Date**

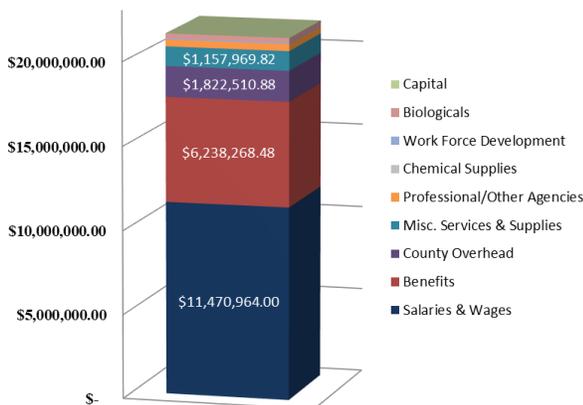


**Revenues  
 (including General Fund support)**

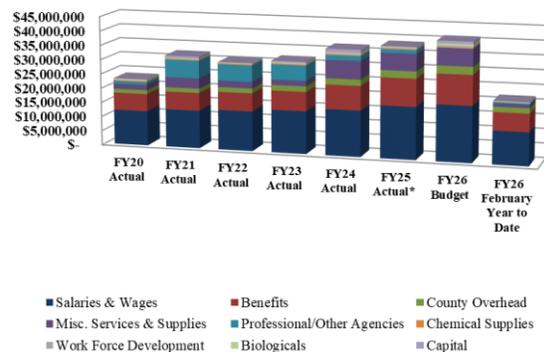


The total revenues year to date were \$24,797,683, up \$3,041,411 or 14.0% compared to February FY25. Revenue categories up over FY25 were Federal Grants up \$3,580,570, due to revenues related to the TB clinic at \$4,670,181, Pollution Control Fees up \$14,994 and Charges for Services up \$410,860. The remaining revenue categories are down compared to FY25.

**Expenditures  
 FY26 February Year to Date**



**Expenditures**



The total year-to-date expenditures of \$21,458,492 were down \$2,126,176 or -1.2% compared to FY25. Salaries and Benefits were \$17,709,232 up \$172,289 compared to FY 25. Total Services and Supplies were \$3,630,129, down \$125,260 or -13.0%. Transfers out related to the TB Clinic were \$4,511,283.

**Review of Revenues and Expenditures by Division**

**ODHO** revenues were \$1,739,727 for programmatic activity, down -37.1% or \$1,026,252 and \$4,670,181 for TB clinic activity. Expenditures were \$2,781,849 for programmatic and administrative activities, which is up \$549,602 or 24.6% compared to FY25.

**AHS** expenditures were \$1,183,538 up 10.7% or \$114,477 compared to FY25.

**AQM** revenues were \$2,441,947, up 6.3% or \$145,659 compared to FY25. Expenditures were \$2,829,999, which is up 4.2% or \$114,955 compared to FY25.

**CCHS** revenues were \$2,621,940, down -36.3% or -\$1,491,066 compared to FY25, due mostly to the move of programmatic functions from CCHS to PHD. Expenditures were \$5,554,580 down -31.6% or -\$2,560,551 compared to FY25.

**EHS** revenues were \$1,899,804, up 20.8% or \$326,507 compared to FY25. Expenditures were \$5,241,121 which is up 2.7% or \$139,505 compared to FY25.

**PHD** revenues were \$1,899,804 up 20.8% or \$326,507 compared to FY25. Expenditures were \$3,867,405, which is up 56.1% or \$1,389,131 compared to FY25, due mostly to programmatic moves from CCHS.

| Northern Nevada Public Health<br>Summary of Revenues and Expenditures<br>Fiscal Year 2022 through February Year to Date Fiscal Year 2026 |                      |                      |                      |                      |                       |                       |                       |                   |                    |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|-----------------------|-----------------------|-------------------|--------------------|
|                                                                                                                                          | Actual Fiscal Year   |                      |                      | FY 2025              |                       | Fiscal Year 2026      |                       |                   |                    |
|                                                                                                                                          | FY 2022              | FY 2023              | FY 2024              | Unaudited Year End   | February Year to Date | Adjusted Budget       | February Year to Date | Percent of Budget | Increase over FY25 |
| <b>Revenues (all sources of funds)</b>                                                                                                   |                      |                      |                      |                      |                       |                       |                       |                   |                    |
| ODHO                                                                                                                                     | 244,552              | 1,108,062            | 1,279,944            | 3,010,445            | 2,765,979             | 3,170,139             | 1,739,727             | 54.9%             | -37.1%             |
| ODHO (TB Clinic)                                                                                                                         |                      |                      |                      | 2,256,352            | 397,362               | 7,241,900             | 4,670,181             | 64.5%             | 1075.3%            |
| AHS                                                                                                                                      | -                    | 30,870               | -                    | -                    | -                     | -                     | -                     |                   |                    |
| AQM                                                                                                                                      | 3,754,067            | 3,588,700            | 3,730,584            | 4,181,291            | 2,296,289             | 5,281,796             | 2,441,947             | 46.2%             | 6.3%               |
| CCHS                                                                                                                                     | 6,211,924            | 5,747,083            | 6,824,296            | 6,847,127            | 4,113,006             | 5,138,852             | 2,621,940             | 51.0%             | -36.3%             |
| EHS                                                                                                                                      | 5,125,352            | 5,610,846            | 5,649,621            | 6,853,125            | 4,261,096             | 6,677,090             | 4,412,846             | 66.1%             | 3.6%               |
| EPHP                                                                                                                                     | 9,330,745            | 6,795,841            | 8,010,827            | 2,792,008            | 1,573,297             | 3,242,261             | 1,899,804             | 58.6%             | 20.8%              |
| GF support                                                                                                                               | 9,516,856            | 9,516,856            | 9,516,856            | 9,516,856            | 6,349,243             | 10,516,856            | 7,011,237             | 66.7%             | 10.4%              |
| <b>Total Revenues</b>                                                                                                                    | <b>\$ 34,183,496</b> | <b>\$ 32,398,258</b> | <b>\$ 35,012,129</b> | <b>\$ 35,457,203</b> | <b>21,756,272</b>     | <b>\$ 41,268,894</b>  | <b>24,797,683</b>     | <b>60.1%</b>      | <b>14.0%</b>       |
| <b>Expenditures (all uses of funds)</b>                                                                                                  |                      |                      |                      |                      |                       |                       |                       |                   |                    |
| ODHO                                                                                                                                     | 1,795,314            | 2,962,863            | 4,322,064            | 3,507,038            | 2,232,247             | 5,821,869             | 2,781,849             | 47.8%             | 24.6%              |
| AHS                                                                                                                                      | 1,162,521            | 1,361,706            | 1,414,102            | 1,651,343            | 1,069,061             | 2,114,321             | 1,183,538             | 56.0%             | 10.7%              |
| AQM                                                                                                                                      | 3,137,496            | 3,066,293            | 3,797,818            | 4,191,415            | 2,715,044             | 5,410,232             | 2,829,999             | 52.3%             | 4.2%               |
| CCHS                                                                                                                                     | 9,607,271            | 10,033,846           | 12,170,306           | 12,143,450           | 8,115,130             | 10,496,036            | 5,554,580             | 52.9%             | -31.6%             |
| EHS                                                                                                                                      | 6,622,164            | 7,062,782            | 7,592,606            | 7,718,105            | 5,101,616             | 10,281,583            | 5,241,121             | 51.0%             | 2.7%               |
| EPHP                                                                                                                                     | 8,970,538            | 7,200,044            | 8,569,528            | 4,008,900            | 2,478,274             | 6,945,181             | 3,867,405             | 55.7%             | 56.1%              |
| Capital                                                                                                                                  |                      |                      |                      |                      | 225,219               | 916,637               | 119,131               |                   |                    |
| <b>Total Expenditures</b>                                                                                                                | <b>\$ 31,295,303</b> | <b>\$ 31,687,533</b> | <b>\$ 37,866,423</b> | <b>\$ 33,220,250</b> | <b>21,711,372</b>     | <b>\$ 41,069,222</b>  | <b>21,458,492</b>     | <b>52.2%</b>      | <b>-1.2%</b>       |
| <b>Revenues (sources of funds) less Expenditures (uses of funds):</b>                                                                    |                      |                      |                      |                      |                       |                       |                       |                   |                    |
| ODHO                                                                                                                                     | (1,550,762)          | (1,550,762)          | (1,854,801)          | (495,093)            | 232,457               | (2,651,729)           | (762,144)             |                   |                    |
| AHS                                                                                                                                      | (1,162,521)          | (1,162,521)          | (1,330,836)          | (1,651,343)          | (1,069,061)           | (2,114,321)           | (1,183,538)           |                   |                    |
| AQM                                                                                                                                      | 616,571              | 616,571              | 522,407              | (33,916)             | (418,755)             | (169,010)             | (413,479)             |                   |                    |
| CCHS                                                                                                                                     | (3,395,347)          | (3,395,347)          | (4,286,762)          | (5,296,323)          | (4,002,124)           | (5,357,184)           | (2,932,639)           |                   |                    |
| EHS                                                                                                                                      | (1,496,812)          | (1,496,812)          | (1,451,936)          | (951,312)            | (837,348)             | (3,757,127)           | (923,928)             |                   |                    |
| EPHP                                                                                                                                     | 360,207              | 360,207              | (404,203)            | (1,216,891)          | (904,977)             | (3,702,920)           | (1,967,602)           |                   |                    |
| GF Operating                                                                                                                             | 9,516,856            | 9,516,856            | 9,516,856            | 9,516,856            | 6,349,243             | 10,516,856            | 7,011,237             |                   |                    |
| <b>Surplus (deficit)</b>                                                                                                                 | <b>\$ 2,888,193</b>  | <b>\$ 2,888,193</b>  | <b>\$ 710,725</b>    | <b>\$ (128,022)</b>  | <b>\$ (650,565)</b>   | <b>\$ (7,235,435)</b> | <b>\$ (1,172,092)</b> |                   |                    |
| <b>Fund Balance (FB)</b>                                                                                                                 | <b>\$ 18,164,875</b> | <b>\$ 18,333,625</b> | <b>\$ 16,020,680</b> | <b>\$ 15,892,658</b> |                       |                       |                       |                   |                    |
| FB as a % of Expenditures                                                                                                                | 58.0%                | 57.9%                | 42.3%                | 47.8%                |                       |                       |                       |                   |                    |

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

Date: March 26, 2026  
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**FISCAL IMPACT**

No fiscal impact associated with the acknowledgement of this staff report.

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for February, Fiscal Year 2026.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to acknowledge receipt of the Health Fund financial review for February, Fiscal Year 2026."

**Attachment:**

NNPH Fund financial system summary report

|                       |                    |                   |
|-----------------------|--------------------|-------------------|
| Period: 1 thru 8 2026 | Fund: 202          | Health Fund       |
| Account: GO-P-L       | Fund Center: 202-0 | Health Department |

| Accounts                       | Plan           | Actual        | PO Commit | Actual + PO   | Available     | Avail%  | PreCommit | Available     | Avail%  |
|--------------------------------|----------------|---------------|-----------|---------------|---------------|---------|-----------|---------------|---------|
| 422503 Environmental Permits   | 183,220.00-    | 112,982.74-   |           | 112,982.74-   | 70,237.26-    | 38.33-  |           | 70,237.26-    | 38.33-  |
| 422504 Pool Permits            | 456,304.00-    | 195,822.96-   |           | 195,822.96-   | 260,481.04-   | 57.09-  |           | 260,481.04-   | 57.09-  |
| 422505 RV Permits              | 65,000.00-     | 56,496.72-    |           | 56,496.72-    | 8,503.28-     | 13.08-  |           | 8,503.28-     | 13.08-  |
| 422507 Food Service Permits    | 2,361,872.00-  | 1,825,181.91- |           | 1,825,181.91- | 536,690.09-   | 22.72-  |           | 536,690.09-   | 22.72-  |
| 422508 Wat Well Const Perm     | 200,000.00-    | 80,215.68-    |           | 80,215.68-    | 119,784.32-   | 59.89-  |           | 119,784.32-   | 59.89-  |
| 422509 Water Company Permits   | 7,899.00-      |               |           |               | 7,899.00-     | 100.00- |           | 7,899.00-     | 100.00- |
| 422510 Air Pollution Permits   | 849,695.52-    | 105,222.20-   |           | 105,222.20-   | 744,473.32-   | 87.62-  |           | 744,473.32-   | 87.62-  |
| 422511 ISDS Permits            | 519,512.40-    | 321,913.49-   |           | 321,913.49-   | 197,598.91-   | 38.04-  |           | 197,598.91-   | 38.04-  |
| 422513 Special Event Permits   | 130,000.00-    | 215,112.85-   |           | 215,112.85-   | 85,112.85-    | 65.47   |           | 85,112.85-    | 65.47   |
| 422514 Initial Applic Fee      | 312,000.00-    | 29,255.04-    |           | 29,255.04-    | 282,744.96-   | 90.62-  |           | 282,744.96-   | 90.62-  |
| 422515 UST Permits             | 169,754.00-    | 247,156.92-   |           | 247,156.92-   | 77,402.92     | 45.60   |           | 77,402.92     | 45.60   |
| 422516 General Permit Air Q    |                | 1,140.48-     |           | 1,140.48-     | 1,140.48      |         |           | 1,140.48      |         |
| * LICENSES AND PERMITS         | 5,255,256.92-  | 3,190,500.99- |           | 3,190,500.99- | 2,064,755.93- | 39.29-  |           | 2,064,755.93- | 39.29-  |
| 431100 Federal Grants          | 15,666,957.94- | 8,476,192.15- |           | 8,476,192.15- | 7,190,765.79- | 45.90-  |           | 7,190,765.79- | 45.90-  |
| 431105 Fed. Grants-Indirect    | 685,364.84-    | 423,676.69-   |           | 423,676.69-   | 261,688.15-   | 38.18-  |           | 261,688.15-   | 38.18-  |
| 432100 State Grants            | 710,665.00-    | 303,598.81-   |           | 303,598.81-   | 407,066.19-   | 57.28-  |           | 407,066.19-   | 57.28-  |
| 432105 State Grants-Indirect   | 62,381.08-     | 33,439.61-    |           | 33,439.61-    | 28,941.47-    | 46.39-  |           | 28,941.47-    | 46.39-  |
| 432310 Tire Fee NRS 444A.090   | 550,000.00-    | 291,665.68-   |           | 291,665.68-   | 258,334.32-   | 46.97-  |           | 258,334.32-   | 46.97-  |
| 432311 Polut Ctrl 445B.830     | 713,483.52-    | 201,997.00-   |           | 201,997.00-   | 511,486.52-   | 71.69-  |           | 511,486.52-   | 71.69-  |
| * INTERGOVERNMENTAL            | 18,388,852.38- | 9,730,569.94- |           | 9,730,569.94- | 8,658,282.44- | 47.08-  |           | 8,658,282.44- | 47.08-  |
| 460160 Other General Govt      |                | 240.00-       |           | 240.00-       | 240.00        |         |           | 240.00        |         |
| 460500 Other Immunizations     | 75,600.00-     | 56,439.30-    |           | 56,439.30-    | 19,160.70-    | 25.34-  |           | 19,160.70-    | 25.34-  |
| 460501 Medicaid Clinic Svcs    | 197,400.00-    | 106,175.78-   |           | 106,175.78-   | 91,224.22-    | 46.21-  |           | 91,224.22-    | 46.21-  |
| 460511 Birth Death Certific    | 720,000.00-    | 483,676.00-   |           | 483,676.00-   | 236,324.00-   | 32.82-  |           | 236,324.00-   | 32.82-  |
| 460513 Other Health Service    | 165,418.00-    | 150,194.16-   |           | 150,194.16-   | 15,223.84-    | 9.20-   |           | 15,223.84-    | 9.20-   |
| 460516 Pgm Inc-3rd prty rec    | 296,520.00-    | 249,475.93-   |           | 249,475.93-   | 47,044.07-    | 15.87-  |           | 47,044.07-    | 15.87-  |
| 460518 STD Fees                | 9,450.00-      | 3,048.30-     |           | 3,048.30-     | 6,401.70-     | 67.74-  |           | 6,401.70-     | 67.74-  |
| 460520 Eng Serv Health         | 673,425.00-    | 276,373.92-   |           | 276,373.92-   | 397,051.08-   | 58.96-  |           | 397,051.08-   | 58.96-  |
| 460521 Plan Review - Pools     | 3,353.00-      | 26,667.96-    |           | 26,667.96-    | 23,314.96     | 695.35  |           | 23,314.96     | 695.35  |
| 460523 Plan Review - Food F    | 204,690.00-    | 116,067.72-   |           | 116,067.72-   | 88,622.28-    | 43.30-  |           | 88,622.28-    | 43.30-  |
| 460524 Family Planning         | 105,000.00-    | 47,277.52-    |           | 47,277.52-    | 57,722.48-    | 54.97-  |           | 57,722.48-    | 54.97-  |
| 460525 Plan Review - Vector    | 47,425.00-     | 26,740.12-    |           | 26,740.12-    | 20,684.88-    | 43.62-  |           | 20,684.88-    | 43.62-  |
| 460526 Plan Review-Air Quality | 258,553.17-    | 26,850.24-    |           | 26,850.24-    | 231,702.93-   | 89.62-  |           | 231,702.93-   | 89.62-  |
| 460527 NOE-AQM                 | 348,477.70-    | 227,857.92-   |           | 227,857.92-   | 120,619.78-   | 34.61-  |           | 120,619.78-   | 34.61-  |
| 460528 NESHAP-AQM              | 317,286.83-    | 159,490.95-   |           | 159,490.95-   | 157,795.88-   | 49.73-  |           | 157,795.88-   | 49.73-  |
| 460529 Assessments-AQM         | 133,803.50-    | 67,701.72-    |           | 67,701.72-    | 66,101.78-    | 49.40-  |           | 66,101.78-    | 49.40-  |
| 460530 Inspector Regis-AQM     | 3,754.33-      |               |           |               | 3,754.33-     | 100.00- |           | 3,754.33-     | 100.00- |
| 460531 Dust Plan-Air Quality   | 830,559.40-    | 559,774.24-   |           | 559,774.24-   | 270,785.16-   | 32.60-  |           | 270,785.16-   | 32.60-  |
| 460532 Plan Rvw Hotel/Motel    | 2,584.00-      | 26,831.04-    |           | 26,831.04-    | 24,247.04     | 938.35  |           | 24,247.04     | 938.35  |
| 460534 Child Care Inspection   | 34,320.00-     | 29,825.28-    |           | 29,825.28-    | 4,494.72-     | 13.10-  |           | 4,494.72-     | 13.10-  |
| 460535 Pub Accomod Inspectn    | 50,000.00-     | 33,821.24-    |           | 33,821.24-    | 16,178.76-    | 32.36-  |           | 16,178.76-    | 32.36-  |
| 460537 Renewals - Air Quality  |                | 39,895.80-    |           | 39,895.80-    | 39,895.80     |         |           | 39,895.80     |         |
| 460538 Ann Maint Fee-Air Q     |                | 296,185.28-   |           | 296,185.28-   | 296,185.28    |         |           | 296,185.28    |         |
| 460539 Ann Emissions Fee AQ    |                | 182,462.84-   |           | 182,462.84-   | 182,462.84    |         |           | 182,462.84    |         |
| 460540 Permt Op Late Fee AQ    |                | 6,440.97-     |           | 6,440.97-     | 6,440.97      |         |           | 6,440.97      |         |

|        |                         |                |                |            |                |                |         |                |              |
|--------|-------------------------|----------------|----------------|------------|----------------|----------------|---------|----------------|--------------|
| 460541 | Annual Equip Fee AQ     |                | 92,123.04-     |            | 92,123.04-     | 92,123.04      |         | 92,123.04      |              |
| 460723 | Other Fees              | 256,046.46-    | 224,397.09-    |            | 224,397.09-    | 31,649.37-     | 12.36-  | 31,649.37-     | 12.36-       |
| *      | CHARGES FOR SERVICES    | 4,733,666.39-  | 3,516,034.36-  |            | 3,516,034.36-  | 1,217,632.03-  | 25.72-  | 1,217,632.03-  | 25.72-       |
| 481150 | Interest-Non Pooled     |                | 0.69-          |            | 0.69-          | 0.69           |         | 0.69           |              |
| 484000 | Donation,Contri-Oper    | 6,100.00-      | 6,189.01-      |            | 6,189.01-      | 89.01          | 1.46    | 89.01          | 1.46         |
| 484050 | Donation Fed Pgm Inc    | 1,500.00-      | 535.24-        |            | 535.24-        | 964.76-        | 64.32-  | 964.76-        | 64.32-       |
| 484195 | Non-Governmental Grants | 820,833.90-    | 85,644.88-     |            | 85,644.88-     | 735,189.02-    | 89.57-  | 735,189.02-    | 89.57-       |
| 484197 | Non-Gov. Grant-Indir    | 17,667.45-     | 13,661.12-     |            | 13,661.12-     | 4,006.33-      | 22.68-  | 4,006.33-      | 22.68-       |
| 485100 | Reimbursements          | 53,996.72-     | 55,385.28-     |            | 55,385.28-     | 1,388.56       | 2.57    | 1,388.56       | 2.57         |
| 485300 | Other Misc Govt Rev     | 1,474,164.51-  | 990,910.80-    |            | 990,910.80-    | 483,253.71-    | 32.78-  | 483,253.71-    | 32.78-       |
| 485301 | Other Misc Gov Rev-Ind  |                | 197,013.00-    |            | 197,013.00-    | 197,013.00     |         | 197,013.00     |              |
| *      | MISCELLANEOUS           | 2,374,262.58-  | 1,349,340.02-  |            | 1,349,340.02-  | 1,024,922.56-  | 43.17-  | 1,024,922.56-  | 43.17-       |
| **     | REVENUE                 | 30,752,038.27- | 17,786,445.31- |            | 17,786,445.31- | 12,965,592.96- | 42.16-  | 12,965,592.96- | 42.16-       |
| 701110 | Base Salaries           | 17,128,364.63  | 10,309,480.96  |            | 10,309,480.96  | 6,818,883.67   | 39.81   | 6,818,883.67   | 39.81        |
| 701120 | Part Time               | 648,883.28     | 293,776.72     |            | 293,776.72     | 355,106.56     | 54.73   | 355,106.56     | 54.73        |
| 701130 | Pooled Positions        | 815,901.73     | 273,163.60     |            | 273,163.60     | 542,738.13     | 66.52   | 542,738.13     | 66.52        |
| 701140 | Holiday Work            | 4,318.65       | 1,381.14       |            | 1,381.14       | 2,937.51       | 68.02   | 2,937.51       | 68.02        |
| 701200 | Incentive Longevity     | 279,150.00     | 132,351.59     |            | 132,351.59     | 146,798.41     | 52.59   | 146,798.41     | 52.59        |
| 701300 | Overtime                | 64,017.17      | 40,049.81      |            | 40,049.81      | 23,967.36      | 37.44   | 23,967.36      | 37.44        |
| 701403 | Shift Differential      | 300.00         | 419.05         |            | 419.05         | 119.05-        | 39.68-  | 119.05-        | 39.68-       |
| 701404 | Uniform Allowance       | 4,500.00       | 3,225.00       |            | 3,225.00       | 1,275.00       | 28.33   | 1,275.00       | 28.33        |
| 701406 | Standby Pay             | 38,950.00      | 421.07-        |            | 421.07-        | 39,371.07      | 101.08- | 39,371.07      | 101.08-      |
| 701408 | Call Back               | 4,050.00       | 655.32         |            | 655.32         | 3,394.68       | 83.82   | 3,394.68       | 83.82        |
| 701410 | Detective Pay           |                |                |            |                |                |         |                |              |
| 701412 | Salary Adjustment       | 199,673.09     |                |            |                | 199,673.09     | 100.00  | 199,673.09     | 100.00       |
| 701413 | Vac Payoff Sick Term    | 208,970.00     | 302,201.82     |            | 302,201.82     | 93,231.82-     | 44.61-  | 93,231.82-     | 44.61-       |
| 701414 | Vacation Denied-Payoff  | 13,851.50      | 60,406.24      |            | 60,406.24      | 46,554.74-     | 336.10- | 46,554.74-     | 336.10-      |
| 701415 | Physical Fitness Pay    |                |                |            |                |                |         |                |              |
| 701417 | Comp Time               |                | 50,778.79      |            | 50,778.79      | 50,778.79-     |         | 50,778.79-     |              |
| 701419 | Comp Time - Transfer    |                | 3,495.03       |            | 3,495.03       | 3,495.03-      |         | 3,495.03-      |              |
| 701500 | Merit Awards            | 98,187.00      |                |            |                | 98,187.00      | 100.00  | 98,187.00      | 100.00       |
| *      | SALARIES AND WAGES      | 19,509,117.05  | 11,470,964.00  |            | 11,470,964.00  | 8,038,153.05   | 41.20   | 8,038,153.05   | 41.20        |
| 705110 | Group Insurance         | 2,256,594.82   | 1,340,319.60   |            | 1,340,319.60   | 916,275.22     | 40.60   | 916,275.22     | 40.60        |
| 705115 | ER HSA Contribs         | 295,250.00     | 273,903.90     |            | 273,903.90     | 21,346.10      | 7.23    | 21,346.10      | 7.23         |
| 705190 | OPEB Contribution       | 742,185.00     | 494,789.92     |            | 494,789.92     | 247,395.08     | 33.33   | 247,395.08     | 33.33        |
| 705210 | Retirement              | 6,615,682.30   | 3,921,178.89   |            | 3,921,178.89   | 2,694,503.41   | 40.73   | 2,694,503.41   | 40.73        |
| 705215 | Retirement Calculation  | 12,577.50      |                |            |                | 12,577.50      | 100.00  | 12,577.50      | 100.00       |
| 705230 | Medicare April 1986     | 252,055.36     | 159,436.47     |            | 159,436.47     | 92,618.89      | 36.75   | 92,618.89      | 36.75        |
| 705240 | Grp Insur Budget Inc    | 101,549.00     |                |            |                | 101,549.00     | 100.00  | 101,549.00     | 100.00       |
| 705320 | Workmens Comp           | 64,865.96      | 40,213.67      |            | 40,213.67      | 24,652.29      | 38.01   | 24,652.29      | 38.01        |
| 705330 | Unemply Comp            | 13,986.28      | 8,426.03       |            | 8,426.03       | 5,560.25       | 39.76   | 5,560.25       | 39.76        |
| 705350 | Education               |                |                |            |                |                |         |                |              |
| 705360 | Benefit Adjustment      | 62,215.73      |                |            |                | 62,215.73      | 100.00  | 62,215.73      | 100.00       |
| *      | EMPLOYEE BENEFITS       | 10,416,961.95  | 6,238,268.48   |            | 6,238,268.48   | 4,178,693.47   | 40.11   | 4,178,693.47   | 40.11        |
| 710100 | Professional Services   | 1,983,720.21   | 414,884.02     | 488,584.77 | 903,468.79     | 1,080,251.42   | 54.46   | 32,598.96      | 1,047,652.46 |
| 710105 | Medical Services        | 10,738.00      | 3,664.50       |            | 3,664.50       | 7,073.50       | 65.87   |                | 7,073.50     |
| 710108 | MD Consultants          | 49,213.44      | 26,045.56      | 19,030.92  | 45,076.48      | 4,136.96       | 8.41    |                | 4,136.96     |
| 710110 | Contracted/Temp Svcs    | 15,452.60      | 53,025.00      | 9,781.75   | 62,806.75      | 47,354.15-     | 306.45- |                | 47,354.15-   |
| 710155 | Lobbying Services       | 600.00         |                |            |                | 600.00         | 100.00  |                | 600.00       |
| 710200 | Service Contract        | 69,307.76      | 18,058.54      | 960.00     | 19,018.54      | 50,289.22      | 72.56   |                | 50,289.22    |
| 710201 | Laundry Services        | 1,550.00       | 201.74         |            | 201.74         | 1,348.26       | 86.98   | 168.20         | 1,180.06     |
| 710204 | Security Contracts      | 19,193.54      | 5,877.09       | 3,862.91   | 9,740.00       | 9,453.54       | 49.25   |                | 9,453.54     |
| 710205 | Repairs and Maintenance | 17,356.93      | 6,822.49       |            | 6,822.49       | 10,534.44      | 60.69   | 1,271.00       | 9,263.44     |
| 710210 | Software Maintenance    | 5,440.00       | 28,744.70      | 25,565.54  | 54,310.24      | 48,870.24-     | 898.35- |                | 48,870.24-   |
| 710212 | Software Subscription   | 42,326.20      | 49,149.93      |            | 49,149.93      | 6,823.73-      | 16.12-  |                | 6,823.73-    |
| 710300 | Operating Supplies      | 426,576.01     | 53,603.95      | 63,093.14  | 116,697.09     | 309,878.92     | 72.64   | 48,003.43      | 261,875.49   |
| 710301 | Tires                   |                |                |            |                |                |         |                |              |
| 710302 | Small Tools & Allow     | 1,435.00       | 267.86         |            | 267.86         | 1,167.14       | 81.33   |                | 1,167.14     |

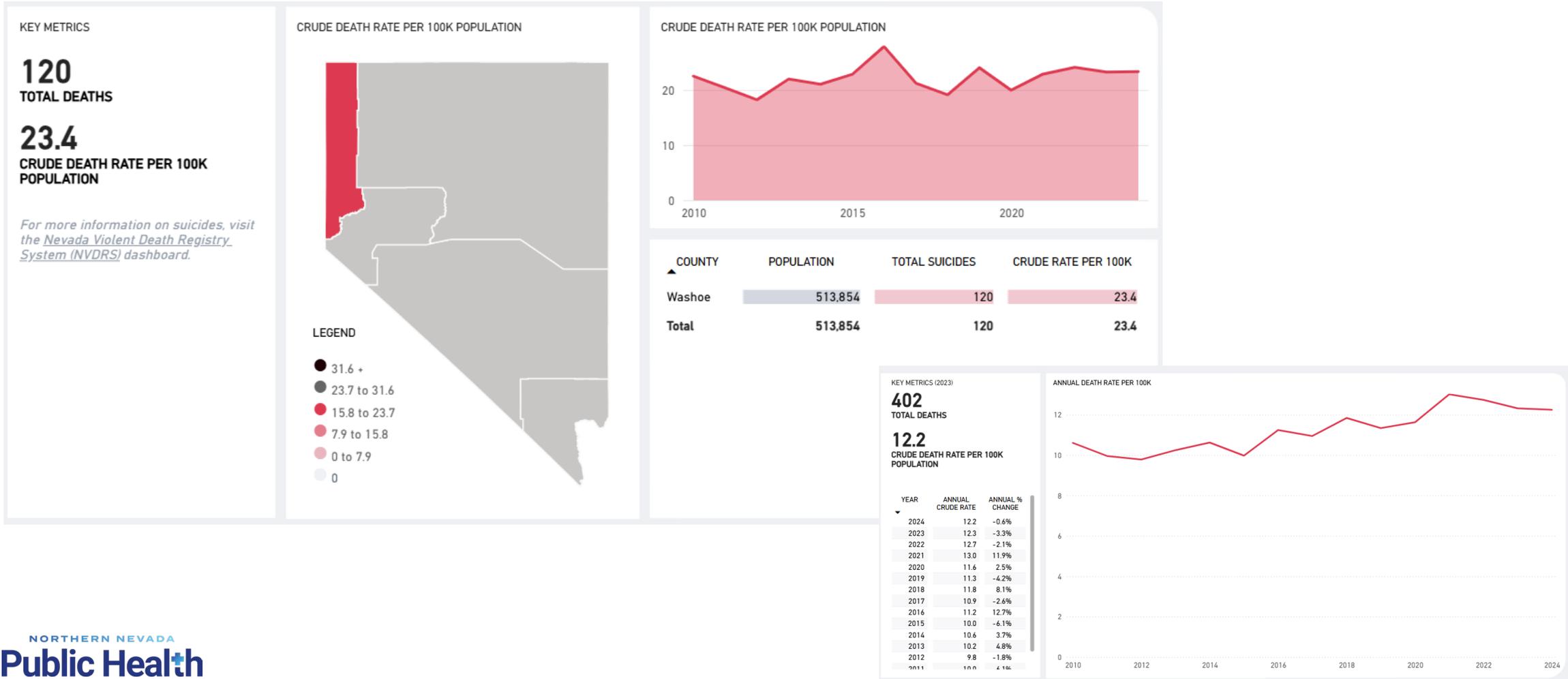
|        |                         |              |              |            |              |            |          |              |        |
|--------|-------------------------|--------------|--------------|------------|--------------|------------|----------|--------------|--------|
| 710308 | Animal Supplies         | 1,600.00     |              |            | 1,600.00     | 100.00     |          | 1,600.00     | 100.00 |
| 710310 | Parts and Supplies      |              |              |            |              |            |          |              |        |
| 710319 | Chemical Supplies       | 237,000.00   | 1,618.39     |            | 1,618.39     | 235,381.61 | 99.32    | 235,381.61   | 99.32  |
| 710325 | Signs and Markers       | 2,009.00     |              |            | 2,009.00     | 100.00     |          | 2,009.00     | 100.00 |
| 710334 | Copy Mach-Lease Exp     | 21,357.90    | 10,868.13    | 13,238.58  | 24,106.71    | 2,748.81-  | 12.87-   | 2,748.81-    | 12.87- |
| 710335 | Copy Machine-Copies     | 7,775.68     | 5,441.95     | 6,600.01   | 12,041.96    | 4,266.28-  | 54.87-   | 4,266.28-    | 54.87- |
| 710347 | Medical Supplies        |              | 7.70         |            | 7.70         | 7.70-      |          | 7.70-        |        |
| 710350 | Office Supplies         | 35,393.24    | 10,008.29    |            | 10,008.29    | 25,384.95  | 71.72    | 25,327.52    | 71.56  |
| 710355 | Books and Subscriptions | 9,120.00     | 6,647.81     |            | 6,647.81     | 2,472.19   | 27.11    | 2,472.19     | 27.11  |
| 710360 | Postage                 | 25,101.82    | 21,907.15    |            | 21,907.15    | 3,194.67   | 12.73    | 3,194.67     | 12.73  |
| 710361 | Express Courier         | 100.00       | 163.92       |            | 163.92       | 63.92-     | 63.92-   | 63.92-       | 63.92- |
| 710391 | Fuel & Lube             |              |              |            |              |            |          |              |        |
| 710400 | Pmts to O Agencies      | 185,350.00   | 131,396.00   | 107,380.00 | 238,776.00   | 53,426.00- | 28.82-   | 53,426.00-   | 28.82- |
| 710500 | Other Expense           | 99,399.04    | 26,036.21    |            | 26,036.21    | 73,362.83  | 73.81    | 71,715.76    | 72.15  |
| 710502 | Printing                | 32,565.00    | 22,694.14    |            | 22,694.14    | 9,870.86   | 30.31    | 9,870.86     | 30.31  |
| 710503 | Licenses & Permits      | 23,055.00    | 9,527.40     |            | 9,527.40     | 13,527.60  | 58.68    | 13,527.60    | 58.68  |
| 710504 | Registration            | 2,900.00     | 2,088.00     |            | 2,088.00     | 812.00     | 28.00    | 812.00       | 28.00  |
| 710506 | Dept InsDeductible      |              | 1,000.00     |            | 1,000.00     | 1,000.00-  |          | 1,000.00-    |        |
| 710507 | Network and Data Lines  | 16,740.00    | 14,668.77    | 1,146.91   | 15,815.68    | 924.32     | 5.52     | 924.32       | 5.52   |
| 710508 | Telephone Land Lines    | 5,166.00     | 582.96       |            | 582.96       | 4,583.04   | 88.72    | 4,583.04     | 88.72  |
| 710509 | Seminars and Meetings   | 320,156.00   | 35,067.74    |            | 35,067.74    | 285,088.26 | 89.05    | 284,609.06   | 88.90  |
| 710512 | Auto Expense            | 6,612.60     | 1,775.66     |            | 1,775.66     | 4,836.94   | 73.15    | 4,836.94     | 73.15  |
| 710514 | Regulatory Assessments  | 24,000.00    | 14,627.85    | 4,875.96   | 19,503.81    | 4,496.19   | 18.73    | 4,496.19     | 18.73  |
| 710518 | Telephone Subscription  | 40,452.00    | 20,108.73    |            | 20,108.73    | 20,343.27  | 50.29    | 20,343.27    | 50.29  |
| 710519 | Cellular Phone          | 17,773.60    | 12,234.43    |            | 12,234.43    | 5,539.17   | 31.17    | 5,539.17     | 31.17  |
| 710529 | Dues                    | 19,274.85    | 20,558.00    |            | 20,558.00    | 1,283.15-  | 6.66-    | 1,283.15-    | 6.66-  |
| 710535 | Credit Card Fees        | 57,490.00    | 35,826.00    | 35,074.00  | 70,900.00    | 13,410.00- | 23.33-   | 13,410.00-   | 23.33- |
| 710546 | Advertising             | 68,291.12    | 5,529.59     |            | 5,529.59     | 62,761.53  | 91.90    | 62,261.53    | 91.17  |
| 710551 | Cash Discounts Lost     |              | 143.91       |            | 143.91       | 143.91-    |          | 143.91-      |        |
| 710571 | Safety Expense          | 41,852.00    |              |            | 41,852.00    | 100.00     |          | 41,852.00    | 100.00 |
| 710577 | Uniforms & Special C    | 9,350.00     | 535.91       |            | 535.91       | 8,814.09   | 94.27    | 8,814.09     | 94.27  |
| 710579 | Education Exp Reimb     |              | 334.50       |            | 334.50       | 334.50-    |          | 334.50-      |        |
| 710585 | Undesignated Budget     | 1,537,039.94 |              |            | 1,537,039.94 | 100.00     |          | 1,537,039.94 | 100.00 |
| 710594 | Insurance Premium       | 22,302.25    |              |            | 22,302.25    | 100.00     |          | 22,302.25    | 100.00 |
| 710600 | LT Lease-Office Space   | 82,945.00    | 61,189.00    | 20,613.00  | 81,802.00    | 1,143.00   | 1.38     | 1,143.00     | 1.38   |
| 710703 | Biologicals             | 669,589.00   | 282,955.36   | 236,636.97 | 519,592.33   | 149,996.67 | 22.40    | 149,996.67   | 22.40  |
| 710714 | Referral Services       |              | 2,375.00     | 7,125.00   | 9,500.00     | 9,500.00-  |          | 9,500.00-    |        |
| 710721 | Outpatient              | 208,203.00   | 46,931.21    | 60,007.10  | 106,938.31   | 101,264.69 | 48.64    | 101,264.69   | 48.64  |
| 710729 | Mental Health Assess    |              |              |            |              |            |          |              |        |
| 710730 | Sub Abuse Assess        |              |              |            |              |            |          |              |        |
| 710872 | Food Purchases          | 19,618.00    | 3,693.29     |            | 3,693.29     | 15,924.71  | 81.17    | 15,924.71    | 81.17  |
| 711008 | Combined Utilities      | 146,846.00   | 58,296.19    |            | 58,296.19    | 88,549.81  | 60.30    | 88,549.81    | 60.30  |
| 711010 | Utilities               |              | 4,516.85     |            | 4,516.85     | 4,516.85-  |          | 4,516.85-    |        |
| 711011 | Waste Removal           |              | 900.00       |            | 900.00       | 900.00-    |          | 900.00-      |        |
| 711019 | Water                   |              | 319.57       |            | 319.57       | 319.57-    |          | 319.57-      |        |
| 711100 | ESD Asset Management    | 65,208.00    | 35,123.76    |            | 35,123.76    | 30,084.24  | 46.14    | 30,084.24    | 46.14  |
| 711112 | Special Modifications   | 15,583.00    |              |            | 15,583.00    | 100.00     |          | 15,583.00    | 100.00 |
| 711113 | Equip Srv Replace       | 112,561.23   | 72,388.58    |            | 72,388.58    | 40,172.65  | 35.69    | 40,172.65    | 35.69  |
| 711114 | Equip Srv O & M         | 47,388.51    | 23,606.45    |            | 23,606.45    | 23,782.06  | 50.19    | 23,782.06    | 50.19  |
| 711117 | ESD Fuel Charge         | 29,373.96    | 18,617.17    |            | 18,617.17    | 10,756.79  | 36.62    | 10,756.79    | 36.62  |
| 711119 | Property & Liability    | 78,593.00    | 52,395.36    |            | 52,395.36    | 26,197.64  | 33.33    | 26,197.64    | 33.33  |
| 711210 | Travel                  | 199,002.49   | 32,323.73    |            | 32,323.73    | 166,678.76 | 83.76    | 166,678.76   | 83.76  |
| 711213 | Travel - Non County     | 6,000.00     | 1,460.12     |            | 1,460.12     | 4,539.88   | 75.66    | 4,539.88     | 75.66  |
| 711300 | Cash Over Short         |              | 5.00-        |            | 5.00-        | 5.00       |          | 5.00         |        |
| 711399 | ProCard in Process      |              |              |            |              |            | 4,733.06 | 4,733.06-    |        |
| 711400 | Overhead - General Fund | 2,733,811.00 | 1,822,540.88 |            | 1,822,540.88 | 911,270.12 | 33.33    | 911,270.12   | 33.33  |
| 711504 | Equipment nonCapital    | 147,828.60   | 32,679.38    |            | 32,679.38    | 115,149.22 | 77.89    | 111,759.22   | 75.60  |
| 711508 | Computers nonCapital    | 124,185.00   | 4,677.55     | 2,721.61   | 7,399.16     | 116,785.84 | 94.04    | 114,064.23   | 91.85  |

|                                 |                |               |              |               |               |        |           |               |        |
|---------------------------------|----------------|---------------|--------------|---------------|---------------|--------|-----------|---------------|--------|
| 711509 Comp Sftw nonCapital     | 27,633.04      | 1,399.73      | 19,352.04    | 20,751.77     | 6,881.27      | 24.90  |           | 6,881.27      | 24.90  |
| * SERVICES AND SUPPLIES         | 10,226,505.56  | 3,630,128.70  | 1,125,650.21 | 4,755,778.91  | 5,470,726.65  | 53.50  | 95,569.96 | 5,375,156.69  | 52.56  |
| 781004 Equipment Capital        | 916,637.05     | 81,130.97     | 97,710.00    | 178,840.97    | 737,796.08    | 80.49  |           | 737,796.08    | 80.49  |
| 781009 Comp Sftw Capital        |                | 38,000.00     |              | 38,000.00     | 38,000.00-    |        |           | 38,000.00-    |        |
| * CAPITAL OUTLAY                | 916,637.05     | 119,130.97    | 97,710.00    | 216,840.97    | 699,796.08    | 76.34  |           | 699,796.08    | 76.34  |
| ** EXPENDITURES                 | 41,069,221.61  | 21,458,492.15 | 1,223,360.21 | 22,681,852.36 | 18,387,369.25 | 44.77  | 95,569.96 | 18,291,799.29 | 44.54  |
| 621001 Transfer From General    | 10,516,856.00- | 7,011,237.36- |              | 7,011,237.36- | 3,505,618.64- | 33.33- |           | 3,505,618.64- | 33.33- |
| * TRANSFERS IN                  | 10,516,856.00- | 7,011,237.36- |              | 7,011,237.36- | 3,505,618.64- | 33.33- |           | 3,505,618.64- | 33.33- |
| 812230 To Reg Permits-230       | 193,208.00     | 121,080.20    |              | 121,080.20    | 72,127.80     | 37.33  |           | 72,127.80     | 37.33  |
| 814092 To Public Works Cons     | 7,241,899.87   | 4,390,202.65  |              | 4,390,202.65  | 2,851,697.22  | 39.38  |           | 2,851,697.22  | 39.38  |
| 818000 Transfer to Intrafund    |                |               |              |               |               |        |           |               |        |
| * TRANSFERS OUT                 | 7,435,107.87   | 4,511,282.85  |              | 4,511,282.85  | 2,923,825.02  | 39.32  |           | 2,923,825.02  | 39.32  |
| ** OTHER FINANCING SOURCES/USES | 3,081,748.13-  | 2,499,954.51- |              | 2,499,954.51- | 581,793.62-   | 18.88- |           | 581,793.62-   | 18.88- |
| *** Total                       | 7,235,435.21   | 1,172,092.33  | 1,223,360.21 | 2,395,452.54  | 4,839,982.67  | 66.89  | 95,569.96 | 4,744,412.71  | 65.57  |

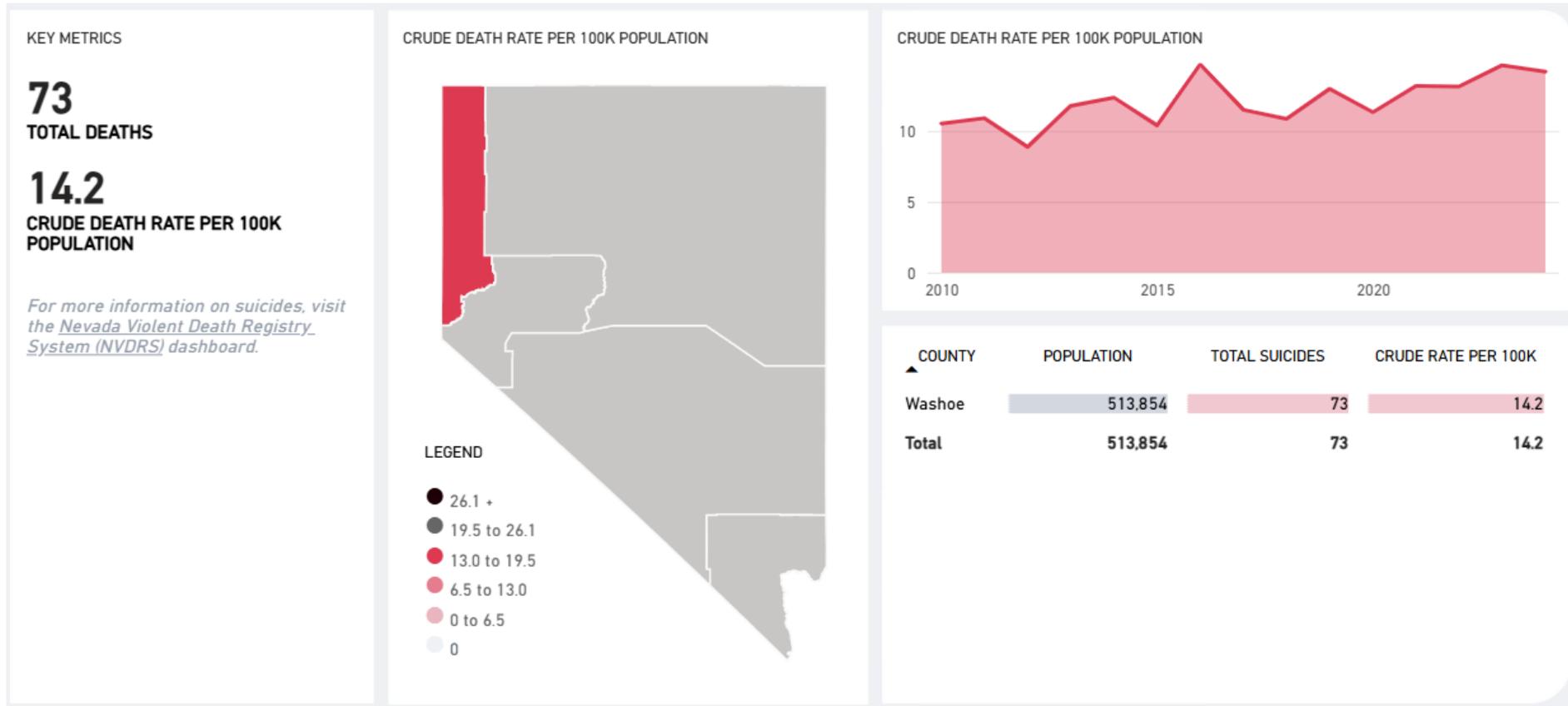
# Northern Nevada Public Health's Suicide Prevention Initiatives

Joe Dibble, Health Educator II  
Chronic Disease & Injury Prevention Program  
Population Health Division

# Washoe County and Nevada Suicide Death Statistics



# Washoe County Suicide Deaths (2024): Firearms / Explosives only



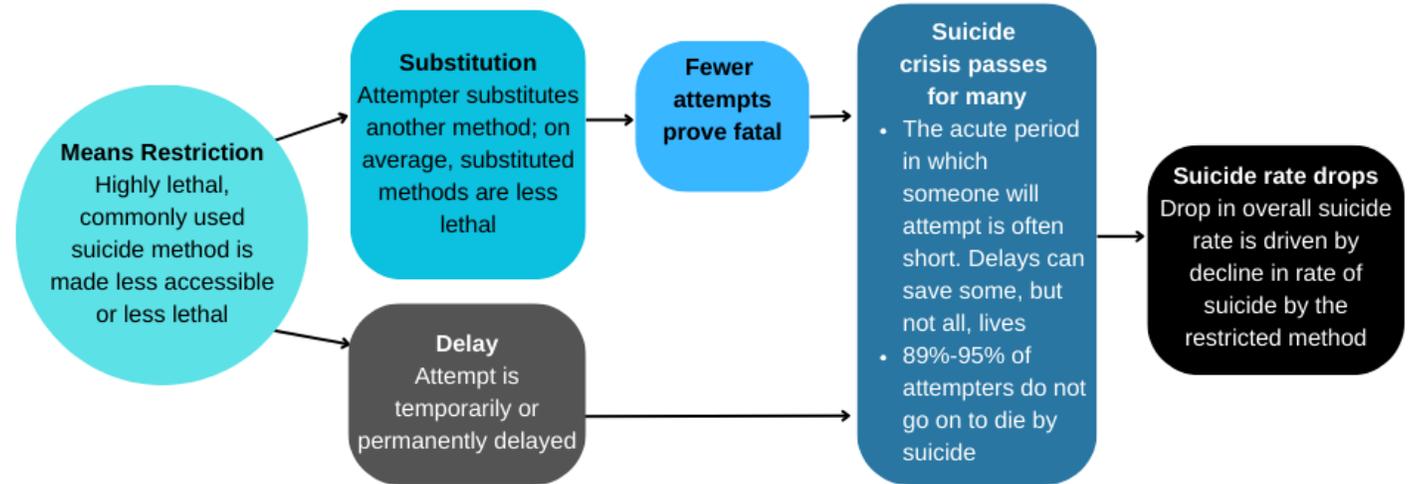
# Firearm-Related Injury and Death Reduction

- Firearm-related deaths from suicide in Nevada and the U.S. outnumber firearm-related homicide deaths by nearly 2:1
- Nearly 70% of all annual firearm-related deaths in Nevada are suicides.
- Firearms are the leading and most lethal method of suicide: 90% of suicide attempts are lethal when a firearm is the means chosen.



# Suicide Survival: Means Matter!

- A suicidal crisis is often a brief event. Putting time and distance between a person in suicidal crisis and their access to lethal means can save lives.
- Further, 90% of those who attempt suicide do **not** go on to die by suicide later.



National Alliance for Suicide Prevention 2020

# Washoe Suicide Prevention Alliance

NNPH-led partnership with 15 local firearm owners and suicide prevention advocates:

- VA Health Care
- Renown Health
- American Foundation of Suicide Prevention
- Nevada Urban Indians, Inc.
- Nevada Office of Suicide Prevention
- Reno-Sparks Indian Colony
- Vet-to-Vet Support Group
- Local Suicide Prevention Advocates and Gun Owners



**Nevada Urban  
Indians, Inc.**



**American  
Foundation  
for Suicide  
Prevention**



**Renown<sup>®</sup>**  
HEALTH

# “Keep it Safe & Secure!”

## WSPA Vision:

- Increase collaborative efforts to reduce suicide-related deaths in Washoe County.

## WSPA Mission:

- Create a space for organizational collaboration to reduce suicide through lethal means safety education, impactful prevention measures, and policy changes.
- To reduce instances of suicide among firearm owners through targeted education and prevention measures.
- Increase suicide prevention awareness with an emphasis on lethal means safety education, stigma reduction, and policy initiatives.



# Outreach

## **WSPA in the community – a collaborative effort**

- Multi-Media awareness campaigns
- Concealed Carry Weapons (CCW) classes
- At firearm retailers and local firearm owner events
- Local outreach events



# Public Policy and Expansion

## WSPA Public Policy Advocacy

- Efforts led to passage of Assembly Bill 451 in 2025, providing immunity from civil liability for licensed firearm retailers participating in temporary secure storage practices. The law became effective October 1, 2025.
- Positions Washoe County as a leader in Nevada
- Creates a model for expansion

## The Armory Project (TAP) Partnership

- A national Suicide Prevention initiative led by Veterans Affairs and rooted in Louisiana. Includes more dedicated training and support, dedicated funding with a financial incentive, and resources for firearm retailers.
- First Nevada licensed firearm retailer, Reno Guns & Range, now participating with others following



# Local Suicide Prevention Training

**Goal:** Increase community capacity to recognize and prevent suicides.

## **Applied Suicide Intervention Skills Training – ASIST**

- Evidence-based, 2-day (16-hour) training that teaches people to identify suicide risk, have direct conversations, and connect individuals to help.
- Builds a locally prepared community, strengthens early intervention, and reduces crisis escalation and system strain.

## **S.A.V.E Training**

- Evidence-based training that teaches people to recognize warning signs, start a conversation, and connect someone to help.
- Expands a community-wide safety net, increasing early identification and timely support before a crisis escalates.

# Strengthening Our Impact

- Investment in community-based suicide prevention training
- Champion lethal means safety messaging across county systems
- Expand partnerships with healthcare providers and firearm retailers
- Support the growth of the TAP partnership
- Endorse or champion secure storage messaging
- Sustain or increase program funding and resources
- Align policy efforts and public messaging to reinforce prevention work



## Questions / Contact

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Chronic Disease & Injury Prevention  
Northern Nevada Public Health

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775-328-6153

NORTHERN NEVADA  
**Public Health**

# Chronic Disease and Injury Data Dashboard

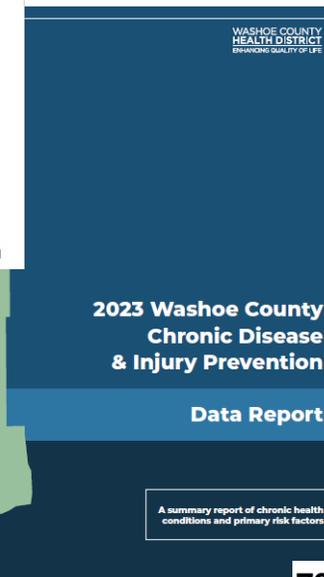
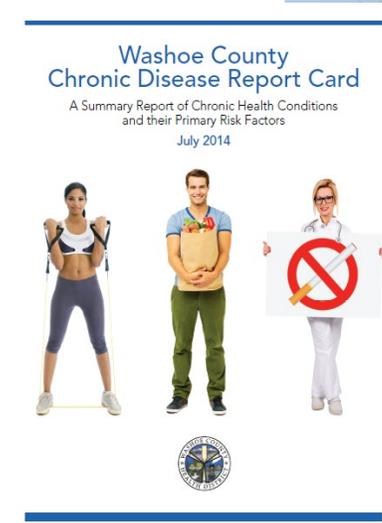
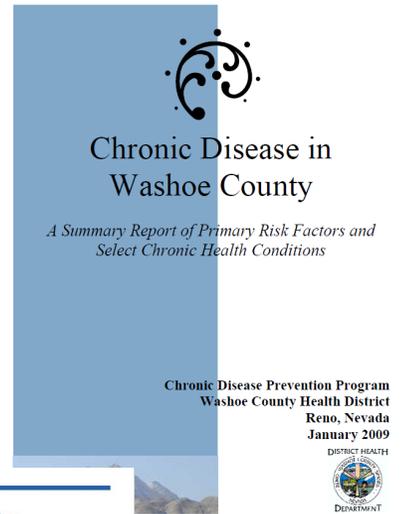
**Tayler Gerhard, Graduate Assistant**

**Stephanie Chen and Nicole Alberti Soudi, Health Educator Coordinators**

**Population Health Division**

# Purpose

- Washoe County Chronic Disease Coalition identified need for centralized chronic disease data
- Static report format
- Distributed as print copies and website PDFs
- Reports produced every 3–4 years
- Dependent on external vendors
- Long timelines and higher costs



# GetHealthyWashoe.com



Get Healthy Washoe is all about you Washoe County! This resource was designed by the Chronic Disease and Injury Prevention Program as a road map and a resource for people who want to live healthy lives and reduce the impact of chronic disease in the community. Here you will find information about how to:

- [Eat Healthy](#)
- [Be Active](#)
- [Be Tobacco Free](#)
- [Prevent Injuries](#)

This resource is designed for all aspects of the community including individuals, parents, businesses, medical practitioners and anyone else who wants to improve their health.

## About

The Chronic Disease and Injury Prevention Program (CDIP) focuses on the modifiable risk factors of tobacco use and exposure, lack of physical activity, and poor nutrition. In recent years, the focus has been expanded to include injury prevention and responsible cannabis use, including eliminating secondhand cannabis smoke exposure. These modifiable risk factors impact the top five leading causes of death in Washoe County. By moving the needle on these modifiable risk factors the CDIP goal is to reduce illness and premature deaths in Washoe County and improve quality of life of those that live, work, and visit our community.

Public health research has shown that that policy, systems, and environmental (PSE) changes can have the largest impact on improving population health, therefore, the CDIP focuses on PSE rather than individual behavior change strategies. Additionally, following the CDC approach for chronic disease prevention and health promotion, the CDIP strives to achieve health equity by eliminating health disparities and achieving optimal health for all Washoe County residents.

### Chronic Disease and Injury Data Dashboard

Explore [the interactive Data Dashboard](#) to gain insights into chronic disease and injury prevalence, social determinants of health, mental health, nutrition, physical activity, obesity, and substance use—including alcohol, smoking, vaping, and cannabis.

[GetHealthy@nnph.org](mailto:GetHealthy@nnph.org)

# Washoe County Chronic Disease & Injury Data Dashboard

Section:

Introduction

Population Health  
Indicators

Chronic Disease  
Risk Factors

Injuries

Chronic Diseases &  
Health Conditions

Prevention Efforts  
in Washoe County

Subsection:

About the Dashboard

Understanding Chronic  
Disease & Injury Prevention

Using the Dashboard

Index

Technical Notes

## Welcome to the Washoe County Chronic Disease & Injury Data Dashboard

The Chronic Disease and Injury Prevention (CDIP) Program is part of the Population Health Division at Northern Nevada Public Health (NNPH). CDIP helps people in Washoe County learn how to live safer and healthier lives.

CDIP works on health risks that people can change. These include using tobacco or cannabis, not getting enough physical activity, unhealthy eating, and substance misuse or overdose. The program also works to prevent injuries, such as suicide and falls among older adults.

These risks are linked to the main causes of sickness, disability, and early death in Washoe County. By reducing these risks, CDIP works to improve health and quality of life for people who live, work, and visit our community. Program activities are regularly reviewed to make sure they are effective, fair, and meet community needs.

Research shows that changes to policies, systems, and environments have the biggest and longest-lasting impact on health. Following guidance from the Centers for Disease Control and Prevention (CDC), CDIP focuses on these strategies. Health equity is included in all efforts by finding health gaps and working to reduce them.

This dashboard supports NNPH's commitment to transparency and easy access to information. It shares current data on chronic disease deaths, injury rates and deaths, and related health risks in Washoe County, Nevada, and the United States. The dashboard includes information on social factors that affect health, mental health, nutrition, physical activity, obesity, alcohol use, smoking and tobacco use, vaping, and cannabis use. Many charts can be filtered by factors such as age, location, year, or health condition. These filters help show how health trends change across different groups.

# Population Health Indicators - Demographics

Section:

Introduction

Population Health Indicators

Chronic Disease Risk Factors

Injuries

Chronic Diseases & Health Conditions

Prevention Efforts in Washoe County

Subsection:

Demographics

Social Determinants of Health

Mental Health

Mortality & Years of Life Lost

Select a Year

2024



Select a Category

Sex



**Figure 1.1.1: Washoe County Population**

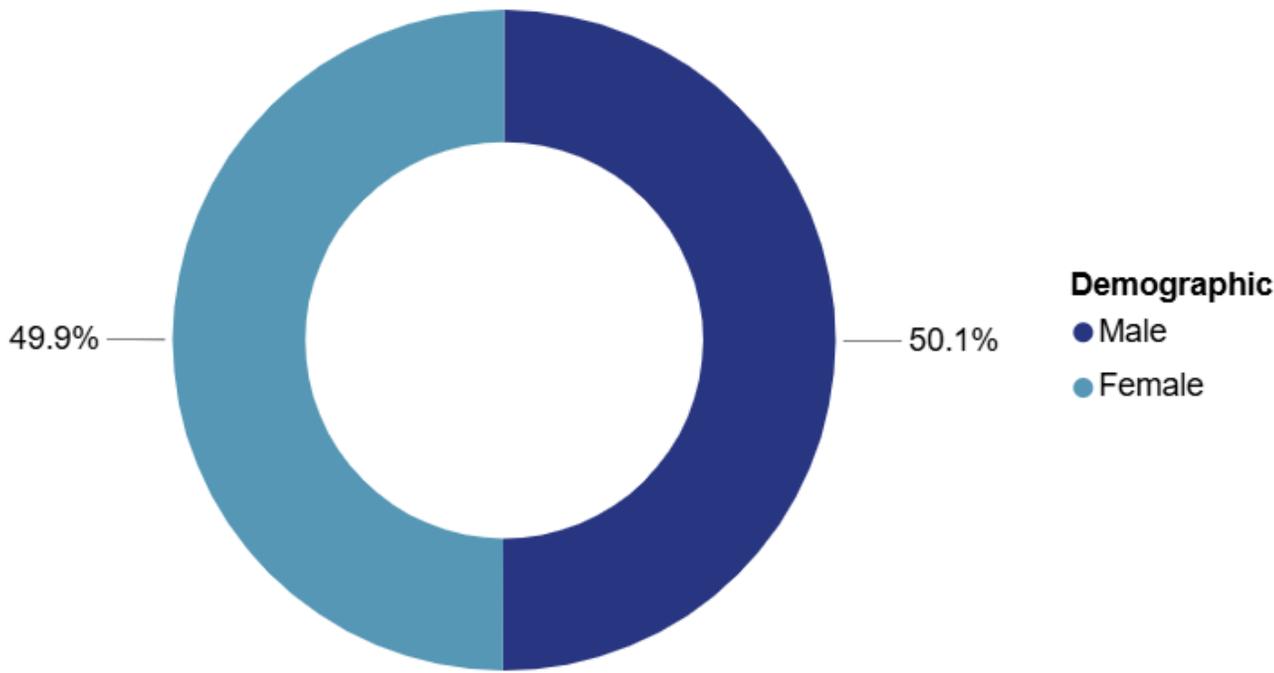
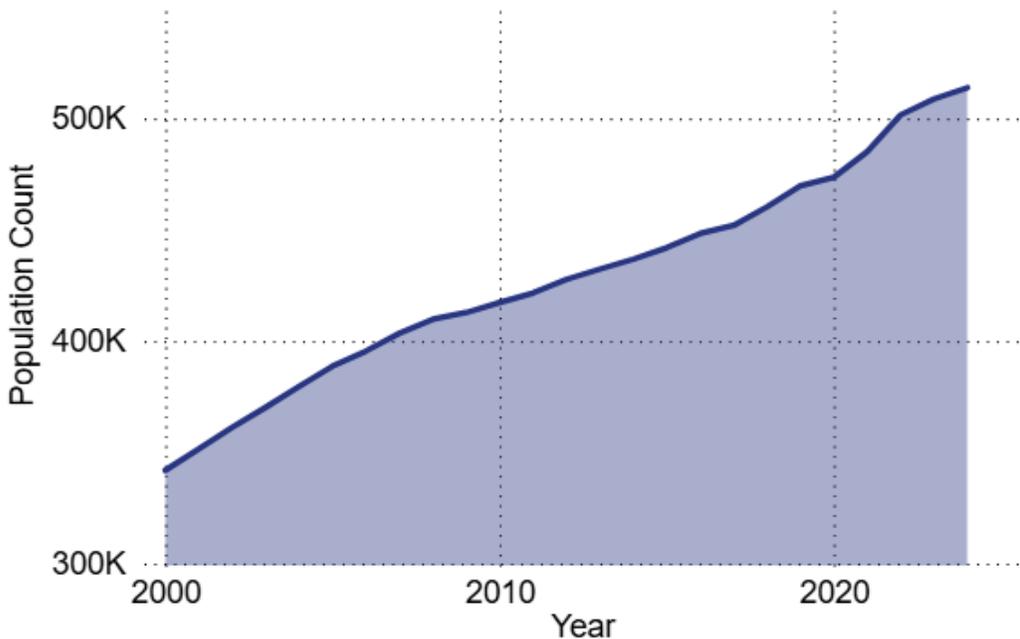
# 514K

**Figure 1.1.2: Population Demographic Distribution**

Source: State of Nevada Department of Taxation

**Figure 1.1.3: Population Change over Time**

Source: State of Nevada Department of Taxation



# Chronic Disease Risk Factors - Nutrition

Section:

Introduction

Population Health Indicators

Chronic Disease Risk Factors

Injuries

Chronic Diseases & Health Conditions

Prevention Efforts in Washoe County

Subsection:

Nutrition

Physical Activity

Overweight & Obesity

Alcohol Use

Smoking & Smokeless Tobacco

Vaping

Cannabis/Marijuana Use

Select a Food

Fruit

Select a Category

Overall

Select a Demographic

All

Clear Demographic Filters

Page 1

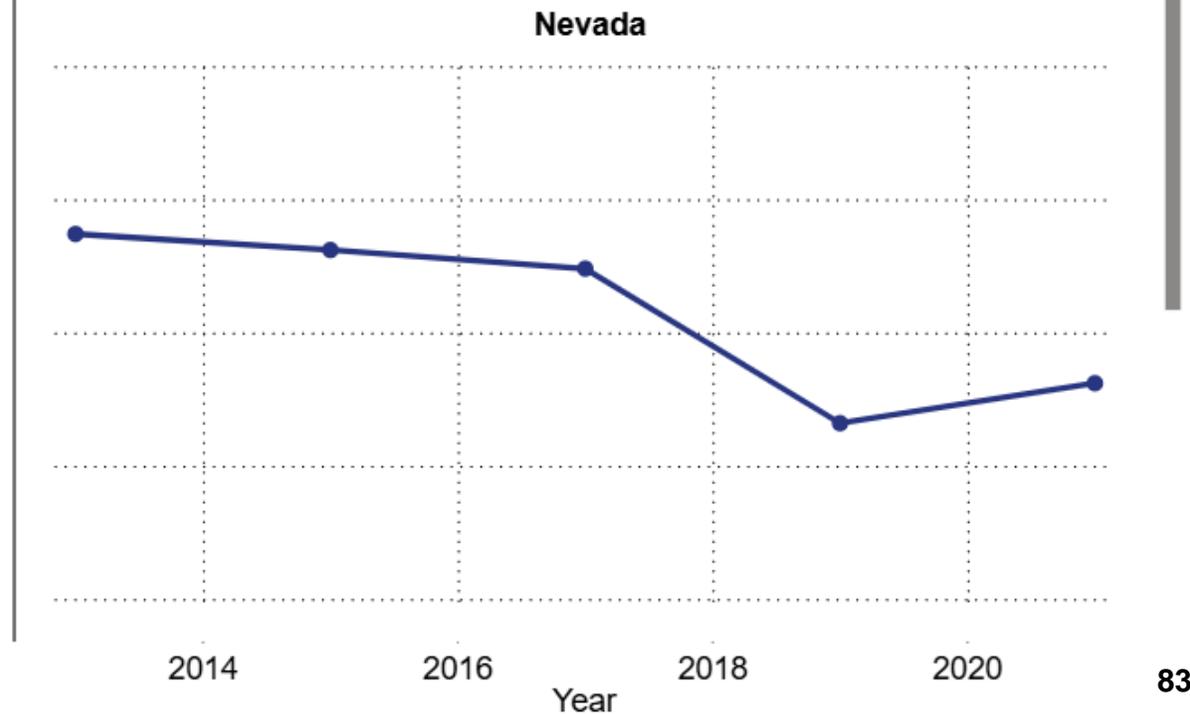
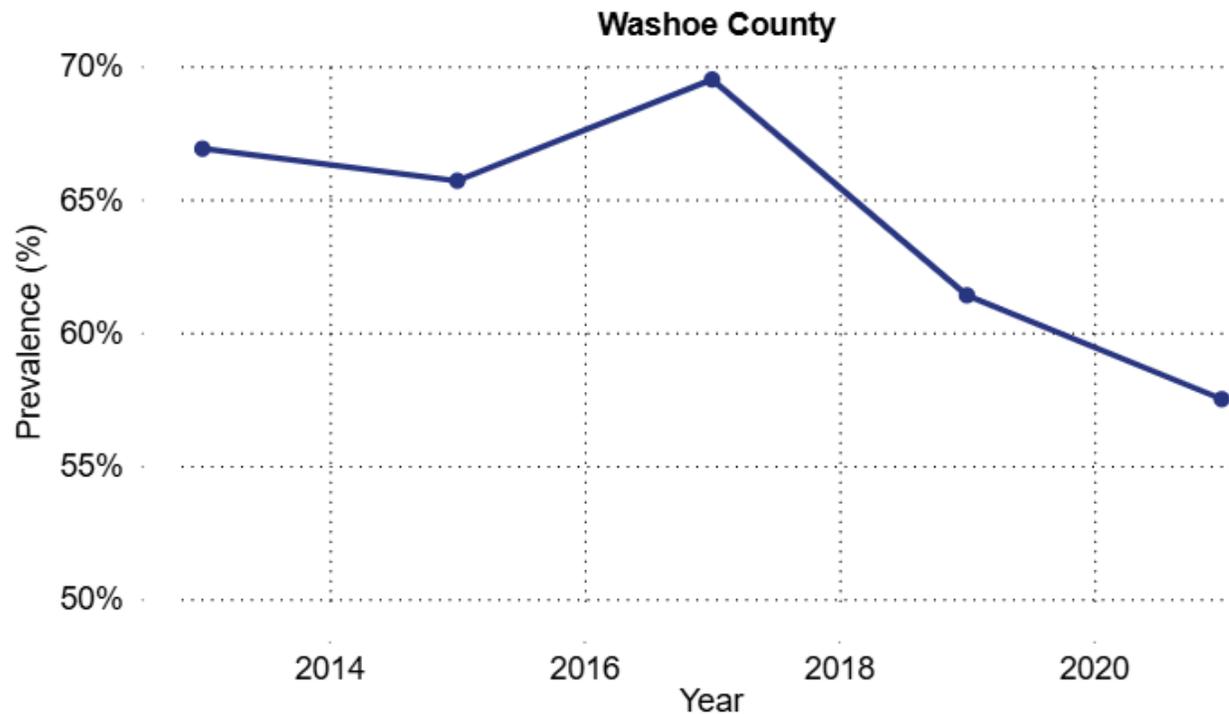
1

2

**Figure 2.1.1: Percentage of adults that consume 1+ serving(s) of fruit/vegetables per day**

Source: BRFSS

Demographic — Overall





# Injuries - Trauma

Section: Introduction Population Health Indicators Chronic Disease Risk Factors **Injuries** Chronic Diseases & Health Conditions Prevention Efforts in Washoe County

Subsection: Trauma Motor Vehicle Fatalities Suicide Drug-Related Poisoning/Overdose Assault

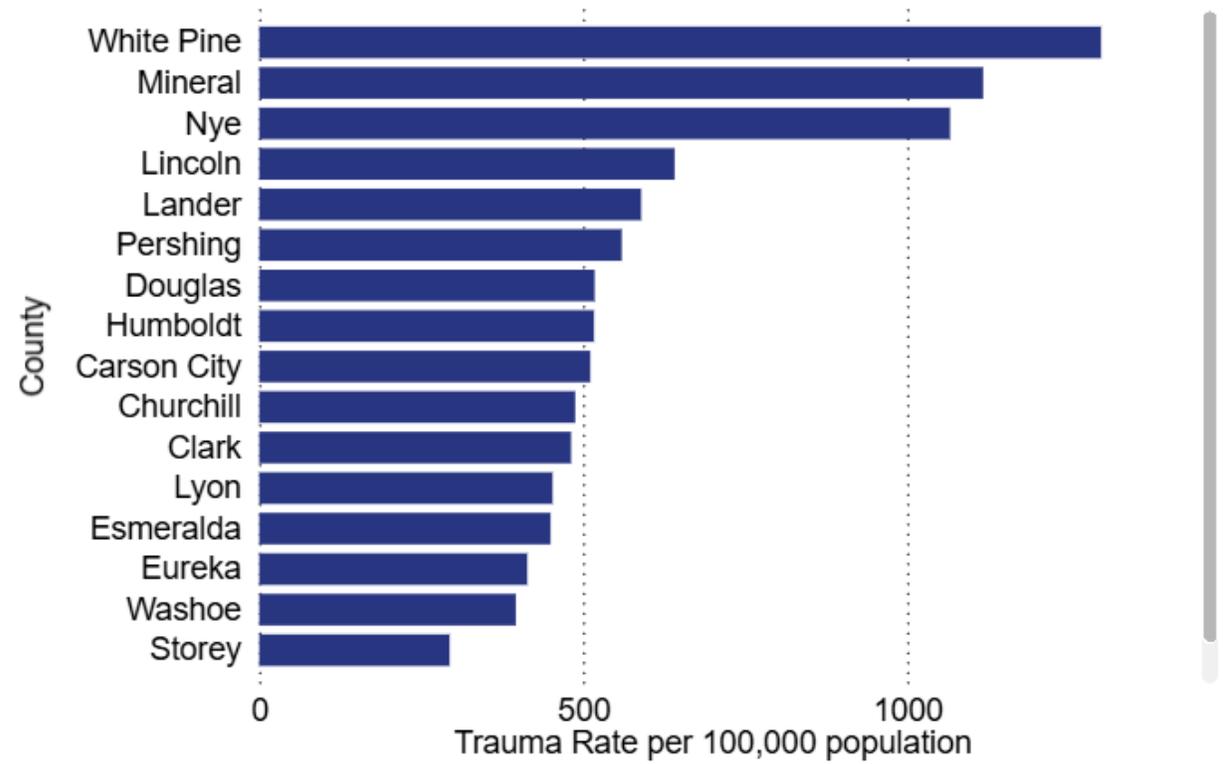
Select a Year

2024

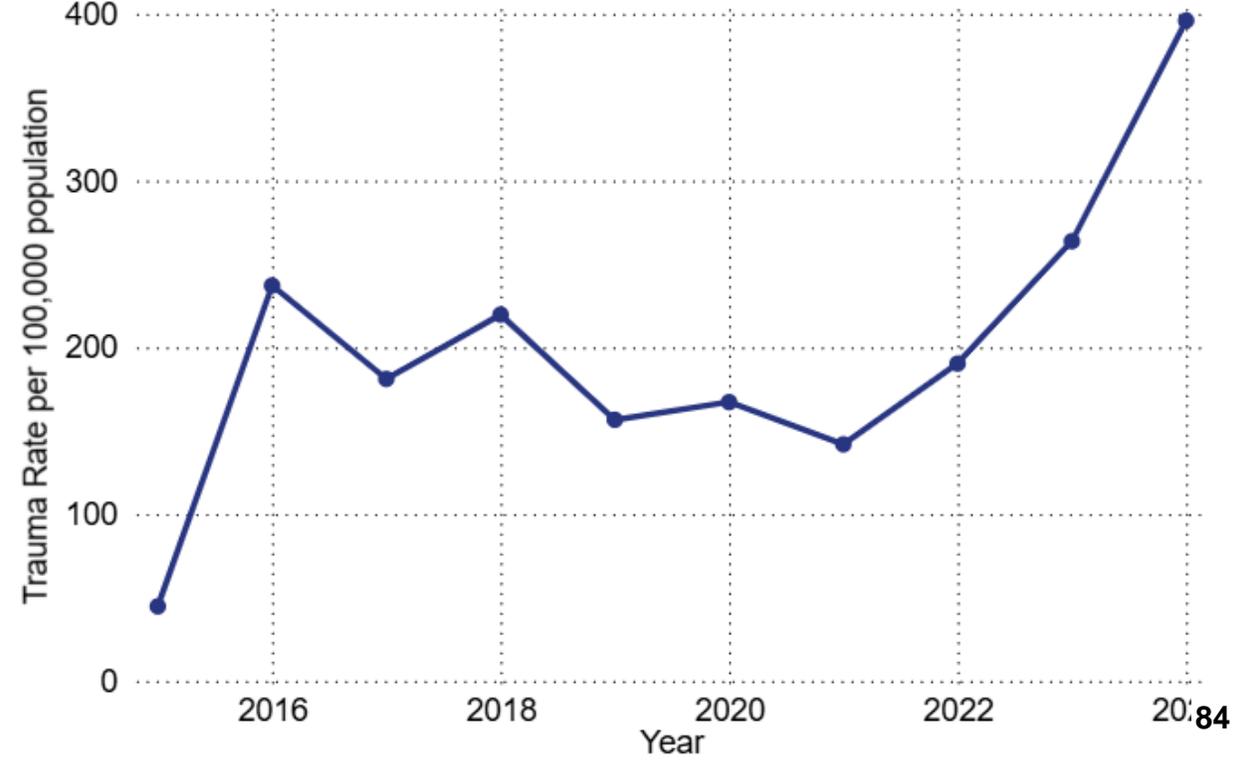


For a more detailed view of statewide trauma trends, please click this icon to visit the webpage with Nevada's annual trauma reports, produced by the Department of Public and Behavioral Health.

**Figure 3.1.1: Nevada Trauma Rates by County of Injury**  
Source: Nevada Trauma Registry Reports, Nevada Division of Public and Behavioral Health



**Figure 3.1.2: Washoe County Trauma Rates by Year**  
Source: Nevada Trauma Registry Reports, Nevada Division of Public and Behavioral Health





# Chronic Diseases & Health Conditions - Mortality Rates by Condition

Section:

Introduction

Population Health Indicators

Chronic Disease Risk Factors

Injuries

Chronic Diseases & Health Conditions

Prevention Efforts in Washoe County

Subsection:

Mortality Rates by Condition

Mortality Rates by Cancer Type

Select a Chronic Disease or Health Condition

Alzheimer's disease

*Hover over a disease or health condition to learn more about it:*

Alzheimer's Disease

Atherosclerosis

Stroke

Chronic Liver Disease

Chronic Lower Respiratory Diseases

Diabetes

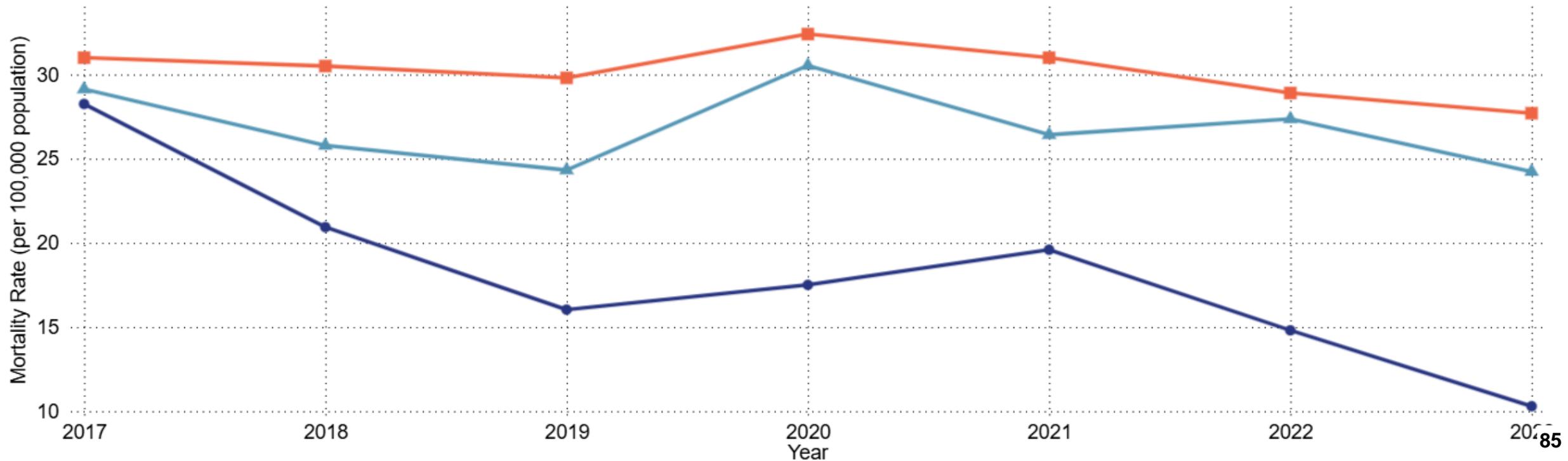
Heart Disease

Cancer

### Figure 4.1.1: Age-adjusted Mortality Rates for Chronic Diseases and Health Conditions

Source: Vital Statistics; CDC WONDER

Location ● Washoe County ▲ Nevada ■ U.S.





# Prevention Efforts in Washoe County - Healthy Eating, Active Living

Section: [Introduction](#) [Population Health Indicators](#) [Chronic Disease Risk Factors](#) [Injuries](#) [Chronic Diseases & Health Conditions](#) **[Prevention Efforts in Washoe County](#)**

Subsection: [Healthy Eating, Active Living](#) [Tobacco-Free and Nicotine-Free Living](#) [Injury Prevention](#)

## Healthy Corner Stores

The Grab Healthy program works with local corner stores to make healthy food easier to find in neighborhoods with limited options. In Washoe County, many residents face food insecurity, and some households do not have a car, making it harder to shop at grocery stores. Grab Healthy supports store owners through education, partnerships, and small store improvements to help them offer and promote healthier choices. The program also partners with Reno Food Systems to bring fresh, locally grown produce into stores, supporting local farmers while helping community members access nutritious food closer to home.

 For more information about Healthy Corner Stores in Washoe County, please click this icon to be redirected to the appropriate page on the Northern Nevada Public Health website.

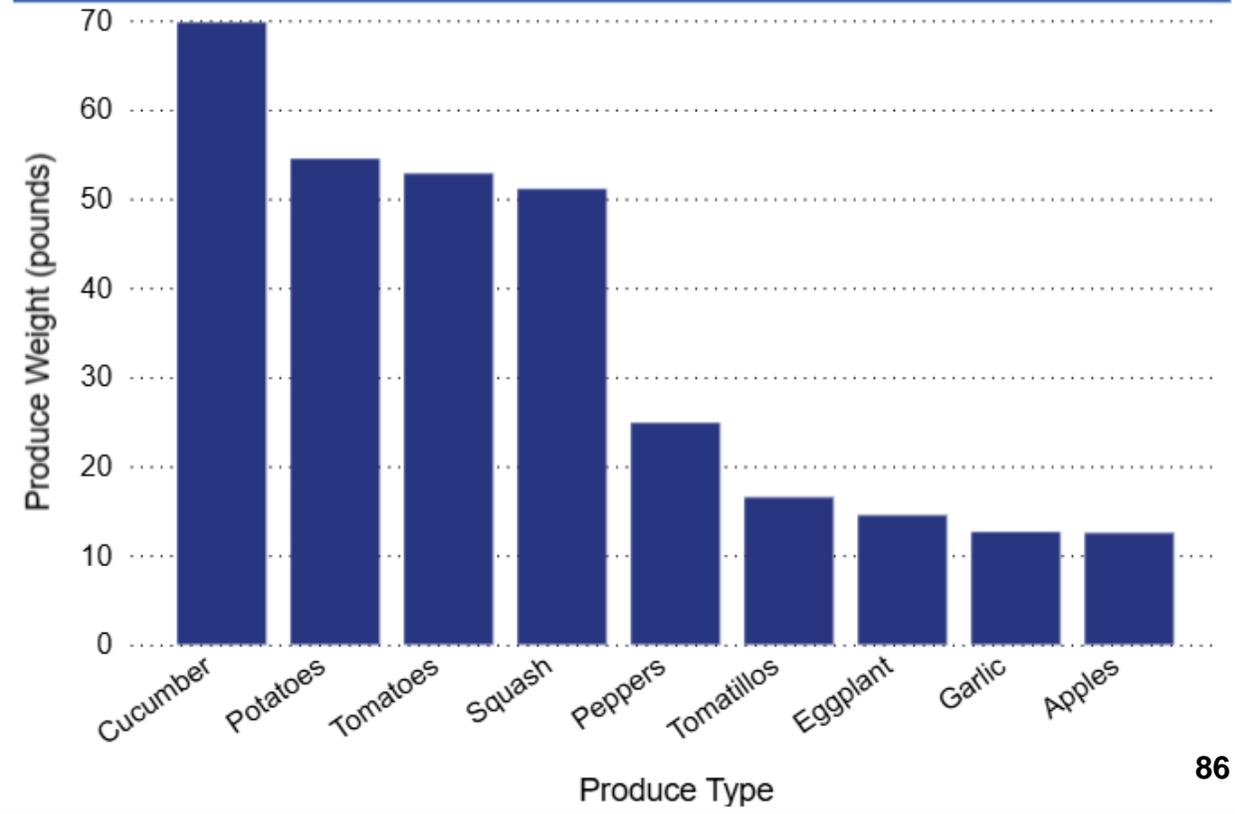
**Figure 5.1.1: Number of Corner Stores Approached**  
\*Since 2022

# 55

**Figure 5.1.2: Participating Healthy Corner Stores**  
\*Since 2022

# 6

**Figure 5.1.3: Amount of Produce Supplied by Reno Food Systems**  
\*Since 2023





# Prevention Efforts in Washoe County - Tobacco-Free and Nicotine-Free Living

NORTHERN NEVADA

## Public Health

Section:

Introduction

Population Health Indicators

Chronic Disease Risk Factors

Injuries

Chronic Diseases & Health Conditions

Prevention Efforts in Washoe County

Subsection:

Healthy Eating, Active Living

Tobacco-Free and Nicotine-Free Living

Injury Prevention

### Community Engagement to Prevent Tobacco & Nicotine Initiation and Promote Quitting

Tobacco use remains the leading cause of preventable death in the United States, despite the progress made reducing smoking rates. Therefore, CDIP continues its work with local, statewide, and national partners to:

- Prevent initiation of tobacco and nicotine use among youth and young adults
- Promote quitting tobacco and nicotine use among adults and youth
- Eliminate exposure to secondhand smoke (SHS)

CDIP follows evidence-based guidelines from the Centers for Disease Control and Prevention (CDC) to prevent the initiation of tobacco and nicotine use and to promote quitting throughout Washoe County.



For more information about resources in Washoe County that support tobacco-free and nicotine-free living, please click this icon to be redirected to the appropriate page on the Northern Nevada Public Health website.

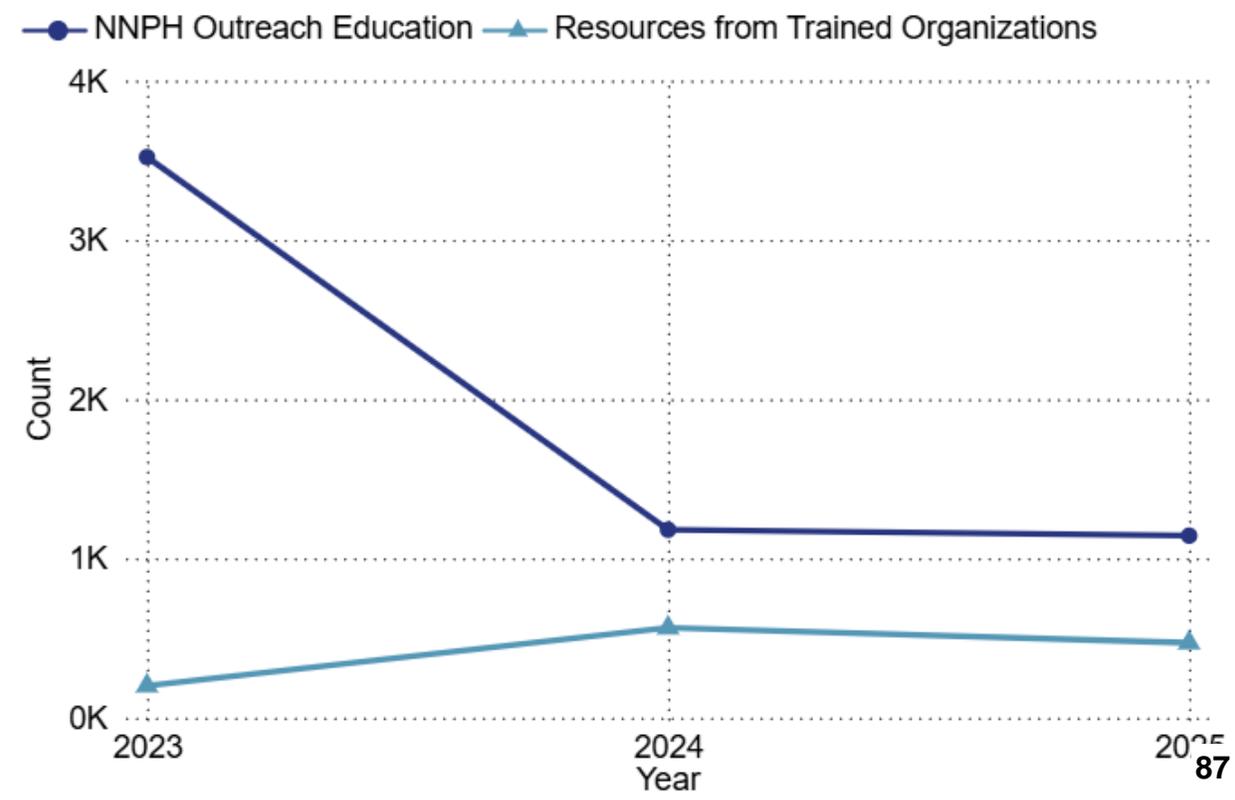
**Figure 5.2.1: Community Organizations Trained to Deliver Prevention & Cessation Resources**  
\*Since 2023

# 12

**Figure 5.2.2: Healthcare Providers/Facilities Educated on Tobacco/Nicotine Use Intervention**  
\*Since 2023

# 2754

### Figure 5.2.3: Number of Community Members Engaged by Prevention & Cessation Efforts





# Prevention Efforts in Washoe County - Injury Prevention

Section:

Introduction

Population Health Indicators

Chronic Disease Risk Factors

Injuries

Chronic Diseases & Health Conditions

Prevention Efforts in Washoe County

Subsection:

Healthy Eating, Active Living

Tobacco-Free and Nicotine-Free Living

Injury Prevention

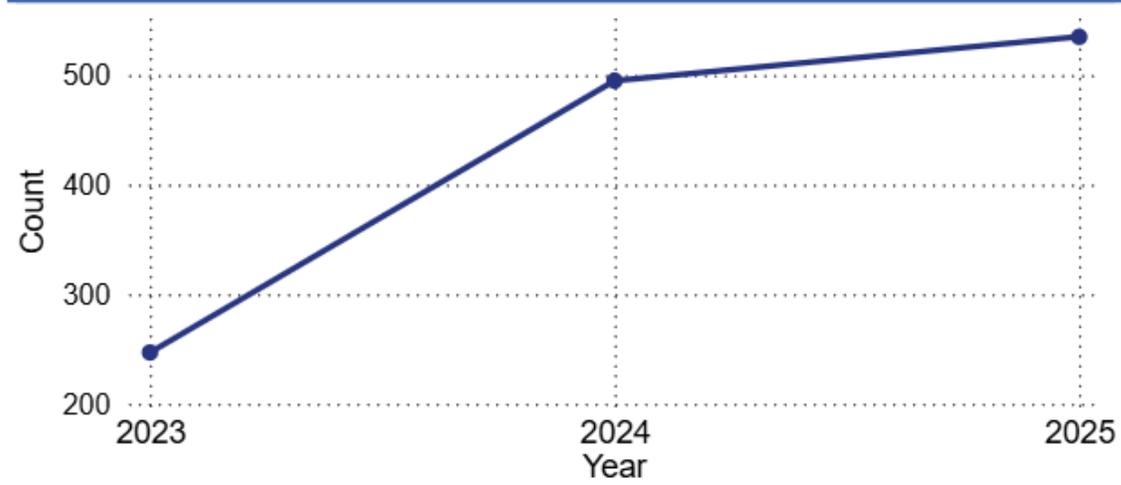
## Temporary Secure Gun Storage

Temporary, secure gun storage outside the home can help make households safer, especially during times of crisis. In Nevada, firearms can legally be stored for a short time with a licensed gun dealer, an immediate family member, or a trusted friend to help prevent harm to oneself or others.

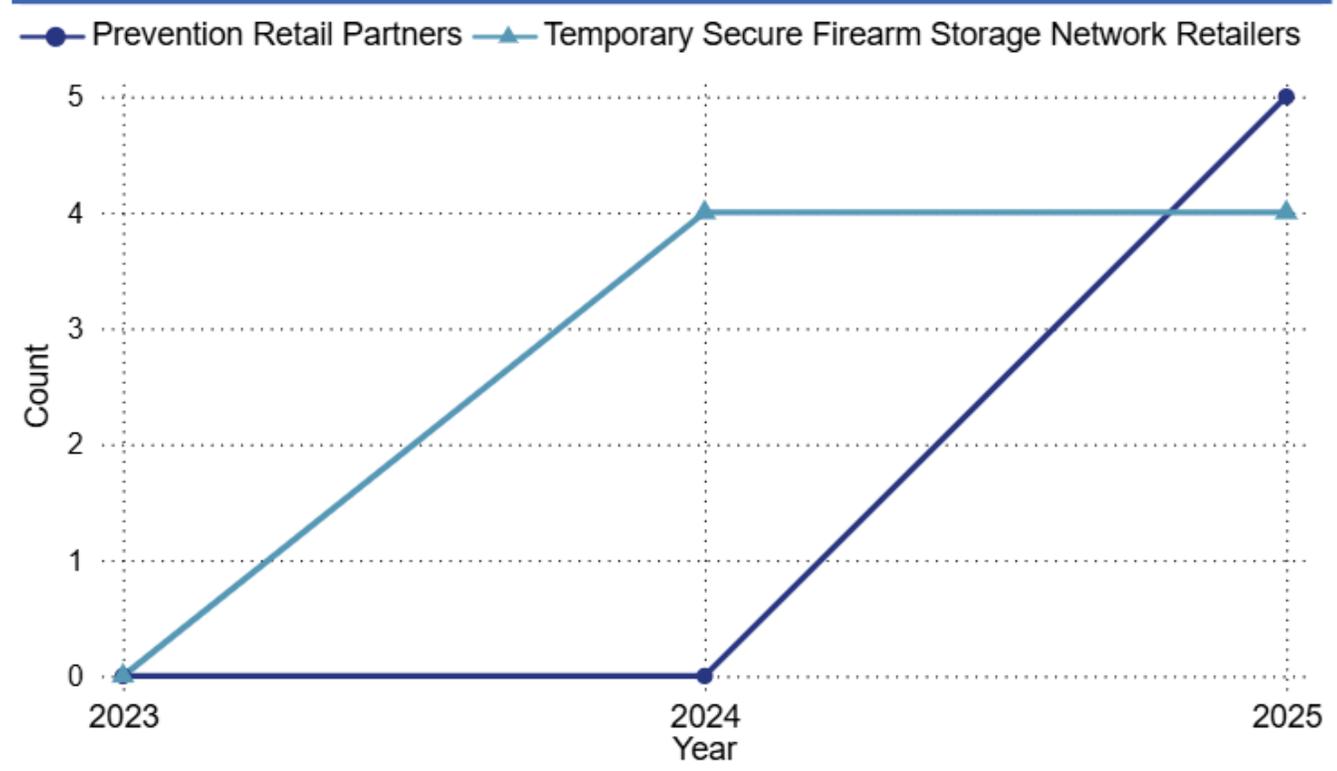


For more information about Suicide Prevention and Safe Gun Storage in Washoe County, please click this icon to be redirected to the appropriate page on the Northern Nevada Public Health website.

### Figure 5.3.1: Number of People Reached by Washoe Suicide Prevention Alliance (WSPA) Outreach



### Figure 5.3.2: Washoe Suicide Prevention Alliance (WSPA) Partners





# Impact

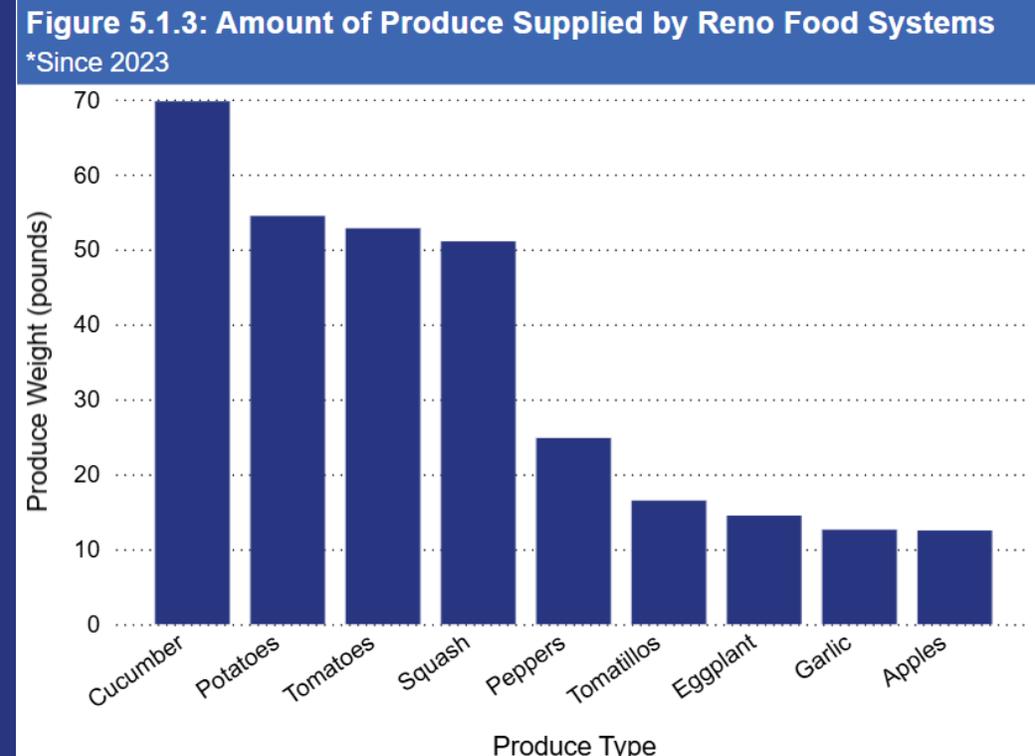
- Sustainable, long-term asset for CDIP and the community
- Efficient and interactive dashboard for updating and sharing data
- Strengthens communication with grant funders
- Empowers staff with quick access to data for stronger grant proposals
- Enhances collaboration with the statistics and informatics team



# Prevention Efforts in Washoe County

## Healthy Eating, Active Living

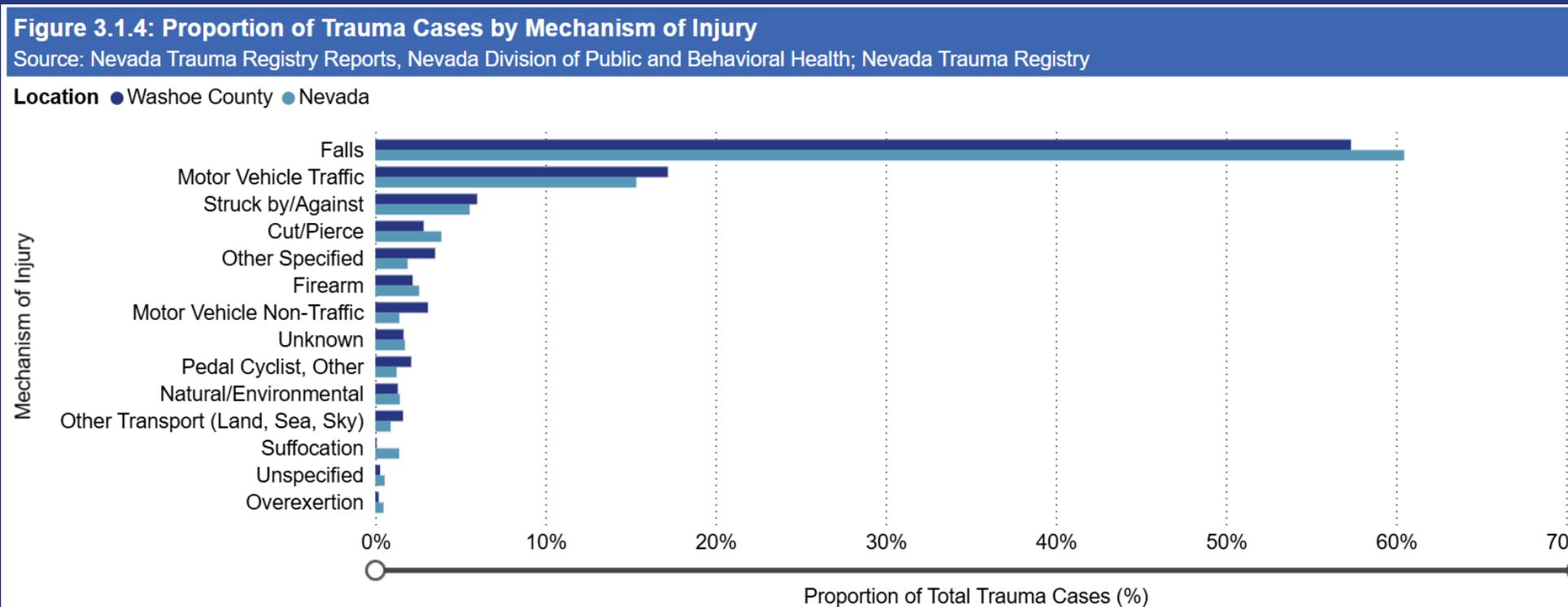
- Downward trend of fruit & vegetable consumption
- Grab Healthy – Healthy Corner Store Initiative
  - Six participating stores
  - Partnership with Reno Food Systems



# Prevention Efforts in Washoe County

## Injury Prevention

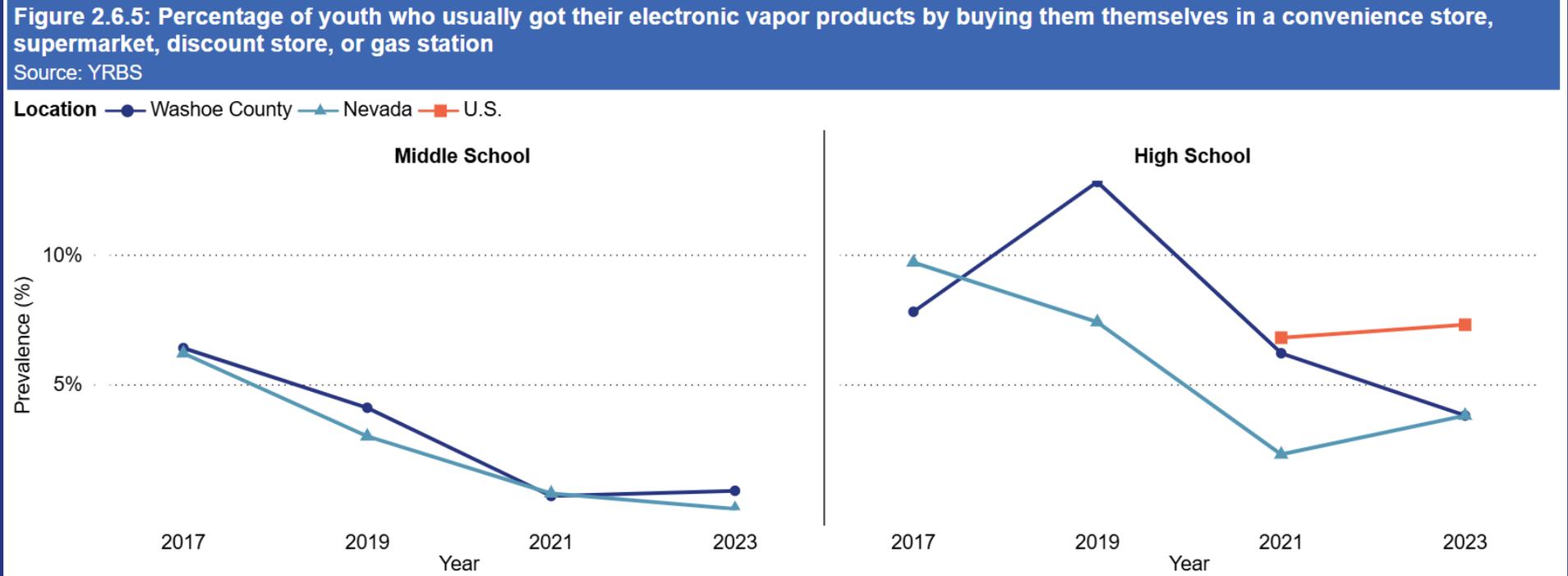
- Falls are the leading cause of trauma in Washoe County
- Senior Falls Programs
  - Enhance Fitness
  - Stepping On



# Prevention Efforts in Washoe County

## Tobacco-Free and Nicotine-Free Living

- Downward trend in youth obtaining vape products from tobacco retailers
- Tobacco Retailer Education



NORTHERN NEVADA  
**Public Health+**

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**DATE:** March 4, 2026  
**TO:** District Board of Health  
**FROM:** Barry Duplantis, Chief Executive Officer, REMSA Health  
775-353-0790, [bduplantis@remsa-cf.com](mailto:bduplantis@remsa-cf.com)  
**THROUGH:** Andrea Esp, Preparedness and EMS Program Manager  
775-326-6042, [aesp@nnph.org](mailto:aesp@nnph.org)  
**SUBJECT:** Recommendation to accept the REMSA Health Monthly Franchise Reports for January and February 2026, which includes REMSA Health Accounts Receivables Summary, Compliance by Zones, Average Response Times, Incident Details Reporting, Summary Penalty Fund Reconciliation, Ground Ambulance Operations Report, Patient Experience Report and Comments, Education Report, and Public Relations Report, and provide possible Board direction.

---

**SUMMARY**

This item is for acceptance of the REMSA Health Monthly Franchise report by the District Board of Health (DBOH) which includes REMSA Health Accounts Receivables Summary, Compliance by Zones, Average Response Times, Incident Details Reporting, Summary Penalty Fund Reconciliation, Ground Ambulance Operations Report, Patient Experience Report and Comments, Education Report, and Public Relations Report. REMSA Health will also provide a Corrective Action Plan update to the Board, as needed.

**District Health Strategic Priorities supported by this item:**

**4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

On December 15, 2022, the DBOH voted, and passed, to allow REMSA Health to address corrective actions for non-compliance in the REMSA Health Monthly Franchise Report.

On August 24, 2023, the DBOH voted, and passed, to allow REMSA Health to use the new formatting of the report which includes all deliverable items in one report.

**BACKGROUND**

The REMSA Health Monthly Franchise Report addresses the information required for reporting by The Amended and Restated Franchise Agreement for Ambulance Service Amended February 23, 2023.

**FISCAL IMPACT**

No fiscal impact.

**RECOMMENDATION**

Staff recommends that the Board accept and provide possible direction on the REMSA Health Monthly Franchise Reports for January and February 2026.

**POSSIBLE MOTION**

Should the Board agree with the staff’s recommendation, a possible motion would be: *“Move to accept the REMSA Health Monthly Franchise Reports for January and February 2026 (and provide direction as desired).”*

**ATTACHMENTS**

[DBOH – 3-26-2026 - REMSA Health Monthly Franchise Report –January 2026](#)

[DBOH – 3-26-2026 - REMSA Health Monthly Franchise Report –February 2026](#)

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**DATE:** March 6, 2026  
**TO:** District Board of Health  
**FROM:** Andrea Esp, Preparedness and EMS Program Manager  
775-326-6042, [aesp@mph.org](mailto:aesp@mph.org)  
**SUBJECT:** Presentation, discussion, and possible approval of the Regional Emergency Medical Services Authority (REMSA) Health Franchise Compliance Report for the period of 7/1/2024 through 6/30/2025 (FY25). (For Possible Action)

---

**SUMMARY**

On an annual basis, the District Board of Health (DBOH) receives a staff presentation and recommendation for possible action regarding the REMSA Health Franchise Compliance Report for the preceding fiscal year. This report evaluates REMSA Health’s adherence to the requirements outlined in the Amended and Restated Franchise Agreement for Ambulance Service (Franchise).

For FY25, REMSA Health met 52 compliance requirements and partially met 2, resulting in an overall compliance rate of 96% for determinate requirements. An additional 15 items were informational, administrative, or conditional in nature and therefore not included in the compliance determination (e.g., franchise definitions, dispute provisions, and conditional billing provisions).

**District Health Strategic Priorities supported by this item:**

**4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

Since the establishment of the REMSA Franchise in 1986, the DBOH has annually reviewed the REMSA Franchise Compliance Report and any associated recommendations.

In March 2022, the DBOH reviewed and accepted the FY21 REMSA Franchise Compliance Report, finding REMSA in compliance.

For FY22, the DBOH took a series of actions related to non-compliance under Article 7.1, including:

- July 28, 2022: DBOH authorized the District Health Officer (DHO) to issue a notice of non-compliance.
- August 4, 2022: DHO issued the notice of non-compliance to REMSA.
- August 10, 2022: REMSA submitted a written response with corrective action steps.
- August–December 2022: REMSA presented multiple follow-up agenda items to the DBOH for review.
- December 2022: DBOH approved moving non-compliance follow-up into the ongoing REMSA Operations Report standing agenda item.

- January–February 2023: REMSA presented Operations Reports with non-compliance updates.
- June 2023: DBOH approved the revised REMSA Franchise Compliance Checklist, effective July 1, 2023.

In March 2024, the DBOH reviewed and accepted the FY23 REMSA Health Franchise Compliance Report, confirming compliance.

On October 24, 2024, the Board approved the operational review of the franchise during its tenth year.

On February 27, 2025, the Board approved the FY24 annual franchise compliance report.

### **BACKGROUND**

The REMSA Health Franchise Compliance Report is developed using documentation and data provided by REMSA Health, the District Health Officer, the Nevada Division of Public and Behavioral Health, and the Washoe County EMS Oversight Program. All supporting documents are available to the Board upon request. As part of the annual review, EMS Oversight Program staff assessed all articles of the Amended and Restated Franchise Agreement (approved by the DBOH in August 2023) using the corresponding Compliance Checklist (approved May 27, 2021). Based on this assessment, EMS Oversight staff determined that REMSA Health was in compliance for FY25.

### **FISCAL IMPACT**

There is no additional fiscal impact to the budget should the Board approve the FY24 REMSA Health Franchise Compliance Report.

### **RECOMMENDATION**

Staff recommends the DBOH move to approve the Regional Emergency Medical Services Authority (REMSA) Health Franchise Compliance Report for the period of 7/1/2024 through 6/30/2025 (FY25).

### **POSSIBLE MOTION**

Should the Board agree with the staff’s recommendation, a possible motion would be: “Move to approve the Regional Emergency Medical Services Authority (REMSA) Health Franchise Compliance Report for the period of 7/1/204 through 6/30/2025 (FY265)”

### **ATTACHMENTS**

DBOH – 3-26-2025 – REMSA Health Franchise Compliance Report FY25

DBOH – 3-26-2025 – REMSA Health Franchise Compliance Checklist FY25

NORTHERN NEVADA

# Public Health+

*Serving Reno, Sparks & Washoe County*

**REMSA HEALTH  
FRANCHISE  
COMPLIANCE REPORT**

**Fiscal Year 2025**

NORTHERN NEVADA  
**Public Health**

*Serving Reno, Sparks & Washoe County*

## **MISSION**

**To improve and protect our community's quality of life and increase equitable opportunities for better health.**

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## SUMMARY

On an annual basis, the District Board of Health (DBOH) receives a staff presentation and recommendation for possible action regarding the REMSA Health Franchise Compliance Report for the preceding fiscal year. This report evaluates REMSA Health’s adherence to the requirements outlined in the Amended and Restated Franchise Agreement for Ambulance Service (Franchise).

For FY25, REMSA Health met 52 compliance requirements and partially met 2, resulting in an overall compliance rate of 96% for determinate requirements. An additional 15 items were informational, administrative, or conditional in nature and therefore not included in the compliance determination (e.g., franchise definitions, dispute provisions, and conditional billing provisions).

## ARTICLE 1 - DEFINITIONS

### 1.1 Definitions

---

→ *Definitions are stated in the Franchise but are not part of compliance determination.*

## 17040

### 2.1 Exclusive Market Rights

---

→ *REMSA Health met the requirement.*

To demonstrate exclusive market rights, the executed Franchise Agreement is included in this compliance report. The most recently assigned Franchise Agreement was executed in February 2023, with the original effective date of July 1, 2014.

REMSA Health has established mutual aid agreements with regional partners. In addition, one regional healthcare evacuation agreement, a regional mass-casualty incident plan, and a crisis standards of care plan were provided.

### 2.2 Franchise Service Area

---

→ *REMSA Health met the requirement.*

The Franchise Agreement defines REMSA Health’s authorized service area, which encompasses Washoe County except for the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA Health response map, effective July 1, 2024

(FY 2025), delineates the Franchise service area along with the corresponding response time requirements.

## 2.3 Level of Care

---

→ *REMSA Health met the requirement.*

In accordance with the Franchise Agreement, all ambulances responding to emergency 911 calls and all Intermediate Life Support (ILS) transfers and transports must be staffed in compliance with NAC 450B regulations. REMSA Health provided a copy of its State of Nevada permit for Advanced Life Support (ALS) and community paramedicine services, issued July 1, 2024, and expired June 30, 2025. A new license was issued to REMSA Health on July 1, 2025.

REMSA Health also supplied its ALS Transport Policy, ILS Transfer/Transport Policy, and BLS Transfer Policy. Additional policies addressing multiple-patient transports, neonatal transfers, and nondiscrimination in transport were included.

## 2.4 Review Process

---

→ *REMSA Health partially met the requirement.*

During an EMS JAC meeting in Spring 2025, the Response Determinants were briefly brought forward. The group noted that there were no changes, and the discussion did not continue. REMSA did not meet the requirement for a formal review, as the fire departments' medical directors did not jointly review or sign off on the Response Determinants during FY25, even though the "no change" status was acknowledged at JAC, which includes EMS Chiefs from the fire departments.

## 2.5 Term

---

→ *The Franchise Term is not a compliance requirement for REMSA Health.*

## 2.6 Periodic Review

---

→ *REMSA Health met the requirement.*

On October 24, 2024, the District Board of Health reviewed and unanimously approved the operational assessment of the Amended Franchise Agreement for Ambulance Services during the tenth year of its term. EMS Program staff presented the agenda item, clarifying that it encompassed a compilation of compliance audits conducted throughout the term of the Amended and Restated Franchise. The motion to approve passed unanimously.

## 2.7 Oversight Fee

---

→ *REMSA Health met the requirement.*

The Franchise Agreement requires REMSA Health to pay an oversight fee equal to 12.5% of total annual costs to support the Northern Nevada Public Health (NNPH) EMS Oversight Program. Table 1 below summarizes the FY25 quarterly payments made by REMSA Health.

**Table 1: Quarterly Oversight Fee**

| Quarterly Reimbursement Billing | Oversight Fee Paid |
|---------------------------------|--------------------|
| July 2024 – September 2024      | \$17,992.54        |
| October 2024 – December 2024    | \$15,636.07        |
| January 2025 – March 2025       | \$21,427.36        |
| April 2025 – June 2025          | \$22,429.92        |

**2.8 Supply Exchange and Reimbursement**

→ *REMSA Health met the requirement.*

REMSA Health provided a letter confirming the establishment of resupply agreements with the three regional fire agencies operating within the Franchise service area: Sparks Fire Department, Truckee Meadows Fire Protection District, and Reno Fire Department.

- Sparks Fire Department (SFD): Medical supplies are exchanged directly on scene during emergency responses, allowing for immediate replenishment without formal invoicing or reimbursement.
- Truckee Meadows Fire Protection District (TMFPD): The district submits detailed quarterly invoices to REMSA Health for reimbursement of supplies provided, ensuring structured financial reconciliation and accountability.
- Reno Fire Department (RFD): REMSA Health issues a fixed quarterly stipend to the department to cover medical supply costs.

**2.9 No Obligation for Subsidy**

→ *REMSA Health met the requirement.*

In a statement provided by REMSA Health, REMSA Health did not receive any grant funding for Franchise ground ambulance services for the fiscal year.

**ARTICLE 3 – GOVERNING BODY**

**3.1 REMSA Health Board of Directors**

→ *REMSA Health met the requirement.*

REMSA Health provided the following list of Board Members for FY25:

Shirley Folkins-Robert, Chairman  
Louis Test  
Michael Pagni  
Katie Grimm  
Chris Nicholas  
Derrick Glum  
Cora Case

REMSA Health also submitted attestations to the EMS Oversight Program, signed by each board member, confirming that no contractual relationships existed requiring approval by a majority of disinterested members.

### **3.2 Board Member Separation**

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→ *REMSA Health met the requirement.*

To demonstrate Board separation, REMSA Health provided signed copies of the Board Member Conflict of Interest Acknowledgement form. The Board Members listed in Section 3.1 signed the form, confirming that they received, read, and understood the policy and agree to comply with its requirements. Additionally, each member affirmed that they are not employed by REMSA Health or its contractor.

### **3.3 Meetings**

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→ *REMSA Health met the requirement.*

REMSA Health provided a list of board meetings held during the fiscal year, confirming that the required minimum of six meetings, as outlined in the Franchise Agreement, was met.

## **ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY**

### **4.1 Market Survey and Competitive Bidding**

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→ *REMSA Health met the requirement.*

This process was completed in FY22 and not a requirement in FY25.

## **ARTICLE 5 – COMMUNICATIONS**

### **5.1 Radio**

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→ *REMSA Health met the requirement.*

REMSA Health provided a copy of the letter of agreement, signed on January 23, 2015, between Washoe County and REMSA Health. This agreement grants REMSA Health sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCS).

During FY25, REMSA Health maintained a continuous connection linking its primary dispatch channel, Med 9, to the 800 MHz system channel, REMSA1. This linkage enables dispatch communications to be simulcast across both the UHF and 800 MHz systems.

REMSA Health also participated regularly in the NNPH HD SUP 800 MHz radio checks.

## 5.2 Dispatch

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→ *REMSA Health met the requirement.*

As required by the Franchise Agreement, REMSA Health must maintain a secondary emergency communication system and conduct an annual drill using the backup system. REMSA Health completed this requirement on March 17, 2025, and provided supporting documentation.

On the same date, REMSA Health conducted operational drills on the backup system, followed by after-action reviews.

REMSA Health also provided documentation demonstrating progress toward implementing a regional CAD system.

## 5.3 Change of Priority

---

→ *REMSA Health met the requirement.*

During FY25, REMSA Health recorded a total of 325 corrections. Of these, 10 involved a change in call priority—one upgrade and nine downgrades. All priority changes were documented with the appropriate rationale.

# ARTICLE 6 - DATA AND RECORDS MANAGEMENT

## 6.1 Data and Records

---

→ *REMSA Health met the requirement.*

In accordance with Article 6.1 of the Franchise Agreement, REMSA Health is required to provide additional response data and records to support NNPH's oversight responsibilities. However, during FY25, the EMS Oversight Program did not conduct any investigations, and no requests for data or records were made by the DHO/EMS Oversight Program.

# ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES

## 7.1 Response Zones

→ *REMSA Health met the requirement.*

The current map went into effect on July 1, 2024. The Franchise response map is divided into five response zones, each with distinct response time requirements. Table 2 outlines the required response times for Priority 1 calls in Zones A through E.

**Table 2: Priority 1 Response Time Requirements by Zone**

|                   | <b>ZONE A</b>   | <b>ZONE B</b> | <b>ZONE C</b> | <b>ZONE D</b> | <b>ZONE E</b>          |
|-------------------|-----------------|---------------|---------------|---------------|------------------------|
| <b>Priority 1</b> | 8:59<br>Minutes | 15:59 Minutes | 20:59 Minutes | 30:59 Minutes | As quickly as possible |

In March 2024, the Northern Nevada Public Health (NNPH) Emergency Medical Services (EMS) Oversight Program presented the proposed map to REMSA Health’s Chief Operating Officer and the Director of EMS System Program Management. Also participating in the discussion were the Truckee Meadows Fire Protection District (TMFPD) Fire Chief, EMS Division Chief, and EMS Coordinator. TMFPD was included because it serves as a subcontractor to REMSA Health within the region. The map was approved by the DBOH on June 27. No changes were made to the franchise map effective July 1, 2025.

EMS Oversight Program staff used the Franchise response requirements for all life-threatening Priority 1 calls to determine monthly compliance for the fiscal year. The Franchise Agreement requires REMSA Health to ensure that 90% of Priority 1 calls meet the response time standard associated with their respective zone.

Table 3 below presents REMSA Health’s response-time compliance percentages for Zone A and for Zones B, C, and D combined. Please note that Franchise compliance calculations evaluate Priority 1 responses in Zones B, C, and D as a combined group.

**Table 3: Percentage of Compliant P1 Response by Month**

| <b>REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2021-22</b> |               |                         |
|--------------------------------------------------------------------------------------|---------------|-------------------------|
| <b>Month*</b>                                                                        | <b>Zone A</b> | <b>Zone B, C, and D</b> |
|                                                                                      |               |                         |

|                        |            |            |
|------------------------|------------|------------|
| July 2024              | 90%        | 96%        |
| August 2024            | 92%        | 91%        |
| September 2024         | 91%        | 95%        |
| October 2024           | 90%        | 91%        |
| November 2024          | 89%        | 89%        |
| December 2024          | 91%        | 97%        |
| January 2025           | 91%        | 95%        |
| February 2025          | 86%        | 90%        |
| March 2025             | 90%        | 90%        |
| April 2025             | 91%        | 91%        |
| May 2025               | 91%        | 93%        |
| June 2025              | 90%        | 95%        |
| <b>Monthly Average</b> | <b>90%</b> | <b>95%</b> |
| <b>Year-To-Date**</b>  | <b>90%</b> | <b>93%</b> |

\*Compliance percentage per month is the percentage calculated using the monthly “Chargeable Late Responses” divided by “Compliance Calculated Responses”.

\*\*Year-to-date is the percentage calculated using the sum of all to date “Chargeable Late Responses” divided by “Compliance Calculated Responses”.

Zone E, the wilderness/frontier regions of REMSA Health’s Franchise area, is the only zone that does not have a specified response time requirement.

**7.2 Response Determinants**

→ *REMSA Health partially met the requirement.*

During an EMS JAC meeting in Spring 2025, the Response Determinants were briefly brought forward. The group noted that there were no changes, and the discussion did not continue. REMSA did not meet the requirement for a formal review, as the fire departments’ medical directors did not jointly review or sign off on the Response Determinants during FY25, even though the “no-change” status was acknowledged at JAC, which includes EMS Chiefs from the fire departments.

**7.3 Zone Map**

→ *REMSA Health met the requirement.*

The Franchise response map is maintained in the offices of the EMS Oversight Program Manager and the EMS Coordinator. A version of the map is also available as a map layer within the Washoe Regional Mapping System on the Washoe County GIS website. The map was reviewed and approved on February 19, 2025, with no revisions required.

## 7.4 Response Time Reporting

---

→ *REMSA Health met the requirement.*

REMSA Health provided EMS Oversight Program staff with access to the FirstWatch Online Compliance Utility (OCU) in July 2014. This access allows EMS Oversight staff to independently retrieve call and response data from the FirstWatch database on a monthly basis.

During FY25, REMSA Health recorded a total of 34,092 Priority 1 (P1) calls for service in the FirstWatch database. Table 4 below summarizes the number of P1 calls for service by zone.

**Table 4: Number of Priority 1 Calls for Service by Zone**

| <b>Zone</b> | <b>Number of P1 Calls</b> |
|-------------|---------------------------|
| A           | 32,674                    |
| B/C/D       | 1228                      |
| E           | 126                       |

Zone E, which encompasses the wilderness and frontier areas within REMSA Health’s franchise service area, is the only zone without a defined response time requirement. During FY25, REMSA Health responded to 126 calls for service in Zone E. Of these calls, 71 resulted in patient transports, including two emergency transports.

## 7.5 Penalties

---

→ *REMSA Health met the requirement.*

As part of the compliance documentation, REMSA Health submitted the verification letter and all penalty fund reconciliation materials for the fiscal year. These documents were received prior to the required end-of-year franchise deadline.

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**Table 5: Penalty Fund by Month**

| Month          | Zone A Penalty Amount | Zones B, C, and D Penalty Amount | Total Penalty Amount |
|----------------|-----------------------|----------------------------------|----------------------|
| July 2024      | \$15,337.42           | \$167.93                         | \$15,505.35          |
| August 2024    | \$10,478.57           | \$935.86                         | \$11,414.43          |
| September 2024 | \$12,830.09           | \$287.88                         | \$13,117.97          |
| October 2024   | \$12,649.79           | \$695.71                         | \$13,345.50          |
| November 2024  | \$13,261.66           | \$359.85                         | \$13,621.51          |
| December 2024  | \$12,182.11           | \$215.91                         | \$12,398.02          |
| January 2025   | \$11,371.05           | \$374.97                         | \$11,746.02          |
| February 2025  | \$21,369.03           | \$574.83                         | \$21,943.86          |
| March 2025     | \$14,145.78           | \$799.80                         | \$14,945.58          |
| April 2025     | \$13,020.87           | \$624.87                         | \$13,645.74          |
| May 2025       | \$12,620.97           | \$749.82                         | \$13,370.79          |
| June 2025      | \$14,395.56           | \$349.92                         | \$14,745.48          |
| <b>Total</b>   | \$163,662.90          | \$6,137.35                       | \$169,800.25         |

Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA Health’s annual audit. This report reviewed and identified the agreed-upon procedures between REMSA Health and NNPB as well as the penalty fund expenditure.

## 7.6 Exemptions

---

→ *REMSA Health met the requirement.*

During FY25, REMSA Health recorded a total of 294 approved exemptions, as shown in the table below. Of these, 86 exemptions categorized as “Local, State, or Federal Declared Emergency” were associated with the Davis Fire.

**Table 6: Exemptions by Type**

| Exemption Type | Number of Exemptions |
|----------------|----------------------|
|----------------|----------------------|

|                                            |          |
|--------------------------------------------|----------|
| MCI/MAEA                                   | 0        |
| Miscellaneous                              | <b>0</b> |
| Weather                                    | 13       |
| Local, State or Federal Declared Emergency | 86       |
| System Overload                            | 194      |
| Construction                               | 0        |
| Status 99                                  | <b>1</b> |

REMSA Health provided a statement on letterhead explaining its internal process for reviewing and requesting late-run exemptions.

No disputes were recorded during this fiscal year.

On July 1, 2021, the District Health Officer issued a letter outlining the exemption guidelines for REMSA Health and defining the allowable exemption categories. The letter identifies eight exemption types and specifies that REMSA Health may internally review two of these categories with NNPH. All remaining exemption types require REMSA Health to submit supporting documentation to NNPH for review and potential approval.

## 7.7 Penalty Fund

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→ *REMSA Health met the requirement.*

The REMSA Health Controller submitted a letter to the District Health Officer confirming that penalty funds are recorded monthly in a separate restricted account. As shown in Table 5 (Section 7.5), REMSA Health incurred a total of \$171,219.56 in penalties during FY25. REMSA Health provided FY25 penalty fund reconciliation documents, along with copies of invoices, purchase orders, and checks associated with purchases made using penalty fund monies.

In accordance with the Agreed-Upon Procedures Related to the Penalty Fund (item 7.5e), an external auditor verified that the penalty fund is maintained in a separate restricted account.

## 7.8 Health Officer Approval

---

→ *REMSA Health met the requirement.*

During FY25, REMSA Health submitted a letter to the DHO requesting permission to use penalty funds for FY25, with an anticipated amount of \$200,000 to support the following initiatives. The request was approved on July 1, 2024.

- Child and Pedestrian Safety
  - First aid kits for youth league sports & community organizations
  - Safety seats, childcare seats and installation
  - Pedestrian safety reflective gear
- Community First AID, CPR Training and Education

- Basic Life Support/CPR Certification/Stop the Bleed/Babysitter Recertification Classes
- High school, accredited health learning or trade program, college, university EMT/Advanced EMT/Paramedic Scholarship
- Heart and Health Safe Community Enhancement and Support
  - Community AEDs
  - PulsePoint Application – Increase Bystander CPR and AED Location Awareness
- Regional First Responder/Emergency Medical Services Systems Initiatives
  - Cardiac Registry to Enhance Survivability (CARES)
  - When to call 911 Choose the Right Care Campaign
  - Water Watcher for the Win / Not for a Minute Hot Car / Bicycle Helmet Campaigns
  - Tactical EMS Equipment & TEMS Physician Oversight
  - Search and Rescue EMS Equipment
  - Public Awareness Ambulance Wrap Design
  - Washoe County Non-Profit Healthcare and First Responder Support Agencies
  - Regional First Responder Training Equipment

## ARTICLE 8 - PATIENT BILLING

### 8.1 Average Patient Bill

→ *REMSA Health met the requirement.*

As outlined in Article 7.5, NNPH issued a letter on December 19, 2022, confirming completion of the annual review of the Consumer Price Index (CPI). The final allowable average bill through December 31, 2024, was set at \$2,073.86. A subsequent NNPH CPI letter, issued on December 17, 2024, notified REMSA Health that the CPI review for the following period had been completed and established a final allowable average bill of \$2,160.02 through December 31, 2025.

After each billing month concludes, the total gross sales billed for that month is divided by the number of patients transported during the same period. The resulting figure is compared to the average bill approved by the District Board of Health (DBOH). If necessary, the average bill is adjusted for the following month to ensure ongoing compliance. Table 7 provides a summary of the average bill calculations reported to the DBOH on a monthly basis.

**Table 7: Average Bill Calculations Reported by Month**

| Month          | # Transports Billed | Avg. Bill  |
|----------------|---------------------|------------|
| July 2024      | 5142                | \$2,058.67 |
| August 2024    | 4951                | \$2,059.02 |
| September 2024 | 4852                | \$2,059.91 |

|                                |               |                   |
|--------------------------------|---------------|-------------------|
| October 2024                   | 4920          | \$2,063.28        |
| November 2024                  | 4740          | \$2,070.94        |
| December 2024                  | 5142          | \$2,067.47        |
| <b>July 2024-December 2024</b> | <b>27,747</b> | <b>\$2063.22</b>  |
| January 2025                   | 5331          | \$2,144.69        |
| February 2025                  | 4667          | \$2,150.62        |
| March 2025                     | 5050          | \$2,156.18        |
| April 2025                     | 5056          | \$2,159.60        |
| May 2025                       | 5157          | \$2,156.75        |
| June 2025                      | 2976          | \$2,151.24        |
| <b>January 2025-June 2025</b>  | <b>28,237</b> | <b>\$2,153.29</b> |

## 8.2 Increase Beyond CPI

---

→ *Only applicable if REMSA Health requested an increase beyond the annual CPI adjustment.*

REMSA Health did not request an increase beyond the annual CPI adjustment.

## 8.3 Overage in Bill Amount

---

→ *Only applicable if REMSA Health has an overage in the allowable bill amount.*

REMSA Health did not exceed the maximum average patient bill.

## 8.4 Third Party Reimbursement

---

→ *REMSA Health met the requirement.*

In accordance with the Franchise Agreement, REMSA Health is required to use its best efforts to maximize third-party reimbursements and minimize patients' out-of-pocket expenses. To support this, patient demographic and insurance information is obtained directly from the patient or, when the patient is unable to provide it, from the receiving hospital. This information is then validated, coded, and processed through the medical billing clearinghouse. After insurance payments are applied, any remaining personal balance responsibility is billed directly to the patient at their last known address.

REMSA Health reports that it offers reasonable payment plans for personal balance responsibility, as well as a Financial Hardship Program for patients who qualify.

## 8.5 Prepaid Subscription Program

---

→ *REMSA Health met the requirement.*

The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. There were 2,928 households and 7,027 members enrolled as of June 30, 2025.

## 8.6 Billing

---

→ *REMSA Health met the requirement.*

The Franchise Agreement specifies that REMSA Health is responsible for all billing services, although it may contract with a third-party vendor to perform these functions. REMSA Health is responsible for billing commercial, government, and non-government payers for medically necessary patient transportation.

## 8.7 Accounting Practices

---

→ *REMSA Health met the requirement.*

The external auditor engaged for REMSA Health’s annual audit, Cupit, Milligan, Ogden & Williams, adheres to both GAAP and GAAS standards. According to the Nevada State Board of Accountancy, the firm’s license is valid through December 31, 2026.

## 8.8 Audit

---

→ *REMSA Health met the requirement.*

The Consolidated Financial Statements prepared by the external auditor were submitted via email on December 29, 2025. The seventeen-page document includes the independent auditor’s report and the financial statements for FY25. Form 990 for the 2023 filing year was received on May 20, 2025. The Agreed-Upon Procedures Related to the Franchise Average Bill, prepared by the external auditor, was also submitted.

# ARTICLE 9 - PERSONNEL AND EQUIPMENT

## 9.1 Dispatch Personnel Training

---

→ *REMSA Health met the requirement.*

REMSA Health submitted a list of personnel assigned to the communications center. A total of 61 employees were included, all of whom held current or pending EMD-related certifications for FY25. The certifications were reported as follows:

EMD- 44 employees

EMS-Q – 4 employees

EMS – Pending – 13 employees

## **9.2 Dispatch Accreditation**

---

→ *REMSA Health met the requirement.*

REMSA Health submitted a copy of its Accredited Center of Excellence (ACE) accreditation certificate, which is valid through May 3, 2025.

REMSA Health also submitted documentation from the International Academies of Emergency Dispatch on May 7, 2025, confirming its designation as the 54th Emergency Medical Dispatch Accredited Center in the world.

## **9.3 Personnel Licensing and Certification**

---

→ *REMSA Health met the requirement.*

REMSA Health submitted rosters of certified personnel, including Paramedics, AEMTs, and EMTs. It should be noted that REMSA Health Emergency Medical Dispatchers (EMDs) are not certified through the Nevada State EMS Office; instead, they maintain national certification.

The Nevada Department of Health and Human Services (DPBH), Division of Public and Behavioral Health, Office of Emergency Medical Systems Program confirmed via email and through a formal attestation letter that REMSA Health was in compliance for FY25 with applicable NRS 450B and NAC 450B requirements related to permits, inspections, staffing, equipment, operations, and clinical protocols.

## **9.4 ICS Training**

---

→ *REMSA Health met the requirement.*

REMSA Health submitted lists of personnel who have completed training in the Washoe County Multi-Casualty Incident Plan (MCIP) and the following Incident Command System (ICS) courses: ICS 100, ICS 200, ICS 300, ICS 400, and ICS 700.

REMSA Health also provided a roster of field operational management personnel, including the Director of EMS Operations, Senior EMS Manager, Emergency Manager, Health and Safety Supervisor, Administrative Supervisor, and full-time and part-time EMS Supervisors.

Additionally, REMSA Health submitted a list of five Emergency Operations Center (EOC)-qualified personnel, based on their organizational role and completion of required ICS coursework.

## **9.5 Ambulance Markings**

---

→ *REMSA Health met the requirement.*

The Franchise Agreement requires that all ambulance units be marked with REMSA Health emblems rather than the individual branding of any ambulance service contractor. A spot check of ambulance units confirmed that all vehicles displayed the required REMSA Health emblems.

## 9.6 Ambulance Permits and Equipment

---

→ *REMSA Health met the requirement.*

REMSA Health provided EMS Oversight Program staff with a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA Health also submitted a list of vehicles to include year, make, model, license plate number, and VIN numbers.

The Nevada Department of Health and Human Services, DPBH Office of Emergency Medical Systems Program confirmed in an email received by NNPH on February 19, 2026, that REMSA Health is compliant with Nevada Revised Statutes, NRS 450B and Nevada Administrative Codes, NAC 450B having to do with certification, licensure, ambulance permitting, inspections, protocols, and operations for the period of July 01, 2024, through June 30, 2025.

## 9.7 Field Supervisor Staffing

---

→ *REMSA Health met the requirement.*

REMSA Health submits daily shift schedules to demonstrate that a field supervisor is assigned to each shift. The schedules provided show that two to four supervisors are on duty within each 24-hour period, depending on the day and time of the week. REMSA Health also provided the job description for the EMS Supervisor position, last revised in September 2020.

## 9.8 Medical Director

---

→ *REMSA Health met the requirement.*

The Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH), Office of Emergency Medical Systems Program confirmed in an email received by NNPH on February 19, 2026, that REMSA Health is compliant with state requirements regarding its Medical Director appointment. According to State EMS, the Medical Director met all requirements for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. A copy of the curriculum vitae (CV) for Dr. Jennifer M. Wilson, Medical Director, is retained by the Program.

# ARTICLE 10 - QUALITY ASSURANCE

## 10.1 Personnel

---

→ *REMSA Health met the requirement.*

*REMSA Health provided written documentation identifying the individuals designated to oversee and maintain the Continuous Quality Improvement (CQI) program for ground ALS services. The CQI team consists of ten members, including:*

- Jeremey Gonda, MD – Medical Director, Care Flight/Community Health Paramedic Program
- Jennifer Wilson, MD – Medical Director, REMSA Ground

- Adam Heinz, MBA, NRP, AEMD – Chief Operating Officer
- Scott Norman, BS, NRP, EMD – Clinical Standards and Practices Director
- Gregory Woosley, NRP – Clinical Standards and Practices Coordinator
- Courtney Harrell, FTP – Clinical Standards and Practices Coordinator
- Markus Hirt, RN – Clinical Coordinator/CQI Care Flight
- Denesha Lemons, EMD, EFD – Clinical Coordinator/CQI Communications
- Lee Malara, RN – Clinical Coordinator/CQI Communications NHL

## 10.2 Review

---

→ *REMSA Health met the requirement.*

In the monthly Operations Reports presented to the District Board of Health (DBOH), REMSA Health includes the Medical Director’s Report, which provides a breakdown of patient charts reviewed during the preceding month. All monthly reviews conducted during FY25 met or exceeded the requirement to review at least 5 percent of ALS calls.

The following categories of calls undergo a 100 percent review by the REMSA Health Quality Department through a manual ePCR review, including comprehensive evaluation of documentation and protocol adherence:

- Adult advanced airway
- First pass success rate for adult and pediatric patient populations
- Adult Cardiac Arrest: with and without resuscitation measures
- Pediatric Cardiac Arrest
- Pediatric Advanced Airway
- Pediatric Critical Skills
- Obstetrical/Childbirth
- Neonatal Resuscitation
- Critical medication administration [Epinephrine, Levophed, Dopamine, Amiodarone, Heparin, Tridil, Potassium Chloride, Adenosine, SoluMedrol, Ketamine]
- STEMI Alert
- Critical Skills [needle decompression, surgical cricothyrotomy. Cardioversion]
- ALS Intercept of all ILS initial responses

All ePCR’s undergoing the manual review are returned to the provider through the Image Trend Quality rerouting process. Within the rerouting process, the Clinical Coordinator/ CQI Coordinator provides feedback for clinical improvement, protocol review, or additional comments. The quality feedback is monitored by the Quality Coordinator for the purposes of loop closure.

07/24- 303/2230 (11%)  
 08/24- 277/2054 (11%)  
 09/24- 364/1782 (11%)  
 10/24- 487/2078 (10%)

11/24- 456/2186 (13%)  
12/24- 351/2308 (13%)  
01/25- 442/2199 (11%)  
02/25- 431/2185 (8%)  
03/25- 393/2370 (11%)  
04/25- 384/2387 (12%)  
05/25 -276/2013 (16%)  
06/25- 334/2347 (13%)

It should be noted that two categories are no longer reviewed at a 100% rate. While the program met and exceeded the requirement to review at least 5% of applicable calls, the overall monthly review percentage was reduced compared to the previous fiscal year. Specifically, Adult CPR and Alternate Destination cases are no longer subject to 100% review, representing a shift from the prior fiscal year's review standard. This adjustment reflects a modification in review methodology rather than a decrease in compliance, as the established minimum review thresholds continue to be achieved and exceeded.

## ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION

### 11.1 CPR Courses

---

→ *REMSA Health met the requirement.*

In the monthly Operations Reports submitted to the District Board of Health (DBOH), REMSA Health summarized its education initiatives, reporting the delivery of more than 2,600 courses to over 12,600 students. These offerings included professional certification courses such as BLS, ACLS, PALS, PHTLS, TECC, and NRP, as well as public health-focused programs including Heartsaver CPR/AED, First Aid, Hands-Only CPR, Kid Care, and Stop the Bleed.

### 11.2 Community Health Education

---

→ *REMSA Health met the requirement.*

In the monthly Operation Report presented to the DBOH, REMSA Health included the public relations report that outlines the multimedia activities completed during the previous month.

### 11.3 Clinical Skills

---

→ *REMSA Health met the requirement.*

Clinical skills training was offered to all field-qualified providers, covering advanced airway management, patient assessment, medication administration, cardiac and respiratory interventions, trauma care, and invasive procedures such as IV/IO access, pleural decompression, and surgical airway techniques.

## 11.4 Fire EMS Training

---

→ *REMSA Health met the requirement.*

Fire EMS Training was offered each quarter of FY25.

Q1 (July-September 2024)

- Active Assailant Joint training on 7/24/24

Q2 (October-December 2024)

- Communication for Joint Training on 11/14/2024

Q3 (January-March 2025)

- Mike Taigman- Science of Stress, How to Manage It, and Why It Matters Seminar.
- January 2, 2025- Communication sent to all local fire departments inviting them to joint training.

Q4(April-June 2025)

- May 5, 2025 - Joint Training offered to Fire departments.

## ARTICLE 12 - REPORTING

### 12.1 Monthly Reports

---

→ *REMSA Health met the requirement.*

During the fiscal year, REMSA Health submitted twelve Operations Reports to the District Board of Health (DBOH). These reports included documentation on response compliance, average response times, average bill, community CPR classes, patient feedback, and multimedia campaign activities

### 12.2 Quarterly Reports

---

→ *REMSA Health met the requirement.*

During the fiscal year, REMSA Health submitted four Operations Reports to the EMSAB.

- EMSAB meeting was on August 1, 2024 and REMSA Health provided the quarterly report for the fourth quarter of FY24.
- EMSAB meeting scheduled for November 7, 2024, was cancelled but REMSA Health provided a report for first quarter of FY25.
- EMSAB meeting was on February 20, 2025, and REMSA Health provided two quarterly reports because the previous meeting was cancelled.
- EMSAB meeting was on May 29, 2025, and REMSA Health provided the quarterly report for the third quarter of FY25.

### 12.3 Daily Reports

---

→ *REMSA Health met the requirement.*

REMSA Health emails a copy of the staffing schedule to fire agencies and the EMS Oversight Program email daily.

#### **12.4 Annual Reports**

---

→ *REMSA Health met the requirement.*

NNPH received all compliance documentation prior to December 31, 2025. During the fiscal year, EMS Oversight Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU.

### **ARTICLE 13 – FAILURE TO COMPLY/REMEDIES**

#### **13.1 Failure to Comply with Agreement**

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→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

#### **13.2 Notice of Noncompliance**

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→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

#### **13.3 Failure to Correct/Rescission of Agreement**

---

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

#### **13.4 Alternate to Rescinding Agreement**

---

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

### **ARTICLE 14 - DISPUTE RESOLUTION**

#### **14.1 Agreement to Mediate Disputes**

---

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

## ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

### 15.1 Financial Assurance/Continuity of Operations

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→ *REMSA Health met the requirement.*

The Consolidated Financial Statements prepared by the external auditor report Total Net Assets of \$49,715,454. The audit also identifies a Board-designated reserve of \$3 million within the equity statements.

## ARTICLE 16 - INSURANCE AND INDEMNIFICATION

### 16.1 Insurance

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→ *REMSA Health met the requirement.*

REMSA Health provided a copy of its certificate of liability insurance, which includes coverage for general liability, automobile, workers' compensation, and employer's liability. The certificate lists the Washoe County District Health Department as the certificate holder.

### 16.2 Indemnification

---

→ *REMSA Health met the requirement.*

The Franchise Agreement includes an indemnification provision requiring both parties to hold harmless, indemnify, and defend one another. This provision became binding upon execution of the Agreement. A signed copy of the Franchise Agreement is therefore included as part of the compliance report documentation.

### 16.3 Limitation of Liability

---

→ *REMSA Health met the requirement.*

The Franchise Agreement specifies that NNPH will not waive, and fully intends to assert, any remedies or liability limitations available under NRS Chapter 41 and applicable case law. Accordingly, the compliance documentation for the fiscal year includes a copy of NRS Chapter 41 and the signed Franchise Agreement.

## ARTICLE 17 – MISCELLANEOUS

### 17.1 REMSA Health Contracts with Other Entities

---

→ *REMSA Health met the requirement.*

REMSA Health submitted the following contracts, service agreements, Mutual Aid Agreements (MAA), and Memorandums of Understanding (MOU).

- Agreement for Emergency Medical and Emergency Fire Dispatch for Truckee Meadows Fire Protection District
- Subcontractors to the Franchise:
  - Truckee Meadows Fire Protection District
- Letter of Agreement with Washoe County for Washoe County Regional 800MHz Communications System
- MOA with Carson City Fire
- MAA with City of Reno
- MOA with North Lyon County Fire Protection District
- MOA with Storey County Fire Protection District
- MOA with Truckee Meadows Fire Protection District
- MAA with Sierra Emergency Medical Alliance (SEMSA)
- MOU with Sierra-Sacramento Valley EMS Agency
- NNPH Multi-Casualty Incident Plan
- NNPH Mutual Aid Evacuation Agreement

### 17.2 Governing Law; Jurisdiction

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→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.*

### 17.3 Assignment

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→ *Assignment is stated in the Franchise but is not part of compliance determination.*

### 17.4 Severability

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→ *Severability is stated in the Franchise but is not part of compliance determination.*

### 17.5 Entire Agreement/Modification

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→ *Entire agreement/modification is stated in the Franchise but is not part of compliance determination.*

## 17.6 Benefits

---

→ *Benefits are stated in the Franchise but are not part of compliance determination.*

## 17.7 Notice

---

→ *Notice is stated in the Franchise but is not part of compliance determination.*



## REMSA Franchise Compliance Checklist

| Franchise Article | Title                                                                                                                                                                                                             | Compliance Documentation                                                                                                                                                                                                                                                                                                                | Responsible Party | Date Received     | Reviewer's Notes |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|------------------|
| 1                 | <b>Definitions</b>                                                                                                                                                                                                | <b>1.1 Definitions</b><br>Definitions are stated in the franchise, but are not part of compliance determination                                                                                                                                                                                                                         |                   |                   |                  |
| 2                 | <b>Granting of Exclusive Franchise</b>                                                                                                                                                                            | <b>2.1 Exclusive Market Rights</b><br><input type="checkbox"/> The franchise agreement signed by DBOH and REMSA which gives REMSA the exclusive market rights within the franchise service area<br><input type="checkbox"/> All disaster agreements<br><input type="checkbox"/> All mutual aid agreements including NNPH MAEA agreement | NNPH              | N/A               |                  |
|                   |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                         | REMSA             | Before 12/31/2025 |                  |
|                   |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                         | REMSA             | Before 12/31/2025 |                  |
|                   |                                                                                                                                                                                                                   | <b>2.2 Franchise Service Area</b><br><input type="checkbox"/> All maps of the REMSA franchise area effective during FY                                                                                                                                                                                                                  | NNPH              | N/A               |                  |
|                   | <b>2.3 Level of Care</b><br><input type="checkbox"/> A copy of state certification for ALS services<br><input type="checkbox"/> ALS Transport Policy<br><input type="checkbox"/> ILS Transfer or Transport Policy | REMSA                                                                                                                                                                                                                                                                                                                                   | Before 12/31/2025 |                   |                  |

Approved by DBOH on 6/22/2023  
 Effective 07/01/2023

Northern Nevada Public Health | REMSA  
 Franchise Compliance Checklist

### REMSA Franchise Compliance Checklist

|  |  |                                                                                                                                                         |       |                   |                                                                         |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|-------------------------------------------------------------------------|
|  |  | <input type="checkbox"/> BLS Transfer Policy                                                                                                            |       |                   | 2.4 – Improper documentation not obtained. Refer to report for details. |
|  |  | <b>2.4 Review Process</b><br>Annual review of the International Academy of Emergency Dispatch (IAED) determinate code and QA/QI process through the JAC | NNPH  | N/A               |                                                                         |
|  |  | <b>2.5 Term</b><br>The franchise term is stated in the franchise, but is not part of compliance determination until 2024                                |       |                   |                                                                         |
|  |  | <b>2.6 Periodic Review</b><br>Terms will be evaluated after year 10 (2024) and year 16 (20230), if extended                                             |       |                   |                                                                         |
|  |  | <b>2.7 Oversight Fee</b><br><input type="checkbox"/> Copies of quarterly invoices, and payments, paid to the EMS Program                                | NNPH  | N/A               |                                                                         |
|  |  | <b>2.8 Supply Exchange and Reimbursement</b>                                                                                                            | REMSA | Before 12/31/2025 |                                                                         |

### REMSA Franchise Compliance Checklist

|          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                   |  |
|----------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|--|
|          |                       | <input type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency<br><input type="checkbox"/> Confirmation from jurisdictions that they were reimbursed                                                                                                                                                                                                                      | NNPH  | Before 12/31/2025 |  |
|          |                       | <b>2.9 No Obligation for Subsidy</b><br><input type="checkbox"/> A statement from REMSA attesting they do not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County                                                                                                                                                                                                               | REMSA | Before 12/31/2025 |  |
| <b>3</b> | <b>Governing Body</b> | <b>3.1 REMSA Board of Directors</b><br><input type="checkbox"/> Formal list of Board members (letter from the Board or minutes)<br><input type="checkbox"/> Legal confirmation via letter from the Chair, that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members (if board members have changed from previous FY or change during FY) | REMSA | Before 12/31/2025 |  |

### REMSA Franchise Compliance Checklist

|   |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                   |                                |
|---|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|--------------------------------|
|   |                                                       | <b>3.2 Board Member Separation</b><br><input type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor                                                                                                                                                                                                                             | REMSA | Before 12/31/2025 |                                |
|   |                                                       | <b>3.3 Meetings</b><br><input type="checkbox"/> Formal list of six Board meetings held, with a quorum of its members, during the fiscal year from the Chair of the Board (or approved meeting minutes)                                                                                                                                                                                                                                                          | REMSA | Before 12/31/2025 |                                |
| 4 | <b>Contract Competitive Bidding and Market Survey</b> | <b>4.1 Market Survey and Competitive Bidding</b><br>A market survey or competitive bid will be completed December 31, 2021, and 2027, with the following documents required:<br>a) Letter of recommendation of Consultant approved by the DISTRICT<br>b) Market areas recommended for review<br>c) Consultant contract confirming reliable data for comparison<br>d) Competitive bid or performance improvements, depending upon completion of the market study | REMSA | N/A               | 4.1 – not required during FY25 |

### REMSA Franchise Compliance Checklist

|          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                      |  |
|----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------|--|
|          |                       | <ul style="list-style-type: none"> <li>e) Approval of no bid required (approved meeting minutes)</li> <li>f) Competitive bid, if applicable</li> </ul>                                                                                                                                                                                                                                                                                      |       |                      |  |
| <b>5</b> | <b>Communications</b> | <b>5.1 Radio</b><br><input type="checkbox"/> Current 800 MHz MOU<br>Formal documentation that identifies communication capabilities with current 911 system requirements                                                                                                                                                                                                                                                                    | REMSA | Before<br>12/31/2025 |  |
|          |                       | <b>5.2 Dispatch</b><br><input type="checkbox"/> Documentation of secondary emergency communication system and operational drill conducted annually (AAR)<br><input type="checkbox"/> Documentation of CAD system<br><input type="checkbox"/> Documentation of CAD-to-CAD meetings that demonstrate progress towards interface<br><input type="checkbox"/> Documentation that demonstrates progress towards AVL connections between agencies | REMSA | Before<br>12/31/2025 |  |
|          |                       | <b>5.3 Change of Priority</b><br><input type="checkbox"/> Formal documentation of the number of calls that were upgraded and downgraded and why this action                                                                                                                                                                                                                                                                                 | REMSA | Before<br>12/31/2025 |  |

### REMSA Franchise Compliance Checklist

|   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                                                                  |  |
|---|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------|--|
|   |                                          | occurred ( <i>included in monthly report – list of number and types of calls and why</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                                  |  |
| 6 | <b>Data and Records Management</b>       | <b>6.1 Data and Records</b><br><input type="checkbox"/> CAD-to-CAD interface documentation to demonstrate obtain and utilize combined identifiers which will be used to analyze EMS responses and PSAP data (reference 5.2)<br><input type="checkbox"/> Log/list of data and records requested by DHO during the fiscal year (if applicable)                                                                                                                                                                                           | REMSA From 5.2 | Before 12/31/2025                                                                                |  |
|   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NNPH           | N/A                                                                                              |  |
| 7 | <b>Response Compliance and Penalties</b> | <b>7.1 Response Zones</b><br><input type="checkbox"/> Date(s) of meeting(s) of the annual map review and documentation of agreement between REMSA and the DISTRICT (DBOH meeting minutes)<br><input type="checkbox"/> Zone A Compliance report – 90% of all P1 calls have a response time of 8:59 or less<br><input type="checkbox"/> Zones B, C and D, Compliance report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59<br><input type="checkbox"/> Zone E Compliance report – total number of calls | NNPH           | Before 12/31/2025<br><br>7.2 - Improper documentation not obtained. Refer to report for details. |  |

## REMSA Franchise Compliance Checklist

|  |  |                                                                                                                                                                                                                                                                                                                           |                      |  |  |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|--|
|  |  | <b>7.2 Response Determinants</b><br><input type="checkbox"/> Meeting date(s) of the EMD determinants jointly reviewed by the REMSA MD and fire agency MDs<br><input type="checkbox"/> Formal summary of all pertinent outcomes/decisions including updates/changes to determinants, if any                                | REMSA                |  |  |
|  |  | <b>7.3 Zone Map</b><br><input type="checkbox"/> Documentation of annual map review and presentation to EMSAB and DBOH<br><input type="checkbox"/> List of changes to the map, if applicable<br><input type="checkbox"/> Documentation of response map locations made available to the public (DISTRICT website)           | NNPH<br>7.1 and 2.2a |  |  |
|  |  | <b>7.4 Response Time Reporting</b><br><input type="checkbox"/> Monthly call/response data with address and zone information (collected from the OCU)<br><input type="checkbox"/> Total number of responses in the fiscal year (collected from the OCU)<br><input type="checkbox"/> EMS staff monthly review documentation | NNPH                 |  |  |

## REMSA Franchise Compliance Checklist

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |  |
|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|
|  |  | <b>7.5 Penalties</b><br><input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year<br><input type="checkbox"/> CPI calculation<br><input type="checkbox"/> Formal documentation of all penalties – all calls that incurred penalties and numbers of minutes per month<br><input type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year ( <i>submitted by independent accounting firm</i> )<br><input type="checkbox"/> Agree-upon procedures related to Priority 1 Penalty Fund ( <i>submitted by independent accounting firm</i> ) | REMSA      |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NNPH       |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REMSA      |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REMSA      |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REMSA      |  |  |
|  |  | <b>7.6 Exemptions</b><br><input type="checkbox"/> Exemption reports ( <i>collected from the OCU</i> )<br><input type="checkbox"/> Description of REMSA’s internal exemption approval process<br><input type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any<br><input type="checkbox"/> Letter detailing approved exemptions by the DHO                                                                                                                                                                                                                                                | REMSA/NNPH |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REMSA      |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NNPH       |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NNPH       |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |  |

## REMSA Franchise Compliance Checklist

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                               |       |  |  |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|--|
|  |  | <input type="checkbox"/> Exemption request(s) and any approvals by the DHO or designee, during the fiscal year, if applicable                                                                                                                                                                                                                                                                                 | REMSA |  |  |
|  |  | <b>7.7 Penalty Fund</b><br><input type="checkbox"/> Formal letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account<br><input type="checkbox"/> Formal documentation of costs of penalties used on educations or community programs<br><input type="checkbox"/> Exemption request(s) and any approvals by the DHO, or designee, during the fiscal year, if applicable | REMSA |  |  |
|  |  | <b>7.8 Health Officer Approval</b><br><input type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars<br><input type="checkbox"/> Letter of approval from the DHO                                                                                                                                                                                                                           | REMSA |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                               | NNPH  |  |  |

## REMSA Franchise Compliance Checklist

|          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                      |  |
|----------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|--|
| <b>8</b> | <b>Patient Billing</b> | <b>8.1 Average Patient Bill</b><br><input type="checkbox"/> Letter from DHO informing REMSA of the CPI adjustment - applicable to REMSA and its subcontractors<br><input type="checkbox"/> Formal letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year<br><input type="checkbox"/> Formal explanation of the average bill calculations that are reported monthly to DBOH | REMSA<br>From 7.5 | Before<br>12/31/2025 |  |
|          |                        | <b>8.2 Increase Beyond CPI</b><br><input type="checkbox"/> REMSA shall present a financial impact statement and other supporting documentation<br><input type="checkbox"/> Additional information, if requested by the DISTRICT<br><input type="checkbox"/> The DISTRICT will respond in 90 days to approve or reject request                                                                                            | REMSA/<br>NNPH    |                      |  |
|          |                        | <b>8.3 Overage in Bill Amount</b><br><input type="checkbox"/> Only applicable if REMSA exceeds the maximum average patient bill<br><b>a)</b> The authorized average bill<br><b>b)</b> The adjusted dollar amount                                                                                                                                                                                                         | REMSA             |                      |  |

## REMSA Franchise Compliance Checklist

|  |  |                                                                                                                                                                                                                                                                                                                                                                           |               |  |  |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|
|  |  | <b>8.4 Third Party Reimbursement</b><br><input type="checkbox"/> Formal explanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses (letter from REMSA)                                                                                                                                                             | REMSA         |  |  |
|  |  | <b>8.5 Prepaid Subscription Program</b><br><input type="checkbox"/> Silver Saver brochure<br><input type="checkbox"/> Formal number of enrolled members as of June 30 (letter from REMSA) <ul style="list-style-type: none"> <li>● REMSA establish limit for number of times service is used by an individual and report terms to DISTRICT (letter from REMSA)</li> </ul> | REMSA         |  |  |
|  |  | <b>8.6 Billing</b><br><input type="checkbox"/> Documentation that states REMSA is responsible for patient billing                                                                                                                                                                                                                                                         | REMSA         |  |  |
|  |  | <b>8.7 Accounting Practices</b><br><input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS                                                                                                                                                                                                                                           | REMSA Auditor |  |  |

## REMSA Franchise Compliance Checklist

|          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                      |  |
|----------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------|--|
|          |                                | <b>8.8 Audit</b><br><input type="checkbox"/> Current fiscal year financial audit from independent auditor<br><input type="checkbox"/> Form 990 from the previous fiscal year – received 5/20/2025<br><input type="checkbox"/> Agreed upon procedures on the average bill ( <i>submitted by an independent auditing firm</i> )                                                                                                                                                                                                         | REMSA |                      |  |
| <b>9</b> | <b>Personnel and Equipment</b> | <b>9.1 Dispatch Personnel Training</b><br><input type="checkbox"/> Formal list of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date<br><input type="checkbox"/> List of new dispatch personnel that dispatch 911 and routing transfer calls and training completed within their first 6 months of employment <ul style="list-style-type: none"> <li>● Documentation of extension of 6-month training (if applicable)</li> </ul> | REMSA | Before<br>12/31/2025 |  |
|          |                                | <b>9.2 Dispatch Accreditation</b><br><input type="checkbox"/> A copy of the certification from the International Academy of Emergency Dispatch as Accredited Center of Excellence (ACE)                                                                                                                                                                                                                                                                                                                                               | REMSA |                      |  |

## REMSA Franchise Compliance Checklist

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |  |  |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|--|
|  |  | <b>9.3 Personnel Licensing and Certification</b><br><input type="checkbox"/> Formal lists of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date<br><input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B                                                                                                                                        | REMSA |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             | NNPH  |  |  |
|  |  | <b>9.4 ICS Training</b><br><input type="checkbox"/> Formal list of individuals who completed MCIP training (letter from REMSA)<br><input type="checkbox"/> List of individuals trained in ICS ( <i>certificates of completion on file at REMSA</i> )<br><input type="checkbox"/> Formal list of field operational management personnel (both part time and full time)<br><input type="checkbox"/> Formal list of REMSA REOC representatives | REMSA |  |  |
|  |  | <b>9.5 Ambulance Markings</b><br><input type="checkbox"/> Dates of quarterly EMS program “spot checks”                                                                                                                                                                                                                                                                                                                                      | NNPH  |  |  |
|  |  | <b>9.6 Ambulance Permits and Equipment</b>                                                                                                                                                                                                                                                                                                                                                                                                  | REMSA |  |  |

## REMSA Franchise Compliance Checklist

|           |                          |                                                                                                                                                                                                                                    |                  |                      |  |
|-----------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|--|
|           |                          | <input type="checkbox"/> List of all REMSA ambulances (send to State to verify)<br><input type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)                                            | NNPH<br>From 9.3 |                      |  |
|           |                          | <b>9.7 Field Supervisor Staffing</b><br><input type="checkbox"/> Formal example of a week’s supervisor shift schedule<br><input type="checkbox"/> Supervisor job description                                                       | REMSA            |                      |  |
|           |                          | <b>9.8 Medical Director</b><br><input type="checkbox"/> Medical Director’s CV (upon appointment, from REMSA)<br><input type="checkbox"/> Documentation that MD meets NAC450B. 505 state requirements (coordination with State EMS) | NNPH             |                      |  |
| <b>10</b> | <b>Quality Assurance</b> | <b>10.1 Personnel</b><br><input type="checkbox"/> Written identification of the individuals(s) responsible for the internal coordination of medical quality assurance issues                                                       | REMSA            | Before<br>12/31/2025 |  |

## REMSA Franchise Compliance Checklist

|           |                                       |                                                                                                                                                                                                                               |                |                      |  |
|-----------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|--|
|           |                                       | <b>10.2 Review</b><br><input type="checkbox"/> Formal documentation of the quality assurance reviews of ambulance runs for at least 5% of the previous month's ALS calls ( <i>included in the monthly Operations Report</i> ) | REMSA<br>12.1a |                      |  |
| <b>11</b> | <b>Community and Public Education</b> | <b>11.1 CPR Courses</b><br><input type="checkbox"/> Formal list of all CPR public courses offered during the fiscal year ( <i>included in the monthly Operations Report</i> )                                                 | 12.1a          | Before<br>12/31/2025 |  |
|           |                                       | <b>11.2 Community Health Education</b><br><input type="checkbox"/> Multimedia campaign(s) about a current need within the community ( <i>included in the monthly Operations Report</i> )                                      | 12.1a          |                      |  |
|           |                                       | <b>11.3 Clinical Skills</b><br><input type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary        | REMSA          |                      |  |

### REMSA Franchise Compliance Checklist

|    |           |                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                   |  |
|----|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|--|
|    |           | <b>11.4 Fire EMS Training</b><br><input type="checkbox"/> Formal documentation of quarterly Fire EMS trainings and dates                                                                                                                                                                                                                                                                                                   | REMSA |                   |  |
| 12 | Reporting | <b>12.1 Monthly Reports</b><br><input type="checkbox"/> Monthly Operations Reports presented to the DBOH <ul style="list-style-type: none"> <li>● Response Time Reporting</li> <li>● CAD edits and call priority reclassification</li> <li>● Comments and complaints</li> <li>● Investigations and inquiries</li> <li>● Average patient bill</li> <li>● Education and training activities</li> </ul>                       | REMSA | Before 12/31/2025 |  |
|    |           | <b>12.2 Quarterly Reports</b><br><input type="checkbox"/> Quarterly Operations Reports presented to EMSAB which shall include: <ul style="list-style-type: none"> <li>● Total mutual aid Requests made by REMSA by agency</li> <li>● Tiered Response Reporting                         <ul style="list-style-type: none"> <li>○ Call Processing - Total Time to Reach Final Determinate by Resource</li> </ul> </li> </ul> | REMSA |                   |  |

## REMSA Franchise Compliance Checklist

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |
|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|
|  |  | <ul style="list-style-type: none"> <li>○ Number of ILS Responses (ILS and ILS Determinants)</li> <li>○ Number of ILS Responses upgraded to ALS</li> <li>○ Number of ILS Transports</li> <li>○ Average Response Time for ILS Calls by Zone</li> <li>○ Average Time on Scene for ILS</li> <li>○ Number of Calls Requiring Fire Riders on ILS Transports</li> <li>○ Number of ILS Units (%) Based on Daily Staffing</li> </ul> |            |  |  |
|  |  | <p><b>12.3 Daily Reports</b></p> <p><input type="checkbox"/> Daily staffing reports presented to all JAC partners, including the DISTRICT (letter of attestation signed by NNPH and REMSA)</p>                                                                                                                                                                                                                              | REMSA/NNPH |  |  |
|  |  | <p><b>12.4 Annual Reports</b></p> <p><input type="checkbox"/> All documentation for the Compliance Report should be submitted to the NNPH no later than 180 days after end of fiscal year (December 31). (Documentation submitted to the <a href="mailto:EMSProgram@nnph.org">EMSProgram@nnph.org</a> email)</p>                                                                                                            | REMSA      |  |  |
|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                             | NNPH       |  |  |

### REMSA Franchise Compliance Checklist

|    |                            |                                                                                                                                                                                                                              |  |  |  |
|----|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|    |                            | <input type="checkbox"/> Documentation of compliance monitoring by the DISTRICT within 90 days of the calendar year (March 31)                                                                                               |  |  |  |
| 13 | Failure to Comply Remedies | <b>13.1 Failure to Comply with Agreement</b><br>Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise                       |  |  |  |
|    |                            | <b>13.2 Notice of Noncompliance</b><br>Notice if noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise                          |  |  |  |
|    |                            | <b>13.3 Failure to Correct/Rescission of Agreement</b><br>Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise |  |  |  |
|    |                            | <b>13.4 Alternate to Rescinding Agreement</b><br>Alternate to rescinding is stated in the franchise, but is not part of the compliance determination unless                                                                  |  |  |  |

### REMSA Franchise Compliance Checklist

|    |                                              |                                                                                                                                                                                                                                                                                                        |       |                   |  |
|----|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|--|
|    |                                              | REMSA does not comply with the terms of the franchise                                                                                                                                                                                                                                                  |       |                   |  |
| 14 | Dispute Resolution                           | <b>14.1 Agreement to Mediate Disputes</b><br>Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs                                                                                                                             |       |                   |  |
| 15 | Financial Assurance/Continuity of Operations | <b>15.1 Financial Assurance/Continuity of Operations</b><br><input type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars – demonstrating that it is a reserve amount in the equity statement of the REMSA <i>financials</i> (included in the financial audit) | REMSA | Before 12/31/2025 |  |
| 16 | Insurance and Indemnification                | <b>16.1 Insurance</b><br><input type="checkbox"/> REMSA’s insurance certificates for general liability insurance, automobile liability, worker’s compensation and employer’s liability<br><input type="checkbox"/> Documentation that the WWCHD is listed as an additional insured                     | REMSA | Before 12/31/2025 |  |
|    |                                              | <b>16.2 Indemnification</b><br><input type="checkbox"/> Signed franchise agreement                                                                                                                                                                                                                     | NNPH  |                   |  |

### REMSA Franchise Compliance Checklist

|    |               |                                                                                                                                                                   |       |                   |  |
|----|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|--|
|    |               | <b>16.3 Limitation of Liability</b><br><input type="checkbox"/> NRS Chapter 41                                                                                    | NNPH  |                   |  |
| 17 | Miscellaneous | <b>17.1 REMSA Contract with Other Entities</b><br><input type="checkbox"/> All current contracts, service agreements, MAAs and MOUs with other political entities | REMSA | Before 12/31/2025 |  |
|    |               | <b>17.2 Governing Law Jurisdictions</b><br>Governing law: jurisdictions are stated in the franchise, but are not part of compliance determination                 |       |                   |  |
|    |               | <b>17.3 Assignment</b><br>Assignment is stated in the franchise, but is not part of compliance determination                                                      |       |                   |  |
|    |               | <b>17.4 Severability</b><br>Severability is stated in the franchise, but is not part of compliance determination                                                  |       |                   |  |
|    |               | <b>17.5 Entire Agreement/Modification</b><br>Entire agreement/modification is stated in the franchise, but is not part of compliance determination                |       |                   |  |
|    |               | <b>17.6 Benefits</b>                                                                                                                                              |       |                   |  |

## REMSA Franchise Compliance Checklist

|  |  |                                                                                                      |  |  |  |
|--|--|------------------------------------------------------------------------------------------------------|--|--|--|
|  |  | Benefits are stated in the franchise, but are not part of compliance determination                   |  |  |  |
|  |  | <b>17.7 Notice</b><br>Notice is stated in the franchise, but is not part of compliance determination |  |  |  |

The Review’s Notes column shall be used to indicate REMSA’s compliance with each checklist item. Compliance will be indicated as follows:

- Full Compliance – Documentation was provided and fulfilled the checklist requirement(s).
- Substantial Compliance – Documentation was provided but did not entirely fulfill the checklist requirement(s).
- Non-Compliance – No documentation was provided, or documentation provided did not fulfill the checklist requirements(s).

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**DATE:** March 6, 2026  
**TO:** District Board of Health  
**FROM:** Andrea Esp, Preparedness and EMS Program Manager  
775-326-6042, [aesp@nmph.org](mailto:aesp@nmph.org)  
**SUBJECT:** Presentation, discussion, and possible approval of the Regional Emergency Medical Services Authority (REMSA) Health Franchise Compliance Report for the period of 7/1/2024 through 6/30/2025 (FY25). (For Possible Action)

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**SUMMARY**

On an annual basis, the REMSA Health Response Zone Map is reviewed and approved by the District Board of Health (DBOH) when changes are recommended. This process has been in place since the original map was created in FY14.

Annual review of the response zone map is a requirement of the REMSA Health Franchise Agreement. Article 7.3 “Zone Map” states “REMSA Health shall provide, and the DISTRICT shall maintain a current response zone map, which is annually reviewed and approved by the DISTRICT. The response zone map will be made publicly available through the DISTRICT’s website.” The Program intends to bring the map annually to both the Emergency Medical Services Advisory Board (EMSAB) and the DBOH, even when changes are not recommended. This is to increase visibility and awareness of the current response zones.

The most recent revision of the REMSA Health Response Zone Map had an effective date of July 1, 2023. Since that date, no further revisions have been published. This year, the annual review identified hot spot trends in Washoe County and call increase in Zone A areas. In February 2026, the Northern Nevada Public Health Emergency Medical Services (EMS) Oversight Program presented the map review, via accessible format online, to the EMS Joint Advisory Committee with recommendation for no changes made to current REMSA Health response zone map.

**PREVIOUS ACTION**

The DBOH reviewed and approved the draft REMSA response zone map within the Washoe County REMSA ambulance franchise service area on January 28, 2016.

The DBOH reviewed and approved the implementation plan of the approved REMSA response zones within the Washoe County REMSA ambulance service area on February 25, 2016.

The DBOH was provided an update on the annual REMSA Franchise Map review on October 24, 2017.

The DBOH reviewed and approved the REMSA draft map on December 12, 2019, with an effective date of January 1, 2020.

The DBOH reviewed and approved the REMSA map revisions on May 25, 2023, with an effective date of July 1, 2023.

### **BACKGROUND**

The REMSA Health Franchise map review was conducted using the annual review methodology approved in FY 2017. This methodology compares call volume from FY 2015 (Year 1) to FY 2024 (Year 10), along with census changes from 2010 to 2020. In FY 2025, members of the EMS Joint Advisory Committee recommended resetting the Year 1 baseline to FY 2024 to better reflect current EMS operations and community response patterns.

Each map included in the review illustrates changes in call volume over time, call-volume differences from the new baseline year (FY 2024), and call-volume distribution by day. The WCHD EMS Oversight Program, in partnership with Washoe County GIS, developed all maps included in the review.

During the FY 2022 review, the proposed Damonte Ranch change area showed significant growth in both residential development and call volume - growth that had not been present in earlier franchise map reviews. REMSA Health and Truckee Meadows Fire Protection District (TMFPD), REMSA's only subcontractor at that time, agreed to the proposed adjustment. The updated map, including this modification, was presented to and approved by the EMSAB on May 4, 2023.

Since that approval, no additional changes have been recommended to the REMSA Health response zone map.

### **FISCAL IMPACT**

There is no anticipated fiscal impact.

### **RECOMMENDATION**

Staff recommends that the board approve the proposed REMSA Health Response Zone Map for the ambulance franchise service area with a July 1, 2026, effective date.

### **POSSIBLE MOTION**

Should the Board agree with the staff's recommendations, a possible motion would be: *"Move to approve the proposed REMSA Health Response Zone map for the ambulance franchise service area with a July 1, 2026, effective date."*

### **ATTACHMENTS**

DBOH – 03-26-2026 Annual Franchise Map Review PowerPoint

# REMSA Health Franchise Map Review

A Historical Overview of Response Zone  
Boundaries in Washoe County

Prepared for District Board of Health

March 26, 2026

# REMSA Franchise History & Background (1986-2026)

1986



Interlocal Agreement amended; Washoe County Health District granted authority over ground ambulance franchise services.

1987



REMSA awarded the exclusive ground ambulance franchise by the District Board of Health.

2014



Amended and Restated Franchise Agreement approved, modernizing performance and operational criteria.

2022-2026



Further amendments adopted Aug 25, 2022; current agreement signed January 2026.

# Why are we here today?

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**Educate** – Provide an overview of the annual map review process.

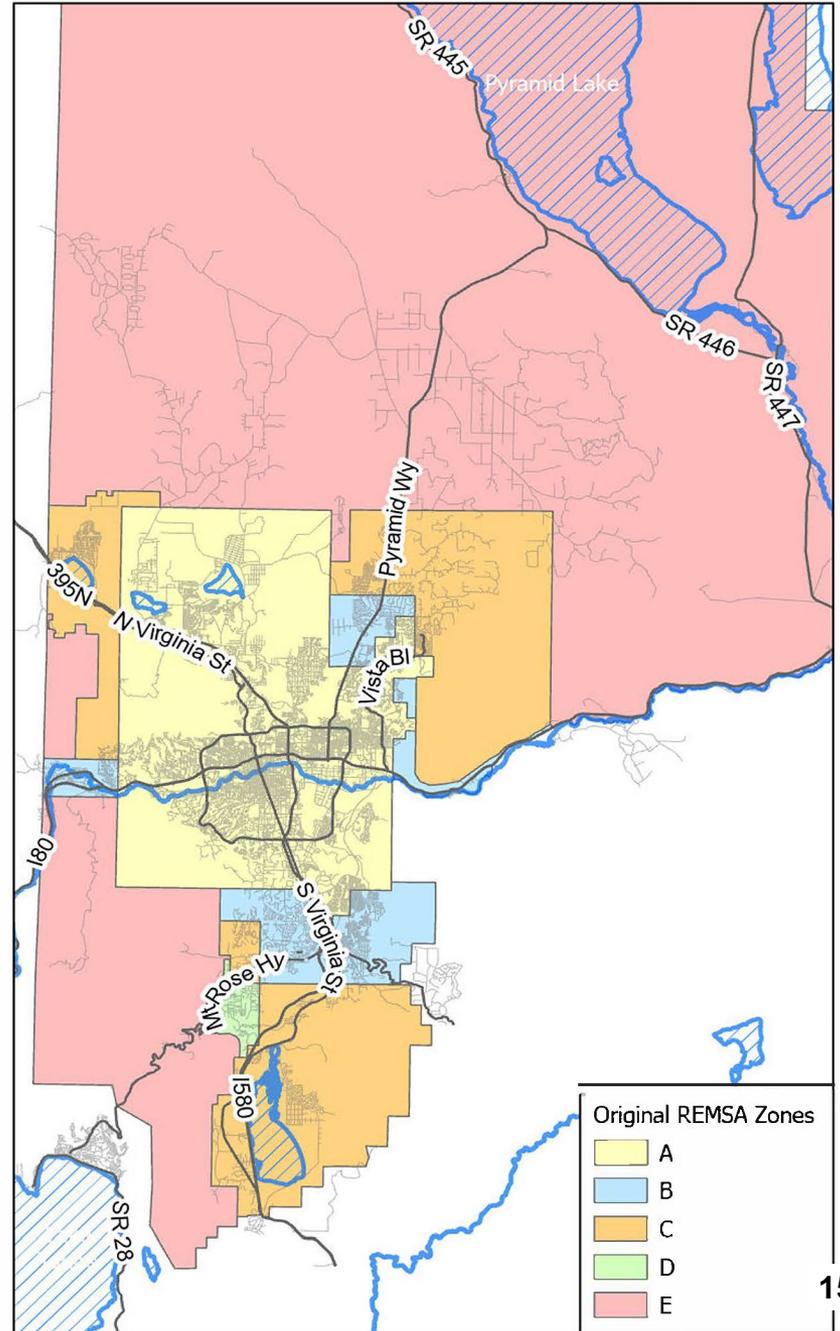


**Engage** – Walk through key updates and considerations for this year.



**Approve** – Seek your feedback and formal approval of the updated map.

# Original Proposed REMSA Health Zone Map

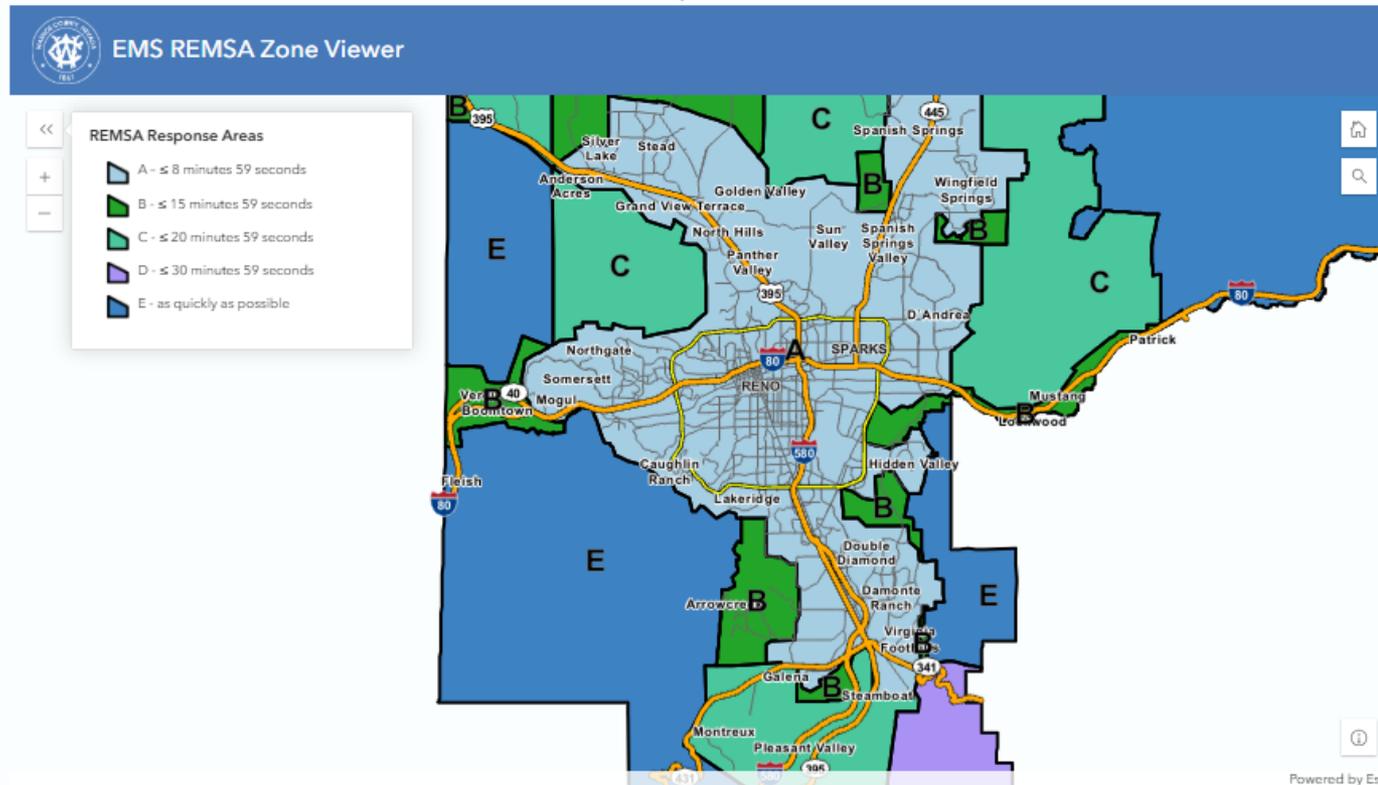


## REMSA Health Response Zones

REMSA Health, a non-profit private ambulance company, provides ground ambulance transport for City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District service areas. This map illustrates the designated response expectations for presumptively defined life-threatening calls (Priority 1 calls) within those service areas. This is also known as the REMSA Health Franchise Response Zones. Each zone (A - E) corresponds to a different time for expected response. These response times are as follows:

- **Zone A** – eight (8) minutes and fifty-nine (59) seconds or less
- **Zone B** – fifteen (15) minutes and fifty-nine (59) seconds or less
- **Zone C** – twenty (20) minutes and fifty-nine (59) seconds or less
- **Zone D** – thirty (30) minutes and fifty-nine (59) seconds or less
- **Zone E** – as quickly as possible

The REMSA Health Response Zone Map is reviewed annually, and changes are made, if needed, based on population growth and population density. The review process includes annual reviews and census year reviews. The map is created by the EMS Oversight Program and Washoe County Regional Services Geographic Information Systems. It is reviewed by the EMS Oversight Program, REMSA Health, and approved by the District Board of Health. The last revision to the map was effective July 1, 2024. There were no revisions in 2025; however, a new format was created for accessibility.



# Understanding the Franchise Map

## Zone Definitions & Response Time Standards

- Franchise Map review is **an annual systematic review** of call volume trends in Washoe County. Methodologies for modernizing performance and operations criteria was proposed in 2014.
- The REMSA Health Response Zone Map defines geographic boundaries within which REMSA provides exclusive ground ambulance services.
- Franchise Map reviews activities oversee by EMS Oversight Program in partnership with Washoe County GIS. Recommendations are reviewed and approved annually by the District Board of Health (DBOH).

## REMSA Health Response Zones

Priority 1 Response Time Standards by Zone

|          |                                 |           |
|----------|---------------------------------|-----------|
| <b>A</b> | ZONE A<br>Urban Core            | ⌚ ≤ 8:59  |
| <b>B</b> | ZONE B<br>Adjacent Urban        | ⌚ ≤ 15:59 |
| <b>C</b> | ZONE C<br>Suburban/Transitional | ⌚ ≤ 20:59 |
| <b>D</b> | ZONE D<br>Rural Outer           | ⌚ ≤ 30:59 |
| <b>E</b> | ZONE E<br>Designated Areas      | ⌚ Varied  |

Northern Nevada Public Health - EMS Oversight Program

## Methodology

# The Franchise Map Review Process



# REMSA Health Franchise Map District Board of Health Approvals Timeline

2016



Revision 1

Zone A, B, C, D,  
E call density  
and hot spots  
identified

2019



Revision 2

Expansion  
applied to Zone  
A approved by  
DBOH

2023



Revision 3

Extension  
applied to Zone  
A approved by  
DBOH

2024



No Revision

# Key Factors Driving Map Changes

**Population  
Growth**

**Population  
Density**

**Geographic  
Development**

**REMSA  
Performance  
Data**

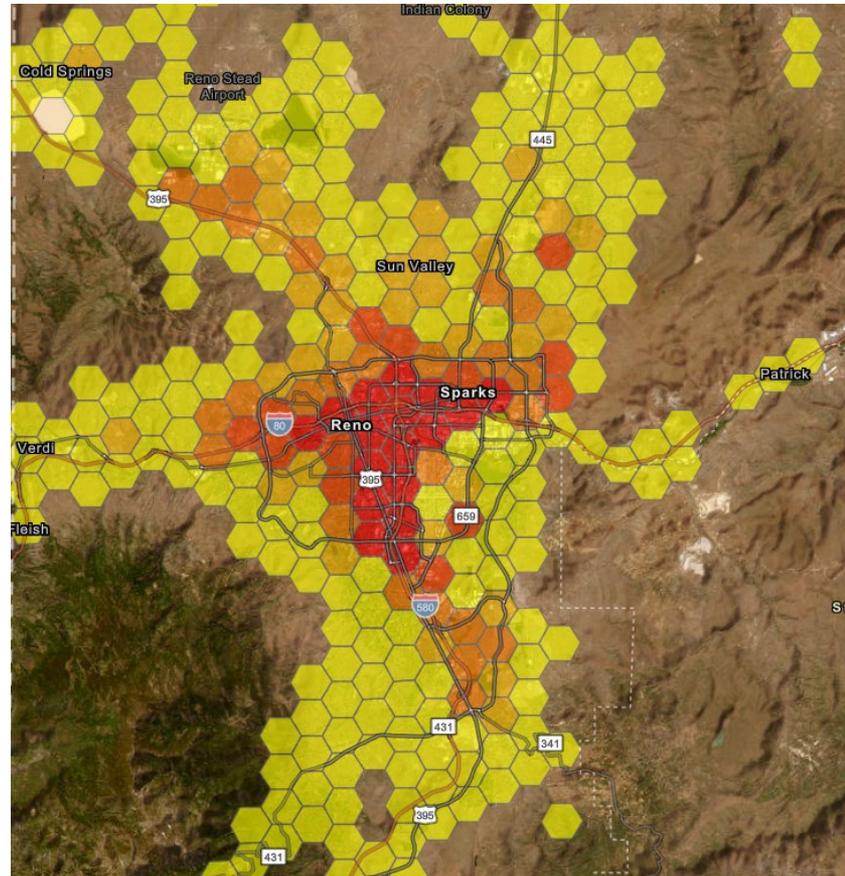
**Franchise  
Agreement  
Terms**

**DBOH Policy  
Direction**

# Regional Trends

## Why Population Growth Drives Franchise Map Change

- Areas like South Meadows, Double Diamond, and North Valleys — once rural — now qualify for Zone A or B designation due to density thresholds.
- As communities grow, residents expect response times equal to established urban areas. Zone upgrades must be matched by REMSA staffing and fleet capacity.
- Northern Nevada is one of the fastest-growing metro areas in the U.S. — making the franchise map a living, continuously evolving document.



## REMSA Health Franchise Map Review

NORTHERN NEVADA  
**Public Health+**

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**TO:** District Board of Health (DBOH)  
**FROM:** David Kelly, EHS Supervisor  
775-846-6623, [dakelly@nnph.org](mailto:dakelly@nnph.org)  
**SUBJECT:** Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation (SWS) Hearing Board to approve Variance Case #H26-0001 VARI of the Northern Nevada Public Health Regulations Governing Sewage, Wastewater, and Sanitation, a variance to section 040.030 to allow a reduced lot size for a second parcel map on a lot created after October 23, 2001, Parcel 038-280-67, 430 River Pines, Washoe County, NV.

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**SUMMARY**

This staff report summarizes the Environmental Health Services Division's (EHS) review of the variance request along with the recommendation of the Sewage, Wastewater, and Sanitation Hearing Board (SWS Board) for Variance Case #H26-0001 VARI for Assessor's Parcel Number (APN) 038-280-67 as heard on March 5, 2026.

**District Health Strategic Priorities supported by this item:**

- 1. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

The District Board of Health (DBOH) has taken no previous action on this item.

**BACKGROUND**

The Northern Nevada Public Health regulations governing Sewage, Wastewater, and Sanitation (REGULATIONS) require that any second or subsequent parcel map from [an] parcel as it existed on October 23, 2001 have a minimum lot size of five (5) acres if they are to be served by septic. This regulation has been in place since 2001 and was intended to reduce the density of septic systems in Washoe County to minimize potential impact on groundwater. The REGULATIONS do allow developers to apply for a reduced lot size if they can demonstrate that the reduced lot size will not have a greater impact on groundwater quality than the five (5) acre lot size. The REGULATIONS require that any proposal for a reduced lot size be approved by the SWS Board and the DBOH.

Date: March 26, 2026

Subject: Recommendation uphold #H26-0001VARI decision of the Sewage Wastewater and Sanitation Hearing Board

Page: 2 of 3

The proposal in question does request that parcel 038-280-67, originally created in May 2019 be allowed a second parcel map, splitting into 2 parcels with reduced lot sizes; one parcel would be 1 acre (the minimum for any parcel served by septic) and one parcel would be 1.71 acres. To demonstrate that the two parcels would not impact groundwater quality more than the single larger parcel, the applicant hired a hydrogeologist to conduct a groundwater study. The study utilized a State of Nevada Bureau of Water Pollution Control model to evaluate the potential for impact on groundwater and compare it to drinking water standards. The model utilized conservative estimates for base line groundwater quality and compared the addition of septic discharge along with dilution from precipitation to evaluate potential degradation from two septic systems. NNPH checked actual water quality data from nearby public water system wells to ensure that the assumptions in the model were reasonable; actual baseline groundwater quality was lower than the model used (making it even more conservative). The end conclusion of the model was that it would be possible to have an equal or lesser impact to groundwater quality IF denitrifying treatment systems were utilized.

Denitrifying systems, certified to NSF 245, are becoming more accepted throughout the septic industry. These technologies are known to treat effluent to levels to much cleaner levels than the standard single pass sand filter system that has been used in Washoe County for years. A recent update to the Regulations (adopted by DBOH on Jan 22, 2026, approved by State Board of Health on March 6, 2026) allows for the first time these types of systems to be used without a variance. The inclusion of these technologies in the regulations is based on staff's comfort level with the treatment abilities of the systems, provided they are maintained. In the variance proposal, staff was satisfied that the applicant had demonstrated that two NSF 245 denitrifying septic systems would have the same or lesser impact on groundwater and was supportive of the variance request.

The variance only allows the applicant to continue through the normal parceling process through the City of Reno Development Services Department (Planning). All other Planning requirements would have to be met. It should be noted that the applicant took the extra step of communicating their intent with neighbors and received supportive letters from them that they were not concerned with the impact. The variance does not specify the exact septic system type or layout, only that each property must be served by an NSF 245 denitrifying system. All other setbacks and regulations must be met during the plan review and construction phase.

The case was heard at the March 5, 2026, SWS Board meeting where the SWS Board voted to recommend approval of the variance to the DBOH. They accepted staff's recommended conditions and added an additional condition requiring the property owner to conduct some additional groundwater sampling before and after installation. This information will be provided to the NNPH to assist with evaluating the function of the system and whether the model accurately predicted the potential impact. This in turn will help evaluate any future proposals and variance requests in this area.

Attached to this staff report are the draft minutes from the SWS Board meeting and the complete variance application packet.

### **FISCAL IMPACT**

There is no fiscal impact should the Board uphold the recommendation of the SWS Board to approve the variance request. All applicable permit fees will be assessed, and permits will not be granted if they are not paid.

Date: March 26, 2026

Subject: Recommendation uphold #H26-0001VARI decision of the Sewage Wastewater and Sanitation Hearing Board

Page: 3 of 3

**RECOMMENDATION**

Staff recommends the Board uphold the decision of the SWS Board to approve variance #H26-0001VARI, allowing a reduced lot size for a second parcel map on a lot created after October 23, 2001, Parcel 038-280-67, 430 River Pines, Washoe County, NV with no additional conditions.

**ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, possible alternatives are:

1. The Board may decide to not uphold the decision of the SWS Board to approve variance #H26-0001VARI.
2. The Board may decide to modify the decision of the SWS Board to approve variance #H26-0001VARI with any conditions as they see fit.

**POSSIBLE MOTION(s)**

Should the Board agree with Staff’s recommendation, the motion would be:

1. “Move to uphold the decision of the SWS Board to approve variance #H26-0001VARI, with no additional conditions.

Or, should the Board consider an alternative, the possible motions may be:

2. “Move to modify the decision of the SWS Board in the following manner:”

Or

3. “Move to reverse the decision of the SWS Board”

Or

4. “Move to refer the variance back to the SWS Board for further additional consideration.”

**SEWAGE, WASTEWATER, AND SANITATION (SWS)  
HEARING ADVISORY BOARD  
MEETING MINUTES**

**Members**

Kenneth Lund, Chair  
Matthew Buehler  
John Adams  
Chad Carnes, P.E.  
Robert Sweeney, REHS  
Matt Smith  
Julianne Zotter, P.E.

**Thursday, March 05, 2026**

**5:30 p.m.**

**Washoe County Administration Complex,  
Building B  
Health District South Conference Room**

**1001 East Ninth Street  
Reno, NV**

---

**5:30 p.m.**

**1. \*Roll Call and Determination of Quorum**

The following members and staff were present:

Members present: Kenneth Lund- Chair  
Matthew Buehler  
John Adams  
Julianne Zotter, P.E.  
Robert Sweeney  
Chad Carnes, P.E.

Staff present: David Kelly  
Latricia Lord  
Robert Fyda  
DDA Dania Reid

Members absent: Matt Smith

**2. \*Pledge of Allegiance**

Those present pledged allegiance to the flag.

**3. \*Public Comment**

As no public comment was presented, the public comment period was closed.

#### 4. Approval of Agenda – March 05, 2026

Mr. Buehler moved to approve the agenda of the March 05, 2026, Sewage, Wastewater, and Sanitation (SWS) Board regular meeting. Second by Mr. Adams. Motion approved unanimously.

#### 5. Approval of Draft Minutes – September 4, 2025

Ms. Zotter moved to approve the minutes of September 4, 2025, Sewage, Wastewater, and Sanitation Board regular meeting. Second by Mr. Adams. Motion approved unanimously.

During Item 6, Mr. Buehler identified a typographical error in the September 4, 2025, minutes and the item was briefly reopened.

Correction: The minutes incorrectly read “Mr. Lund to approve the amendments to the variance.” The corrected text reads: “Mr. Lund moved to approve the amendments to the variance.”

Mr. Buehler moved to amend the September 4, 2025, minutes to correct the typographical error. Mr. Carnes seconded. Motion approved unanimously.

#### 6. Public Hearing – H26-0001VARI Variance Application

The Board determined whether to recommend approval to the District Board of Health for a variance to Section 040.030, allowing for a reduced lot size for a second parcel map on a lot created after October 23, 2001, Parcel 038-280-67, 430 River Pines, Washoe County, NV. – (**For possible action**)

Staff Representative: David Kelly

David Kelly, Environmental Health Service Supervisor, presented the staff report. Key points included:

- The subject parcel was created in May 2019, well after October 23, 2001, the regulatory threshold date, making it subject to a minimum 5-acre lot size upon re-parceling.
- The applicant seeks to parcel the property down to a minimum of 1 acre.
- Applicable regulations permit a variance if the applicant can demonstrate that groundwater quality will not be adversely impacted beyond that of a single, larger parcel.
- The applicant engaged a hydrogeologist (Mr. Matt Banta) who performed groundwater modeling. The study used a conservative background nitrogen level based on Nevada Division of Environmental Protection, Bureau of Water Pollution Control guidance. While actual groundwater quality was not provided as part of the model, staff was able to verify that background nitrogen levels in the area were less than the model level used based off of public water system well data.
- The modeling concluded that with the use of NSF 245-certified denitrifying treatment systems on both resulting parcels, groundwater impact would be no greater than that of the existing single parcel with a standard septic system.

- Staff discussed NSF 245 treatment systems and how they have advanced in recent years and that the recent regulation update included the ability to use these systems in high groundwater areas without a variance. With source restrictions on sand of the correct gradation, more and more of these systems are expected to be seen in Washoe County. The technology is quite good provided the systems are maintained. Staff conditions are designed to ensure proper maintenance by property owner.
- Staff recommended approval subject to conditions, noting this is the first variance of this type reviewed under the current regulations. No specific design was provided, only the reduced lot size was part of the variance; any design would have to meet all other setbacks and septic regulations.

Board members raised the following questions and points of discussion:

### **Threshold Standard**

- Chair Lund confirmed the key legal question: the Board must determine that the smaller lots, with proposed mitigation, will not have a greater impact on groundwater quality than the single larger lot would. Staff confirmed this is the correct standard.

### **Adjacent Parcels / Precedent**

- Mr. Carnes asked whether neighboring parcels could also seek size reduction. Staff indicated any future applicant would need to independently satisfy the same variance standard, and that staff would review each application on a case-by-case basis.
- Chair Lund noted that future applicants wishing to subdivide further (e.g., a 4-acre parcel into four lots) would bear the same burden of demonstrating that aggregate effluent is no greater than a single-parcel scenario. Staff briefly discussed that the current proposal of 2 denitrifying systems is expected to meet the threshold based on the technology's abilities but that requests for more than 2 systems would have a harder time quantifying that.

### **Long-Term Monitoring and Data**

- Mr. Buehler requested that conditions include requirements for future data collection to understand long-term system performance.
- Mr. Kelly acknowledged that NNPH currently lacks a formal permitting and tracking mechanism for advanced treatment systems but expressed interest in developing one over time.
- The Board discussed a phased testing approach: annual testing for several years, transitioning to less frequent monitoring.

### **Groundwater Testing Parameters**

- Mr. Sweeney recommended testing begin before septic installation (baseline) and continue annually for a minimum of two years post-installation.
- The Board agreed that total nitrogen is the appropriate testing parameter, as it is the primary groundwater concern and its presence would trigger further investigation if elevated.
- Sampling shall be performed pre-treatment at subject property wells (i.e., from the raw groundwater source, not after any household treatment system).

### **Deed Recording of Conditions**

- Chair Lund emphasized the importance of recording all conditions in the property deed so that future owners are on notice of maintenance and testing obligations. Staff confirmed this is Condition 1 in their recommended conditions.

### **Municipal Water Connection**

- The applicant (Ryan Cook, appearing on his own behalf) noted that a Truckee Meadows Water Authority waterline has been extended along the access road, and it is possible a future owner of one of the parcels could connect to municipal water.
- The Board agreed that if a subject parcel connects to a municipal water supply, the water quality testing requirement shall be waived for that parcel, as groundwater would no longer be the domestic water source.

### **Motion**

Mr. Lund moved to present to the District Board of Health a recommendation for approval of Variance Case Number H26-0001, to allow the proposed parceling of 430 River Pines, APN 038-280-67, with parcels smaller than 5 acres but no smaller than 1 acre, provided a certified NSF 245 advanced treatment system is utilized for the septic system for each parcel, including all recommended conditions with the addition of the following condition:

Condition 4 — Additionally, water quality testing of subject property wells for total nitrogen, prior to septic installation and annually for two years minimum, shall be performed. Sampling shall be performed pre-treatment at subject wells. Records must be provided to NNPH immediately. In the event the subject property connects with the municipal water supply, this water quality testing requirement is waived.”

Second by Mr. Buehler and Mr. Adams. Motion passed unanimously. Mr. Lund closed the public hearing.

### **9. \*Public Comment**

As there were no public comment requests, the public comment period was closed.

### **10. Adjournment –**

At 6:44 p.m., Mr. Lund adjourned the meeting.

---

**NOTICE OF MEETING AND AGENDA**

**WASHOE COUNTY SEWAGE, WASTEWATER, AND SANITATION HEARING  
BOARD**

**March 5, 2026**

**5:30 p.m.**

**Members**

Matthew Buehler  
Chad Carnes, P.E.  
John Adams  
Kenneth Lund, Attorney  
Robert Sweeney  
Matt Smith  
Julianne Zotter, P.E.

**Northern Nevada Public Health  
1001 East Ninth Street Building B  
Conference Rooms A & B  
Reno, NV**

---

5:30 p.m.

1. Roll Call and Determination of Quorum.
2. Pledge of Allegiance.

3. Public Comment.

Comment heard under this item will be limited to three (3) minutes per person and may pertain to matters both on and off the Board agenda. Unused time may not be allocated to other speakers. Comments are to be made to the Board as a whole. Virtual Public Comment may be taken when facilities are available.

A speaker's viewpoint will not be restricted; however, reasonable restrictions may be imposed upon the time, place, and manner of speech. Irrelevant statements, unduly repetitious statements, and personal attacks that would objectively antagonize or incite others are examples of speech that may be reasonably limited.

This Board carries out the business of Northern Nevada Public Health and its citizens during its meetings. The presiding officer may order a person to be removed if the person's conduct or statements disrupt the order or safety of the meeting. Warnings about disruptive conduct or comments may or may not be given prior to removal.

Furthermore, certain disruptions of a public meeting are criminal acts as defined under NRS 208.090 and/or NRS 203.119, which may result in prosecution in appropriate cases.

4. Approval of Agenda. (FOR POSSIBLE ACTION)

5. Approval of Draft Minutes for September 4, 2025 - (FOR POSSIBLE ACTION)

**Attachments:** [09-04-2025 SWS Draft Minutes.docx](#)

6. PUBLIC HEARING: To determine whether to recommend approval to the District Board of Health for a variance to Section 040.030, allowing for a reduced lot size for a second parcel map on a lot created after October 23, 2001, Parcel 038-280-67, 430 River Pines, Washoe County, NV (FOR POSSIBLE ACTION)

Staff Representative: David Kelly

**Attachments:** [Staff Report 430 River Pines 038-280-67.pdf](#)  
[430RiverPinesDrCookVarianceApplicationPacket.pdf](#)

7. Public Comment.

Comment heard under this item will be limited to three (3) minutes per person and may pertain to matters both on and off the Board agenda. Unused time may not be allocated to other speakers. Comments are to be made to the Board as a whole. Virtual Public Comment may be taken when facilities are available.

A speaker's viewpoint will not be restricted; however, reasonable restrictions may be imposed upon the time, place, and manner of speech. Irrelevant statements, unduly repetitious statements, and personal attacks that would objectively antagonize or incite others are examples of speech that may be reasonably limited.

This Board carries out the business of Northern Nevada Public Health and its citizens during its meetings. The presiding officer may order a person to be removed if the person's conduct or statements disrupt the order or safety of the meeting. Warnings about disruptive conduct or comments may or may not be given prior to removal.

Furthermore, certain disruptions of a public meeting are criminal acts as defined under NRS 208.090 and/or NRS 203.119, which may result in prosecution in appropriate cases.

8. Adjournment.

NOTE: Items on this agenda may be taken out of order, combined with other items, removed from the agenda, or moved to the agenda of a later meeting. The Consent section is a single agenda item and is considered as a block and will not be read aloud. Items on this agenda may also be moved to or from the consent section. Items not voted on in the Consent section may also be voted on in a separate block or blocks. Items designated for a specified time will not be heard prior to the stated time, but may be heard later. There will be only one period of public comment on any block vote. Any public comment made during that period may pertain to any of the items being voted on in the block, but there will not be separate public comment periods for each item within the block.

Location. This meeting will be held at the physical location designated on this agenda, but one or more of the Board Members and/or Staff may attend and participate by a remote technology system. Members of the public wishing to attend the meeting may do so at the designated physical location or may otherwise participate as stated in the Public Comment section. The Chair or their designee will make reasonable efforts to ensure that members of the public body and members of the public present at the physical location can hear or observe each member attending by remote technology system, and each member of the public body in attendance can participate in the meeting.

Accessibility. Northern Nevada Public Health, in compliance with Title VI of the 1964 Civil Rights Act and Title II of the Americans with Disabilities Act, will make its public meetings accessible to members of the public. For limited English proficient and hearing-impaired individuals, the Wordly application is available to members of the public attending the meeting in person. Persons who require special accommodations or assistance in attending this meeting may contact Northern Nevada Public Health at least two working days before the meeting, if possible, by dialing 775-328-2415.

Public Transportation. Public transportation is available to this meeting site. For eligible RTC ACCESS reservations call (775) 348-5438 or visit: <https://www.rtcwashoe.com/public-transportation/>.

Public Comment. Public comment is welcomed during public comment periods and is limited to 3 minutes per person per public comment period. Unused time may not be allocated to other speakers. A speaker's viewpoint will not be restricted; however, reasonable restrictions may be imposed upon the time, place, and manner of speech. Irrelevant statements, unduly repetitious statements, and personal attacks that would objectively antagonize or incite others are examples of speech that may be reasonably limited. All comments are to be directed to the Board as a whole.

During the general public comment periods at the beginning and end of the meeting, speakers may address any matter either on or off the agenda. Items voted on in the Consent section or in a separate block or blocks, shall have a single public comment period per block, and public comment will only be heard about the specific items being considered by the Commission in the block. For the remainder of the agenda, during items designated "for possible action" that are considered individually, public comment will only be heard about the specific item being considered by the Board. Members of the public who wish to share documents or make a brief presentation within their public comment period must provide ten (10) printed copies of each document. Please note that USB drives or any other digital media will not be accepted due to the risk of introducing viruses or malicious code, which could

potentially compromise the County's systems.

Members of the public may also submit comments by mail to NNPH at 1001 E. Ninth St., Reno, NV 89512. NNPH will make reasonable efforts to include all such comments received by 4:00 pm one working day prior to the meeting in the record. Mail will not be read by the Clerk but will be entered into the record.

Forum Restrictions and Orderly Conduct of Business. This Board carries out the business of Northern Nevada Public Health and its citizens during its meetings. The presiding officer may order a person to be removed if the person's conduct or statements disrupt the order or safety of the meeting. Warnings about disruptive conduct or comments may or may not be given prior to removal.

Responses to Public Comments. The Board may only deliberate or take action on matters that have been properly labeled "FOR POSSIBLE ACTION" and listed on a properly noticed Agenda. While the Open Meeting Law allows discussion of public comments by members of the Board, responses to matters not listed on the agenda could become deliberation without notice to the public. To avoid this situation and ensure the public has proper notice of all matters, members may choose not to respond to the public comments, except to correct factual inaccuracies, ask for staff to provide information, or ask that the matter be listed on a future agenda for consideration.

Posting the Notice. Pursuant to NRS 241.020, the Agenda for the District Board of Health has been posted as required at the following locations: Washoe County Administrative Building (1001 E. 9th Street, Bldg A), Northern Nevada Public Health (1001 E. 9th St., Building B), <https://www.nnph.org>, <https://notice.nv.gov>

Although no longer required under NRS 241.020, the agenda has also been physically posted at the following locations: Sparks City Hall (431 Prater Way, Sparks) and Downtown Reno Library (301 S. Center St., Reno)

Support documentation for the items on the agenda provided to this Board, is available to members of the public at Northern Nevada Public Health located at 1001 E. 9th Street, in Reno, Nevada. Ms. Sue Hopkins, Recording Secretary to the Sewage, Wastewater & Sanitation Advisory Board may also be reached by telephone at (775) 328-2684 or by email at [smhopkins@NNPH.org](mailto:smhopkins@NNPH.org). Supporting materials are also available at the Northern Nevada Public Health Website <https://www.NNPH.org> pursuant to the requirements of NRS 241.020.

**SEWAGE, WASTEWATER, AND SANITATION (SWS)  
HEARING ADVISORY BOARD  
MEETING MINUTES**

**Members**

Matthew Buehler, Chair  
Kenneth Lund  
John Adams  
Chad Carnes, P.E.  
Robert Sweeney, REHS  
Matt Smith- Alternate  
Julianne Zotter, P.E.- Alternate

**Thursday, September 4, 2025**

**5:30 p.m.**

**Washoe County Administration Complex,  
Building B  
Health District South Conference Room**

**1001 East Ninth Street  
Reno, NV**

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**5:30 p.m.**

**1. \*Roll Call and Determination of Quorum**

The following members and staff were present:

Members present: Matthew Buehler  
Kenneth Lund  
John Adams  
Julianne Zotter, P.E.- Alternate  
Robert Sweeney  
Chad Carnes, P.E.- Recused

Staff present: David Kelly  
Latricia Lord  
DDA Herb Kaplan

Members absent: Matt Smith – Alternate

**2. \*Pledge of Allegiance**

Those present pledged allegiance to the flag.

**3. \*Public Comment**

As no public comment was presented, the public comment period was closed.

**4. Approval of Agenda – September 4, 2025**

Mr. Adams moved to approve the agenda of the September 4, 2025, Sewage, Wastewater, and Sanitation (SWS) Board regular meeting. Second by Mr. Lund, motion approved unanimously.

## 5. Approval of Draft Minutes – January 20, 2025

Mr. Lund moved to approve the minutes of the March 6, 2025, Sewage, Wastewater, and Sanitation Board regular meeting. Second by Mr. Adams. Motion approved by all members except for Mr. Sweeney, who abstained.

## 6. Election of New Board Chair – **(For possible action)**

Mr. Buehler asked the rest of the Board if there was anyone interested in being chair. When no other Board members responded, he indicated that he felt that Mr. Lund would be a good chair and he would like to nominate him. Mr. Lund asked if anyone else was interested in the position and when none responded, accepted the nomination. The Board voted unanimously to make Mr. Lund the chair. DDA Mr. Kaplan indicated that the change would be effective next Board meeting.

7. **Public Hearing** – to determine whether to recommend an amended approval to the District Board of Health for a variance for APN 087-044-17, from sections 100.025, Table 3 and 100.100, Table 4 of the Northern Nevada Public Health Regulations Governing Sewage, Wastewater, and Sanitation. A variance was previously granted, with conditions, by the Board of Health on March 27, 2025, based on the recommendation of the SWS Board, to allow installation of a Mode 3 Orenco AX20 treatment system with an Orenco GeoFlow subsurface drip. The variance also included reduced setbacks from impervious soils and high seasonal ground water. Subsequent to the approval of the Board of Health, representatives requested the following modifications to the approved variance: 1) Reduce cover over the top of drip line to 1' from 2', 2) changing the pea gravel bedding for the drip line to crushed rock, and 3) reducing the size of the system from 4,428 square feet to 1,488 square feet. – **(For possible action)**

Staff Representative: David Kelly

Mr. Kelly reviewed the staff report, indicating that staff felt the amendments were not an issue and gave a short review of the request and how it had come about. He indicated that the primary reason that staff felt it important to require an amendment process was due to the fact that actual septic design had already been approved as part of the variance process. He acknowledged that minor changes to a design during construction would not necessarily trigger this process, but with the large change in how the system was sized, staff felt that it was appropriate to have the Board review the amendment request.

Mr. Buehler asked that if in general there would be any impact to public health based on the requested changes. Mr. Kelly said no, the treatment system was the same, which means that the quality of effluent and potential impact to groundwater would be the same.

Mr. Adams asked to go through each of the amendment requests. Mr. Kelly explained each request. The 2/3 size reduction was similar to what was allowed for a sand filter, and while this was not a sand filter, the effluent was considered as clean or cleaner than that coming from a filter so it was felt that the system did not need to be oversized despite slow percolation rates. This had been confirmed by Orenco representatives and the design engineer was in agreement. The drip line being placed into crushed rock versus pea gravel was requested and Orenco had also indicated that was not an issue. Lastly, that cover over the drop line be reduced from 2' to 1' – Mr. Kelly explained that he believed that design feature had come about from a concern with regards to freezing, but again, Orenco representatives had claimed it was non-issue and the system had been used in much colder climates without problems. Mr. Adams commented that in his experience, 1' of soil is plenty and crushed rock is normal.

Mr. Adams did note the dramatic change in the sizing and Mr. Lund asked what had changed in the analysis to account for that. Mr. Carnes (design engineer) came up to answer questions. He reviewed each of the three amendment requests. First, that the reduced cover was not only because of other situations where it had been used and also because the system drained out after dosing and so no water stayed in the piping. He was comfortable that 1' was sufficient cover. The second amendment was the crushed rock versus pea gravel. Mr. Carnes said that he had originally thought that drip line was similar to irrigation line and very fragile but upon inspection of actual product, realized how strong it was and was no longer concerned with using crushed rock – the pea gravel would just be an extra non-needed expense. In relation to the sizing, Mr. Carnes stated that he had not incorporated a 2/3 reduction as allowed for sand filters but when they calculated the cost of all fill needed at the larger size, it turned out to be prohibitive. The property owner had found some very good fill at a reasonable price, and after discussion with Orenco and NNPH, he had calculated that even with the 2/3 reduction the system could take 2,800 gallons a day. Mr. Lund asked if the bottom line was that the effluent would stay where it should and Mr. Carnes said yes, 2,800 gallons a day was a safety margin of 2.8 over the design volume of 1,000 gallons a day.

Mr. Sweeney stated that the value of drip is creating unsaturated flow and if there was timed dosing. Mr. Carnes said that the timing can be adjusted at the panel. Mr. Sweeney asked if the lines could be flushed and Mr. Carnes, after confirming with Orenco, responded in the positive. Mr. Sweeney asked if they were using Geoflow and Mr. Carnes confirmed.

Ms. Zotter asked if any testing had been done on the fill material that the owners had found. After Mr. Carnes said no, she asked if was going to in order to make sure that it was suitable and Mr. Carnes said yes.

Mr. Sweeney opined to the board that variances such as this were important to help bring in new technologies to the jurisdiction.

Mr. Lund to approve the amendments to the variance. The motion was seconded by Mr. Adams. Motion passed unanimously.

Mr. Buehler closed the public hearing.

### **Motion**

Motion made by Mr. Lund “Move to present to the District Board of Health a recommendation for approval of amendments to Variance Case # H25-0001VARI (Benedickt) to allow the reduction in dispersal field sizing, the reduction in cover over the drip line from 2' to 1', and the change of pea gravel drip line bedding material to crushed rock.”

Second by Mr. Adams. Motion passed unanimously. Mr. Buehler closed the public hearing.

### **9. \*Public Comment**

As there were no public comment requests, closed the public comment period.

### **10. Adjournment –**

At 6:40 p.m., Mr. Buehler adjourned the meeting.

**Staff Report**  
**Board Meeting Date: March 5, 2026**

**TO:** Sewage, Wastewater, and Sanitation Hearing Advisory Board  
**FROM:** David Kelly, Environmental Health Specialist Supervisor  
775-846-6623, [dakelly@nnph.org](mailto:dakelly@nnph.org)  
**SUBJECT:** Variance Case H26-0001VARI; Variance to Section 040.030, allowing for a reduced lot size for a second parcel map on a lot created after October 23, 2001, Parcel 038-280-67, 430 River Pines, Washoe County, NV.

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**SUMMARY**

This staff report summarizes the Environmental Health Services Division's (EHS) review of the submitted variance application for your decision to recommend or deny approval to the District Board of Health (DBOH) a variance for APN 038-280-67, owned by the Cook 2011 Family Trust. The variance requests a reduction in the minimum lot size for second parcel maps on lots created after October 23, 2001, from 5 acres to 1 acre and 1.71 acres. A groundwater study was conducted and advanced treatment septic systems are proposed for the new lots to demonstrate that the two smaller lots will not have a greater impact on water quality than the original parcel size.

**Previous Action**

There has been no previous action with this variance request. The applicant currently has applied for a parcel map with the City of Reno Development Services Department (Planning), PAR24-00023. That parcel map application was put on hold pending the resolution of the septic variance process that is the subject of the request. If the variance application is approved, the parcel map will continue through the process and eventual creation of the new parcels. Documents regarding the status of that process are included in the variance packet.

**Background**

The Northern Nevada Public Health (NNPH) Regulations Governing Sewage, Wastewater, and Sanitation (regulations) requires a minimum acreage of 5 acres for any second or subsequent parcel map from an original parcel created after October 23, 2001. The subject parcel was created in May of 2019, with 2.71 acres, and therefore would not have sufficient acreage for a second parcel map. The regulations allow the Health Authority to allow a smaller lot size, provided that an applicant can demonstrate that adequate measures have been taken to ensure the smaller lot size will not have a greater impact to groundwater quality than the 5-acre lot size. All such decisions require approval by the Sewage, Wastewater, and Sanitation Hearing Board and District Board of Health through the variance procedure.

The applicant consulted with NNPH staff prior to applying for the variance and the general approach was agreed to. NNPH required that they look at overall impact to groundwater quality and how to address the simple fact that having two septic systems will impact groundwater quality less than one; some sort of mitigation would be needed regardless of any groundwater study findings.

A study was performed by Confluence Water Resources (CWR), utilizing guidance from the State of Nevada Bureau of Water Pollution Control (BWPC) that was developed to determine appropriate septic density for an area without degradation to groundwater. Total nitrogen contamination is the primary

contaminant of concern in regard to septic system discharges. The study uses several conservative parameters for sewage discharge from septic systems and drinking water standards for acceptable contamination allowance. The model essentially looks at what will reach the aquifer based on discharge volume and the dilution factor of precipitation. CWR utilized a Truckee Meadow Water Authority Verdi Groundwater Model Report to provide data on recharge from precipitation. The CWR study adjusted the model to account for reduced precipitation volume due to developed, impervious surfaces and the clay layers that reduced the ability for recharge from precipitation. Based on their findings, the proposed acreage can meet the requirement to not have a greater impact on groundwater provided that a denitrification system is utilized.

The study utilized assumptions on existing groundwater quality from the BWPC methodology. No actual sampling was conducted. However, staff did review water quality from nearby public water systems which are required to do annual testing of groundwater for nitrates. All systems in proximity to the site showed either no detected nitrate levels or levels well below the BWPC assumption level of 5 mg/L, indicating that the assumption is a fair model. Staff also looked at soil profiles in the area, and while surface level percolation tests are very fast, requiring a greater separation to groundwater, the soil profiles presented in well logs indicate slower soils below the saturated soil profile, indicating that additional and better soil treatment will occur before groundwater is encountered. This validates the BWPC model assumption of reduction of contaminants from soil capture. In summary, NNPH staff determined that the assumptions in the model seemed appropriate and felt that the study provided was a fair representation of the potential impacts to groundwater.

New technology within the septic industry has advanced a lot over the years. NNPH regulations, recently adopted, allow for use of NSF certified septic systems. Denitrification systems, certified to NSF 245, require a minimum of 50% reduction in total nitrogen from residential septic systems of 1,500 gallons or less. Many newer systems achieve a higher level of reduction. Though nitrogen is the primary contaminant of concern, any system certified to an NSF 245 standard must also meet the NSF 40, which ensures reductions in other contaminants like biochemical oxygen demand, total suspended solids, and pH. The study provided by CWR indicates that utilizing an NSF 245 system, along with naturally occurring precipitation, will yield an equal or lesser degree of contamination from two septic systems serving the two proposed parcel, than from a single standard system on the original parcel.

These types of advanced treatment systems do require routine maintenance, and staff recognize that NNPH will not have direct oversight to ensure that maintenance occurs as needed; in order to have confidence that the system will be maintained as needed, staff has drafted a few recommended conditions if the Board decides to approve the variance. The conditions are provided for the Board below, and as always, the Board may request additional conditions as they see fit. These types of systems are effective and becoming increasingly common and there are a few already in service within Washoe County. While the applicant has specified two specific models that meet the NSF 245 certification, there may be others that have met that certification and the variance request is not specific to single technology or brand, unless the Board wishes to make it a condition of approval.

### **Findings of Fact**

The Board must consider the following when making a recommendation on this variance to the DBOH:

1. Will the proposed variance result in contamination of water to the extent it cannot be used for its existing or expected use?

**Reply:** The variance is proposing to require NSF 245 certified septic treatment systems for each parcel. These types of systems will provide comparable treatment to a sand filter system – better treatment when it comes to nitrate reduction. Provided that the conditions of approval are met and routine maintenance is performed, the system should function as

intended and the effluent discharge to groundwater should be clean or cleaner than a sand filter. Therefore, it should not pose an increased threat to groundwater contamination.

2. Will the proposed variance pose a threat to public health?

**Reply:** There are two primary ways that sewage can pose a threat to public health, direct exposure and groundwater contamination in areas with domestic wells. Sewage discharged underground should not allow for direct exposure as long as the field functions, the same as any onsite sewage disposal system. As indicated in question #1, the system should also not cause a groundwater contamination issue as long as the system is maintained and functions properly. All other setbacks and design to regulatory requirements designed to be protective of public health will be met.

3. Are there other reasonable alternatives?

**Reply:** No. NNPH regulations require that any second or subsequent parcel map from an original parcel created after October 23, 2001, have a minimum parcel size of 5 acres. The only exception to this is demonstration that the smaller lots will not have a greater impact on groundwater quality than the single larger lot, that the proposed measures meet the satisfaction of Health Authority staff, and go through the variance process as we are today. NNPH staff are comfortable with the provided groundwater impact study and a requirement of NSF 245 treatment systems as a way to ensure no greater impact to groundwater quality.

### **Conditions of Approval**

EHS staff are recommending the following conditions of approval:

1. The variance, with all conditions of approval, must be recorded to each new parcel, with language that does not allow for the removal without NNPH approval or connection to municipal sewer.
2. A maintenance contract is required with periodic monitoring for the NSF 245 approved wastewater treatment system. After the initial system check and maintenance, a minimum of annual maintenance and certification is required with all maintenance records kept for a minimum of 5 years. Records must be made available to NNPH upon request.
3. All instances of system non-function must be reported to NNPH for review and repaired immediately. In the event of failure to maintain or lack of system function, NNPH may require sampling and/or impose restrictions on the property based on the functionality of the treatment system, up to and including additional repair.

### **Recommendation**

Staff recommends the Sewage, Wastewater and Sanitation (SWS) Hearing Board support the presented Variance Case # H26-0001VARI(Cook) to allow the proposed parceling of 430 Rive Pines, APN 038-280-67, with parcels smaller than 5 acres but no smaller than 1 acre, provided an certified NSF 245 advanced treatment system is utilized for the septic system for each parcel.

### **Possible Motion**

Should the SWS Hearing Board wish to approve the variance application, the three possible motions would be:

1. "Move to present to the District Board of Health a recommendation for approval of Variance Case # H26-0001VARI(Cook) to allow the proposed parceling of 430 Rive Pines, APN 038-

280-67, with parcels smaller than 5 acres but no smaller than 1 acre, provided an certified NSF 245 advanced treatment system is utilized for the septic system for each parcel, including all recommended conditions.”; OR

2. “Move to present to the District Board of Health a recommendation for approval of Variance Case # H26-0001VARI(Cook) to allow the proposed parceling of 430 Rive Pines, APN 038-280-67, with parcels smaller than 5 acres but no smaller than 1 acre, provided an certified NSF 245 advanced treatment system is utilized for the septic system for each parcel, without conditions.”; OR
3. “Move to present to the District Board of Health a recommendation for approval of Variance Case # H26-0001VARI (Cook) to allow the proposed parceling of 430 Rive Pines, APN 038-280-67, with parcels smaller than 5 acres but no smaller than 1 acre, provided an certified NSF 245 advanced treatment system is utilized for the septic system for each parcel, with the following conditions (if the Board wishes to impose conditions, they would list them here).”

The SWS Board may also formulate their own motion or request additional information from the applicant if desired.

|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><small>NORTHERN NEVADA</small><br/><b>Public Health</b><br/><small>Environmental Health</small></p> | <p><b>NORTHERN NEVADA PUBLIC HEALTH<br/>ENVIRONMENTAL HEALTH SERVICES DIVISION</b><br/>1001 East Ninth Street • Bldg B • Reno, Nevada 89512<br/>Telephone (775) 328-2434 • Fax (775) 328-6176<br/>www.NNPH.org<br/>HealthEHS@NNPH.org<br/><b>APPLICATION FOR VARIANCE<br/>TO THE REGULATIONS GOVERNING SEWAGE,<br/>WASTEWATER, AND SANITATION</b></p> | <p><b>Office Use Only</b><br/>Fee Paid _____<br/>Date Paid _____<br/>Cash/CC/Check _____<br/>Receipt No. _____<br/>Date Appl. Received _____<br/>Considered Comp. _____</p> |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DATE 2/11/2026 PROJECT NAME 430 RIVER PINES DRIVE, VERDI

**OWNER**

Name THE COOK 2011 FAMILY TRUST  
Address PO BOX 314  
VERDI, NV 89439  
Phone 775-223-7432  
Email Address verdicook@gmail.com

**ENGINEER**

Name MATHEW D. BANTA, PROF. HYDROGEOLOGIST  
Address CONFLUENCE WATER RESOURCES LLC  
14175 SADDLEBOW DR., RENO NV 89511  
Phone 775-843-1908  
Email Address mbanta@confluencewaterresources.com

**The following items must be submitted with this application:**

JOB ADDRESS 430 RIVER PINES DRIVE  
SIZE OF PARCEL 2.71 ACRES /Acre  
COPY OF LEGAL DESCRIPTION AND VERIFICATION OF CURRENT VESTING ON TITLE  
EXISTING PARCEL(S) APN(S) 038-280-67 LOT PARCEL B BLOCK PM 5351  
REASON FOR VARIANCE REQUEST FOR THE 2ND PARCEL MAP ON SUBJECT PARCEL, MUST DEMONSTRATE THAT ADEQUATE MEASURES HAVE BEEN TAKEN TO ENSURE THE SMALLER LOT AREA WILL NOT HAVE A GREATER IMPACT TO THE GROUNDWATER QUALITY THAN THE ORIGINAL PARCEL SIZE.  
SECTION(S) OF REGULATIONS TO BE VARIED 040.030

**IF A PARCEL MAP:** PROJECT NAME EXISTING PARCEL MAP FOR GIACOMINI (RECORDED IN 2018)  
APN(S) 038-280-67 LOT PARCEL B BLOCK PM 5351

**IF TENTATIVE MAP:** PROJECT NAME PROPOSED PARCEL MAP FOR THE COOK 2011 FAMILY TRUST  
NUMBER OF PROPOSED LOTS 2 LOTS REQUIRING VARIANCES 2  
LOT DESCRIPTION(S) EXISTING PARCEL "B" OF PARCEL MAP 5351 PROPOSED TO BE DIVIDED INTO PARCEL "B1" (1.00 ACRE) AND PARCEL "B2" (1.71 ACRES) PER THE PROPOSED 2ND PARCEL MAP

**Prepare and submit this original application with 9 copies and 10 copies of a construction plot plan with specifications drawn to scale (minimum 1 inch = 30 feet) and include the required following requirements:**

- Vicinity map.
- The direction of North.
- A diagram of the location of roadways, easements or areas subject to vehicular traffic, material storage or large animal habitation.

... continued from previous page

- ❑ A diagram of the location and distance to any well and on-site sewage disposal system within 150 feet of the subject property (if none, so indicate).
- ❑ A diagram of the distances from the proposed on-site disposal system to any proposed or existing on-site well.
- ❑ A diagram of the location of any percolation hole or test trench(es) on the property.
- ❑ A diagram to scale of the location of all proposed on-site sewage disposal system components, including a delineated area for future replacement of disposal trench(es).
- ❑ A diagram of the distance to any available sewer system (if none, so indicate).
- ❑ The number of bedrooms in the proposed building.
- ❑ The maximum slope across the disposal area.
- ❑ A diagram of the lot dimensions and total lot area.
- ❑ The location of water supply lines.
- ❑ A diagram of all structures on site.
- ❑ A diagram of all existing and proposed drainage improvements.
- ❑ A diagram of the location of any watercourse and/or natural drainage channel within 150 feet of the property (if none, so indicate).
- ❑ Soil logs and percolation test results, including calculations and actual field data (if required).
- ❑ Sewage loading calculations and application rates.
- ❑ System sizing calculations.
- ❑ Pertinent geological and hydrogeological information.
- ❑ Construction drawings, cross-sections and specifications of the proposed system.
- ❑ Certification by an engineer that the proposed system is properly designed to function for at least ten (10) years (engineer's seal).
- ❑ Submit a completed Notice of Special On-Site Requirements. We will give you the form after variance is approved by the District Board of Health.

BE PREPARED TO SUBMIT:

- ❑ Other information may be required to enable the Board to adequately consider the application.

THE SUBMITTED DATA, DOCUMENTS AND DESIGNS MUST DEMONSTRATE WHETHER:

1. The proposed system will significantly and/or adversely impact any water so that the water may no longer be used for its existing or expected beneficial use.
2. The proposed system will be detrimental or pose a danger to the public health, safety or create or contribute to a public health hazard.
3. Other reasonable alternatives for compliance with these regulations are available to the applicant. State the alternatives considered, including reasons for rejection.

**ALL INFORMATION MUST BE PROVIDED AND THIS APPLICATION MUST BE PROPERLY COMPLETED PRIOR TO SUBMITTAL. FAILURE TO DO SO MAY RESULT IN SIGNIFICANT DELAYS TO THE PROCESSING OF THIS VARIANCE REQUEST.**

February 11, 2026

Sewage, Wastewater, and Sanitation (SWS) Hearing Advisory Board  
 Northern Nevada Public Health (NNPH), Environmental Health Services  
 c/o David Kelly, Environmental Health Specialist Supervisor  
 1001 E Ninth St., Bldg. B  
 Reno, NV 89512  
 775-846-6623  
 DAKelly@nnph.org

RE: 430 River Pines Drive, Verdi, Application for Variance (APN 038-280-67)

SWS Hearing Advisory Board,

This application for variance is being made by the owners of 430 River Pines Drive (APN 038-280-67) which is a vacant 2.71 acre parcel located in Verdi, Nevada. Said parcel is within the City of Reno limits, but not within the Truckee Meadows Water Authority service territory. The nearest public sewer line (Lawton Interceptor) is over 3,000' away and is not cost feasible to extend.

Upon pricing the exorbitant construction cost of a retirement home, it became apparent that dividing the parcel and selling off the remainder is the only means to proceed with building. As the City of Reno zoning is LLR1 (1-acre minimum), the owners have submitted and received conditional approval of a City of Reno Parcel Map to split the parcel into a 1.00 acre and a 1.71 acre parcel. However, this proposed parceling is not in conformance with NNPH SWS Regulation 040.030 since the original parcel map recorded in 2018.

Pursuant to the option outlined in 040.030, the enclosed demonstrates that adequate measures have been taken to ensure that the smaller lot area will not have a greater impact to the groundwater quality than the original parcel size. The enclosed exhibits support said demonstration and are summarized as follows:

- |           |                                                                                                                                                                                                          |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exhibit 1 | Summary of Findings; December 2, 2025 Evaluation of Potential Degradation to Groundwater from Denitrifying Septic Systems at APN 038-280-67 letter prepared by Mathew Banta, Professional Hydrogeologist |
| Exhibit 2 | Groundwater Flow Evaluation; February 9, 2026 Evaluation of Potential Degradation to Groundwater from Septic Systems at APN 038-280-67 memorandum prepared by Mathew Banta, Professional Hydrogeologist  |
| Exhibit 3 | Curriculum Vitae for Mathew Banta, Professional Hydrogeologist                                                                                                                                           |

- Attachment A Nevada Division of Environmental Protection (NDEP) Bureau of Water Pollution Control (BWPC) guidance document, Division Memorandum dated January 28, 1991, from John Nelson of the Water Permits Branch to Lew Dogion, Administrator and Dick Reavis, Division Bureau Chief; and accompanying Attachment 1; both being referenced in the Exhibit 2 memo
- Attachment B Division of Water Resources Well Driller's Report Lot No. 142829, Permit 35492, Basin 091, of the **existing well within proposed Parcel "B2" that has a Static Water Level of 113' deep**; and three other nearby drilling reports; all being referenced in Exhibit 2 memo
- Attachment C Bio Microbics Bio Barrier Membrane Bioreactor denitrifying septic system literature/specs as referenced in Exhibits 1 & 2
- Attachment D Nexgen Advanced Enviro-Septic System denitrifying septic system literature/specs as referenced in Exhibits 1 & 2
- Attachment E Environmental Protection Agency (EPA) Onsite Wastewater Treatment Systems Technology Fact Sheet 9 as referenced in Exhibits 1 & 2
- Attachment F Washoe County's Assessor Parcel Map with the subject 2.71 acre parcel highlighted in yellow
- Attachment G Grant, Bargain, and Sale Deed Document Number 4871625 being the conveyance of the subject 2.71 acre parcel to the applicant/current owner
- Attachment H Aerial photo showing subject parcel, proposed new internal property line, distance of over 1/4 mile to the Truckee River, and 900' circle with no other water wells (Verdi Elementary School's well has been plugged and they are now hooked to TMWA)
- Attachment I Aerial photo showing subject parcel, proposed new internal property line, and improvements
- Attachment J The 2018 Parcel Map 5351 which created subject Parcel "B", Septic Plot Plan, Test Trench Inspection (permit #4461), and Per Rate Test results
- Attachment K Proposed Parcel Map which would result in Parcel "B1" (1.00 acre) and Parcel "B2" (1.71 acres), Septic Plot Plan, City of Reno approval letter for Case No. 24-00023, and approved Extension of Time for PAR24-00023

- Attachment L Subject Variance NNPH SWS Regulation 040.030
- Attachment M Water Rights Deed Document Number 5374628 which shows the applicant/owner has already purchased the water rights which will be relinquished in favor of proposed Parcel "B1". This is required to have the right to drill a new domestic well on the proposed 1.00 acre parcel (Parcel "B1"); Also the submitted NDWR Affidavit to Relinquish Water Rights in Favor of use of water for Domestic Wells
- Attachment N Two letters of support from the only two directly adjacent residential parcels

The owners are willing to encumber both proposed Parcel "B1" and proposed Parcel "B2" with a recorded requirement to install cited Denitrifying Septic Systems concurrent with residential building permits. We appreciate your consideration in this variance approval.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ryan and Heather Cook". The signature is written in a cursive, flowing style.

Ryan and Heather Cook,  
Trustees of the Cook 2011 Family Trust  
Applicant/Owner

## Exhibit 1

Summary of Findings; December 2, 2025 Evaluation of Potential Degradation to Groundwater from Denitrifying Septic Systems at APN 038-280-67 letter prepared by Mathew Banta, Professional Hydrogeologist



Confluence Water Resources LLC

14175 Saddlebow Drive

Reno, Nevada 89511

T: (775) 843-1908

mbanta@confluencewaterresources.com

www.confluencewaterresources.com

December 2, 2025

Ryan and Heather Cook  
430 River Pines Dr.  
Verdi, NV  
89439

**Subject: Evaluation of Potential Degradation to Groundwater from Denitrifying Septic Systems at APN 038-280-67.**

Dear Mr. and Mrs. Cook:

Confluence Water Resources LLC (CWR) has evaluated the potential permeability and hydraulic gradient of groundwater flow in the vicinity of your property (APN 038-280-67). The results of this evaluation were provided to you under separate correspondence. The results suggested that denitrifying septic systems would be required to reduce the minimum lot size requirements to limit potential risks in degrading groundwater from septic effluent.

Denitrifying septic systems are highly effective at removing nitrogen from septic effluent based on claims from at least two major manufacturers. BIO MICROBICS® Bio Barrier Membrane Bio-Reactor system claims it can deliver septic effluent with total nitrogen concentrations less than 10 mg/L. NEXGEN Septic's claims removal of up to 99% of environmental contaminants with the Advanced Enviro-Septic® System.

<https://biomicrobics.com/products/biobarrier-residential/>

<https://www.nexgenseptics.com/products/advanced-enviroseptic-septic-systems/>

Environmental Protection Agency Onsite Wastewater Treatment Systems Technology Fact Sheet 9 for Enhanced Nutrient Removal suggests wastewater separation systems, which remove toilet wastes and garbage grinding, are capable of 80 to 90 percent nitrogen removal. Physical chemical systems such as ion exchange, volatilization, and membrane processes are capable of similar removal rates.

Denitrifying septic systems are expected to be highly efficient in removing nitrogen from septic effluent. If the concentration of nitrogen in untreated septic effluent is 50 to 100 mg/L, the effluent concentration could be <10 mg/L using denitrifying systems as described above.

Confluence Water Resources LLC

775-843-1908

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[www.confluencewaterresources.com](http://www.confluencewaterresources.com)

Installation of denitrifying systems on both proposed Parcel "B1" and Parcel "B2" will not have a greater impact on the groundwater quality than a conventional septic system located on the original parcel size, if the denitrifying systems are maintained and operate in accordance with the manufacturer's specifications to deliver septic effluent under the maximum contaminant level (MCL) of 10 mg/L.

Please contact Matt Banta of CWR should you have any questions regarding this evaluation at (775) 843-1908.

Sincerely,

**Confluence Water Resources, LLC**

A handwritten signature in blue ink that reads "Matt D. Banta". The signature is written in a cursive style with a horizontal line underneath.

Matt Banta, PH  
[mbanta@confluencewaterresources.com](mailto:mbanta@confluencewaterresources.com)  
(775) 843-1908

## Exhibit 2

Groundwater Flow Evaluation; February 9, 2026 Evaluation of  
Potential Degradation to Groundwater from Septic Systems at APN  
038-280-67 memorandum prepared by Mathew Banta, Professional  
Hydrogeologist



Confluence Water Resources LLC  
 www.confluencewaterresources.com  
 mbanta@confluencewaterresources.com  
 14175 Saddlebow Drive  
 Reno, Nevada 89511  
 C: (775) 843-1908

**February 9, 2026**  
**Memorandum**  
**Evaluation of Potential Degradation to Groundwater from Septic Systems at**  
**APN 038-280-67**

*Confluence Water Resources (CWR) has prepared this memorandum to summarize the findings of an evaluation to degrade groundwater from septic systems on APN 038-280-67, referred herein as the Property.*

## 1. Introduction

The objective of the evaluation is to estimate the appropriate maximum density of septic systems that would be permissible on APN 038-280-67 without causing degradation to groundwater. The evaluation was completed using the governing equations in the Nevada Division of Environmental Protection (NDEP) Bureau of Water Pollution Control (BWPC) guidance document, Division Memorandum dated January 28, 1991, from John Nelson of the Water Permit Branch to Lew Dodgion, Administrator and Dick Reavis, Division Bureau Chief, (see **Attachment A**).

Part II., of *Attachment 1* of the BWPC guidance document provides requirements for determining the number of residences (single family units) which will trigger a groundwater study based on the following equation. The objective is to determine density of septic systems per acre or per square mile.

$$\text{Number of Septic Systems} = \frac{(0.2) (\text{ppt recharge AF}) + (0.02) (\text{storage AF})}{0.392 \text{ AF per year per residence}}$$

The following constraints to the governing equation are defined by the BWPC in Part II., of *Attachment 1* of the guidance document.

- Total contamination equals contamination contributed to the total aquifer recharge plus contamination contributed to the groundwater in storage.
- The total contamination is proportional to the total number of residences on a septic system.
- Groundwater in storage equals groundwater stored in the upper 100-feet of saturated alluvium.
- The volume available for assimilating (i.e. diluting) septage is the volume of total aquifer recharge plus groundwater in storage.
- The total number of septic systems equals the number of septic systems affecting recharge volume plus the number of septic systems affecting storage volume.

Part III., of *Attachment 1* of the guidance document provides governing assumptions and definitions which are inherent to the premises for the governing equation.

1. All contamination being considered is derived from septic systems; therefore, total contamination is related to the total number of residences on septic systems.
2. Total nitrogen is the constituent of primary concern with respect to impacts on groundwater quality from septic systems. This is based on known contamination and groundwater studies in Nevada.
3. An estimate of maximum residential flow is 350 gallons per day (gpd), which is equivalent to 0.392-acre feet per year per residence.
4. Based on the EPA Design Manual for Onsite Wastewater Treatment and Disposal Systems, the concentration of total nitrogen which enters a leach field varies from 35 mg/L to 100 mg/L. As a conservative approach to groundwater protection, BWPC assumes 100 mg/L total nitrogen as the input value for nitrogen entering the leach field.
5. As a conservative estimate for use in the governing equation, the accepted limit of total nitrogen in groundwater used for drinking water is 10 mg/L based on NDEP MCL's.
6. All the 100 mg/L of total nitrogen is available to be converted to nitrogen as nitrate. The drinking water standard for nitrate is 10 mg/L per the Federal Safe Drinking Water Act.
7. Precipitation is abbreviated as (ppt) in the governing equation.
8. The abbreviation for acre-feet per year is defined as AFY, and acre-feet is defined as AF.

## 2. Mixing Analysis of Groundwater Recharge and Septic Effluent Discharge

### 2.1. Septic Effluent Recharge from Precipitation (Part 1)

Part IV, of *Attachment 1* of the guidance document provides assumptions relating to the number of septic systems limited by precipitation recharge considerations (first factor in the governing equation Part 1).

1. 50% decreases in concentration of septic effluent in the unsaturated zone is assumed (exp., plant uptake, possible dilution etc.). Therefore, the possible concentration of the discharge from a septic system which could reach the groundwater was assumed to be 50 mg/L.
2. Precipitation recharge has a total nitrogen concentration of zero (0) mg/L.
3. If precipitation recharge is assumed to have a nitrogen concentration of zero, then all nitrogen in recharge to groundwater must come from septic systems. If a septic system has an output of 50 mg/L, but 10 mg/L is the acceptable limit, then the ratio of permissible septic recharge to precipitation recharge must be 1:5, or 0.20. Therefore, septic recharge equals  $(0.20) \times (\text{precipitation recharge})$ .

Precipitation recharge is expected to range between 1.0 to 0.5 feet per year depending on the annual precipitation at the elevation of the Property and how the property owner applies irrigation pursuant to their water right permits. Truckee Meadows Water Authority, TMWA, 2019, Verdi Groundwater Model Report, Figure 23 provides an estimate of distribution of recharge from infiltration of precipitation in the vicinity of the Property. According to TWMA and pursuant to the property owner's water right permits, approximately 1-acre foot of water could be recharged from infiltration of precipitation. However, it is important to consider that each lot will

be developed with impervious services, driveways, homes, etc. which will prohibit infiltration on the Property. For this analysis, CWR assumes only about half of the available water will be infiltrated over a unit area of 1-acre once a home and driveways are built. If precipitation recharge is 1.0 foot per year per acre (1-AFY), the analysis must assume 6-inches or 446.3 gallons per day (gpd) will infiltrate to account for loss in area from impermeable surfaces.

## 2.2. Septic Effluent Recharge from Aquifer Storage (Part 2)

Part V, of *Attachment 1* of the guidance document provides assumptions relating to the number of septic systems limited by aquifer storage considerations (second factor in the governing equation Part 2).

1. A constant volume of aquifer storage is assumed, with negligible inter-basin flow.
2. Groundwater in storage may have a background value of total nitrogen between zero (0) and 5 mg/L.
3. Because 10 mg/L is the "trigger" limit of nitrogen in groundwater used for drinking, and water in storage may have up to 5 mg/L background concentrations, the maximum concentration of nitrogen which could be added to water in storage is 5 mg/L. Therefore, a number less than 5 mg/L must be used in the calculation to provide an adequate means of prevention of pollution. In this instance, 2 mg/L was chosen as a limit for nitrogen added to groundwater in storage.
4. When calculating the effect of nitrogen from septic systems on the groundwater in aquifer storage, no decrease in concentration of "septic effluent" in the unsaturated zone was assumed.
5. If a septic system has an output of 100 mg/L, but 2 mg/L is the acceptable concentration to be added to groundwater in storage, then the ratio of permissible septic nitrogen to aquifer storage nitrogen must be 2:100, or 0.02. Therefore, septic nitrogen contributed to groundwater in storage = (0.02) x (groundwater storage).

### Groundwater Storage

is defined as the capacity of the aquifer to hold and release water. Storativity is defined as in Specific Yield in unconfined aquifer which is equivalent to drainable porosity or volume of water drained "released" under gravity (Fetter, 2001). In this case, groundwater is not necessarily released from storage except for distal losses associated with domestic wells and evapotranspiration. The BWPC guidelines assume a constant volume of "aquifer storage" which implies inflow equals outflow. In this case, the flux of groundwater flow was applied using the groundwater flow equation and information from the domestic well on the property to provide an estimate of the volume of groundwater potentially available for dilution per unit area.

*From Dary's Law:*  $Q = K(i)(A)$

Q = Groundwater flow per cross-sectional area (Ft<sup>3</sup>/day).

K = Hydraulic conductivity (Ft/day).

(i) = hydraulic gradient (Ft/Ft dimensionless)

A = Cross sectional area (Ft<sup>2</sup>)

### 2.3. Assessment of Hydraulic Conductivity

Hydraulic Conductivity (K) was calculated from the Specific Capacity (SC) of the domestic well recently drilled on the property (NDWR Well Log No.142829). Specific Capacity was estimated using drawdown and discharge data provided by the drilling contractor. The Specific Capacity of the well is presented as (gpm/ft) of drawdown. The following equation can be used to estimate Transmissivity (T) from Specific Capacity per (Driscoll, 1986):

$T = 1500 * Q/s$  (for an unconfined aquifer)

Note: T = Transmissivity (gpd/ft); Q/s = Specific Capacity (gpm/ft),

Q = Discharge from the well in gpm, and s = drawdown

Specific Capacity is estimated based on (gpm) pumped or airlifted from the well divided by feet of drawdown. The estimate of Specific Capacity assumes the following.

- Well depth = 298'.
- Static water level = 113'.
- Assuming dynamic water level during airlifting is 10' from bottom of well per the drilling contractor, or approximately 288', (see 3/12/2025 email correspondence with Mr. Cook).
- Total drawdown would then be approximately (288' - 113') = 175'.
- Assuming 15 gpm discharge rate based on the values reported by the drilling contractor.
- $SC = 15 \text{ gpm}/175' = 0.086 \text{ gpm/ft}$ .

The following equation can be used to estimate Transmissivity from Specific Capacity per (Driscoll, 1986):

$T = 1500 \times SC$  (for an unconfined aquifer)

Note: T = Transmissivity (gpd/ft); SC (gpm/ft)

$T = 1500 \times 0.086 \text{ gpm/ft} = 129 \text{ gpd/ft} = 17.244 \text{ ft}^2/\text{day}$

$K = T (\text{ft}^2/\text{day}) / b (\text{ft})$

Where, b = aquifer saturated thickness.

Assuming (b) = (depth of well - static water level).

(b) = 298' - 113' = 185'

$K = 17.244 \text{ ft}^2/\text{day} / 185' = 0.09 \text{ ft/day}$ .

#### From Drillers Report:

0' to 38' Cobbles and boulders

38' to 81' Gray clays and volcanics

81' to 126' Dark brown sandy clays

126' to 234' Gray sandy clays

234' to 298' Gray sandy clays with volcanics

\*Clay dominated stratigraphy from static water level to TD of well. (See Log No.142829 **Attachment B**).

### 2.4. Assessment of Hydraulic Gradient

Land surface elevations were approximated using Google Earth elevation data. Groundwater elevation was then approximated using drill collar elevations from land surface and the static water levels from the drilling reports (**Attachment B**). Most wells are domestic. The groundwater elevations are dynamic and subject to influences to pumping, flux along the Truckee River, and potential leaking from the canal. Physical groundwater level data should be collected and monitored to provide a much better understanding of hydraulic gradient in the area. For this reason, the potential gradient on the Property was also evaluated using the

Truckee Meadows Water Authority simulated hydraulic heads for the Verdi-Area, TMWA, 2019, Verdi Groundwater Model Report, Figure 37, simulated hydraulic head for the steady-state model (layer 4).

The gradient is the head difference between wells divided by the horizontal linear distance separating them. The gradient of head perpendicular to the equipotential lines between multiple wells, is found by the following equation derived from C.W. Fetter, 2001, Fourth Addition.

$$\text{Gradient (h)} = \sqrt{[(dh/dx)]^2 + [(dh/dy)]^2}$$

- The gradient was estimated to be between 0.01 to 0.05 in the vicinity of the Property.

### 3. Results of Analysis

The following provides a summary of the results of the analysis using BWPC's governing equation and the assumptions made in the analysis.

- (K) was assumed to be 0.09 ft/day based on the hydraulic conductivity estimated from Specific Capacity of the domestic well on the Property.
- A hydraulic gradient of 0.05 was assumed, based on the groundwater elevations derived from drillers reports and TMWA's groundwater model.
- The cross-sectional area is assumed on a per-acre basis. The analysis assumes a minimum lot size of 1-acre and an aquifer thickness of 100 feet per the BWPC guidelines. The resulting cross sectional area is 20,871 Ft<sup>2</sup>.

|    |               |                                            |
|----|---------------|--------------------------------------------|
| a= | Lot Size (AC) | 1                                          |
|    | SQFT          | 43560                                      |
|    | Linear FT     | 208.71                                     |
|    | a = 208.7ft x | 100 feet deep saturated thickness per NDEP |

$$Q=Kia$$

|    |          |                       |
|----|----------|-----------------------|
| K  | 0.09     | ft/day                |
| i  | 0.05     |                       |
| a  | 20871.03 | FT <sup>2</sup>       |
|    |          |                       |
| Q= | 93.92    | Ft <sup>3</sup> /day  |
| Q= | 702.61   | gall/day over 1-acres |

The volume of groundwater potentially available for dilution as "Storage" per unit area according to Dary's Law, where  $Q = Kia$ , is approximately 702.61 gallons per day. Precipitation recharge is expected to be approximately 446.3 gpd as described in Section 2.1.

According to the governing equation, the number of permissible septic systems for the Property would be based on the following.

$$\text{Number of Septic Systems} = \frac{(0.2) (\text{ppt recharge AF}) + (0.02) (\text{storage AF})}{0.392 \text{ AF per year per residence}}$$

Or,

$$\# \text{ of Septic Systems} = \frac{(0.2) (446 \text{ gpd}) + (0.02) (702.61 \text{ gpd})}{350 \text{ gpd per single family residence}}$$

The density of permissible septic systems would be approximately 0.30 septic systems per acre, and the limitation is 1.0 septic systems per acre. The hydraulic conductivity of the clay penetrated by the well on the Property and the hydraulic gradient of groundwater flow through the area are not sufficient to produce enough groundwater flux, or storage to dilute septic effluent. Due to the low hydraulic conductivity of the clay, the lot size must be significantly larger than 1-acre to promote an increase in recharge from precipitation to dilute septic effluent under the governing equation. Alternatively, the concentration of septic effluent could be physically reduced as a measure to increase dilution potential considering the existing hydrogeological conditions. In this case, denitrifying septic systems will be required to reduce the minimum lot size requirements to limit potential risks in degrading groundwater from septic effluent.

Denitrifying septic systems are highly effective at removing nitrogen from septic effluent based on claims from at least two major manufacturers. BIO MICROBICS® Bio Barrier Membrane Bio-Reactor system claims it can deliver septic effluent with total nitrogen concentrations less than 10 mg/L. NEXGEN Septic's claims removal of up to 99% of environmental contaminants with the Advanced Enviro-Septic® System.

<https://biomicrobics.com/products/biobarrier-residential/>

<https://www.nexgenseptics.com/products/advanced-enviroseptic-septic-systems/>

Environmental Protection Agency Onsite Wastewater Treatment Systems Technology Fact Sheet 9 for Enhanced Nutrient Removal suggests wastewater separation systems, which remove toilet wastes and garbage grinding, are capable of 80 to 90 percent nitrogen removal. Physical chemical systems such as ion exchange, volatilization, and membrane processes are capable of similar removal rates.

Denitrifying septic systems are expected to be highly efficient in removing nitrogen from septic effluent. If the concentration of nitrogen in untreated septic effluent is 50 to 100 mg/L, the effluent concentration could be <10 mg/L using denitrifying systems as described above.

### 3.1. Results of Analysis Assuming Denitrifying Septic Systems

A separate evaluation was completed assuming denitrifying septic systems would be deployed on the Property. Normal septic effluent is expected to have a total nitrogen concentration of 100 mg/L. The BWPC guidance assumes that precipitation recharge has a nitrogen concentration of zero, and all nitrogen in recharge to groundwater comes from septic systems. The BWPC guidance assumes 50% decreases in concentration of septic effluent in the unsaturated zone (exp., plant uptake, possible dilution etc.). Therefore, the possible concentration of the discharge from a septic system which could reach the groundwater would be 50 mg/L. Pursuant to the BWPC guidelines, if a septic system has an output of 50 mg/L, but 10 mg/L is the acceptable limit, then the ratio of permissible septic recharge from precipitation recharge must

be 1:5, or 0.20. Therefore, septic recharge equals  $(0.20) \times$  (precipitation recharge) as previously described in Section 2.1.

The Project will require denitrifying septic systems. For this evaluation, denitrifying septic systems assume an effluent concentration of 10 mg/L vs 100 mg/L total nitrogen. A 50% decrease in concentration in the unsaturated zone in accordance with the BWPC guidance document would result in a contribution of 5 mg/L total nitrogen from precipitation recharge to groundwater. If a septic system has an output of 5 mg/L, but 10 mg/L is the acceptable limit, then the ratio of permissible septic recharge from precipitation recharge must be 2:1, or 2.0. Therefore, septic recharge will equal  $(2.0) \times$  (precipitation recharge).

In accordance with BWPC assumptions, 2.0 mg/L was chosen to provide adequate means of pollution prevention to groundwater in storage as described in Section 2.2. If the nitrogen concentration from denitrifying septic systems is expected to be  $< 10$  mg/L but 2 mg/L is the acceptable concentration to be added to groundwater in storage, then the ratio of permissible septic nitrogen to aquifer storage must be 2:10, or 0.2. Therefore, septic nitrogen contributed to groundwater in storage =  $(0.2) \times$  (groundwater storage).

According to the governing equation, the number of permissible septic systems for the Property using denitrifying technology would be based on the following.

$$\# \text{ of Septic Systems} = \frac{(2.0) (446 \text{ gpd}) + (0.2) (702.61 \text{ gpd})}{350 \text{ gpd per single family residence}}$$

The density of permissible denitrifying septic systems would then be approximately 3.0 septic systems on 1-acre.

Based on this evaluation, the installation of denitrifying systems on both proposed Parcel "B1" and Parcel "B2" will not have a greater impact on the groundwater quality than a conventional septic system located on the original parcel size, if the denitrifying systems are maintained and operate in accordance with the manufacturer's specifications to deliver septic effluent under the maximum contaminant level (MCL) of 10 mg/L.

#### 4. Disclaimer

CWR has exercised all due care in reviewing all information collected. Opinions presented in this memorandum apply to the site conditions and features as they existed at the time of the investigation, and those reasonably foreseeable. These opinions do not necessarily apply to conditions and features that may arise after the date of the investigation. All data used as source material plus the text, tables, figures, and attachments of this document have been reviewed and prepared in accordance with generally accepted professional engineering and environmental practices. CWR reserves the right but not the obligation to revise this memorandum should additional information become available. The findings of this memorandum are valid as of the present date. However, changes in the conditions of a property can and do occur with the passage of time, whether they be due to natural processes or the work of other people on this or adjacent properties. Accordingly, the findings of this memorandum may be invalidated wholly or partially by changes outside of our control. Therefore, this memorandum is subject to review and revision as changes in conditions are

identified. This evaluation does not consider other potential sources of nitrogen loading to include nitrogen in soils generated from the over application of fertilizers, nitrogen in soils from heavy livestock use, and nitrogen loading from poorly managed septic systems on adjacent properties. This evaluation did not investigate the potential impacts to groundwater from microplastics, caffeine, illicit or pharmaceutical drugs, metals to include arsenic, forever chemicals also known as per-and polyfluoroalkyl (PFAS) chemicals, or any other substances, compounds, or chemicals associated with the effluent of septic discharge except for nitrogen. The evaluation is specific to the potential to degrade groundwater from septic borne nitrogen in accordance with the governing equation of the NDEP-BWPC guidance document (Division Memorandum dated January 28, 1991, from John Nelson of the Water Permit Branch to Lew Dodgion, Administrator and Dick Reavis, Division Bureau Chief).

## 5. References

Bio Microbics, Bio Barrier Membrane Bioreactor.

<https://biomicrobics.com/products/biobarrier-residential/>

C.W. Fetter, 2001, Applied Hydrogeology, Fourth Edition.

Driscoll, F.D, 1989. Groundwater and Wells: 3rd edition, Johnson Filtration Systems.

Environmental Protection Agency Onsite Wastewater Treatment Systems Technology Fact Sheet 9 for Enhanced Nutrient Removal.

[https://www.austintexas.gov/sites/default/files/files/Water/UDS/OSSF/Technology Fact Sheet Nitrogen Removal EPA.pdf](https://www.austintexas.gov/sites/default/files/files/Water/UDS/OSSF/Technology_Fact_Sheet_Nitrogen_Removal_EPA.pdf)

Nevada Division of Water Resources Well Log Database.

<https://water.nv.gov/welllogquery.aspx>

NEXGEN Advanced Enviro-Septic® System.

<https://www.nexgenseptics.com/products/advanced-enviroseptic-septic-systems/>

NDEP-BWPC Guidance Document (Division Memorandum dated January 28, 1991, from John Nelson of the Water Permit Branch to Lew Dodgion, Administrator and Dick Reavis, Division Bureau Chief).

## Exhibit 3

Curriculum Vitae for Mathew Banta, Professional Hydrogeologist

## Confluence Water Resources

Resume

### Mathew D. Banta, PH

Principal Consultant – Water Resources and Environmental Sciences

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775-843-1908

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|                                        |                                                                                                                                                                                                                                                                           |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Profession</b>                      | Water Resources and Environmental Consultant                                                                                                                                                                                                                              |
| <b>Education</b>                       | Bachelor of Science, Environmental and Natural Resource Science with an Emphasis in Hydrology, University of Nevada, Reno 2003                                                                                                                                            |
| <b>Registrations/<br/>Affiliations</b> | American Institute of Hydrology, Professional Hydrologist-Ground Water, (No. 15-HGW-7004)<br>MSHA Miner Safety Training (Surface, Metal and Non Metal)<br>Nevada Water Resources Association<br>American Exploration and Mining Association<br>Geologic Society of Nevada |

|                       |                                                                                                                                                                                                                                                                                                      |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Specialization</b> | Groundwater and Surface Water Studies for Mining, Development, Geothermal and Industrial Operations. Dewatering and Water Supply Evaluations for Mining Projects. Water Resource Inventories. Water Rights Acquisitions and Planning. Water Resource Permitting and Water Resource Management Plans. |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Expertise</b> | Mr. Banta has over 20 years of technical and professional experience in groundwater and surface water resource inventories, water development projects and water resource management. Mr. Banta's has managed and completed numerous groundwater and surface water resources investigations and inventories, hydraulic testing programs, aquifer testing programs and groundwater characterization studies throughout the world and western U.S. Mr. Banta has extensive professional expertise in stakeholder engagement, environmental natural resource studies, permitting, regulatory compliance, water resource monitoring plans, and drilling program planning and management. |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Mr. Banta earned a Bachelor of Science degree in Environmental and Natural Resource Science, with an emphasis in Hydrology from the University of Nevada-Reno and is a certified professional hydrogeologist with the American Institute of Hydrology. Mr. Banta offers diverse experience in the United States, Canada, South America, Russia, and Mexico, with focused expertise in complex water resource investigations and characterization studies for lithium brine, open pit, and underground mining operations. Mr. Banta's environmental regulatory and permitting experience includes Special Use Permits, Clean Water Act compliance, USACE resource inventories and permitting, NEPA document preparation, discharge permitting, Nevada water rights, and Nevada Water Pollution Control Permit acquisitions.

### Employment

|                       |                                                                                                          |
|-----------------------|----------------------------------------------------------------------------------------------------------|
| <b>2015 - Present</b> | Confluence Water Resources LLC, Owner, and Principal Consultant                                          |
| <b>2005 - 2015</b>    | SRK Consulting (U.S.) Inc, Reno, Nevada, Senior Consultant (Environmental and Hydrogeology)              |
| <b>2003-2005</b>      | Wood Rodgers, Inc., Reno, US, Environmental Scientist                                                    |
| <b>2003</b>           | California Regional Water Quality Control Board, Lahontan Region, South Lake Tahoe<br>Student Technician |
| <b>2002</b>           | United States Forest Service, Lee Vining, CA, Hydrological Technician                                    |
| <b>2001</b>           | United States Forest Service, Bridgeport, CA, Hydrological Technician                                    |

|                  |                          |
|------------------|--------------------------|
| <b>Languages</b> | English and some Spanish |
|------------------|--------------------------|

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **Key Experience: Groundwater and Surface Water Engineering**

Recent project experience includes:

#### **5E Advanced Materials Inc., Fort Cady Project, (Boron-Lithium) San Bernardino County, California, 2018 to 2025 - Ongoing Project**

- Prepared a Class III Underground Injection Control (UIC) permit application to support 5E Advanced Materials Inc. Fort Cady California project located in Southern California. The permit application was one of a select few which have been approved by the U.S. Environmental Protection Agency (EPA) in California. The permit allows for construction of up-to 500 injection and recovery wells to be used in the solution mining process.
- Designed all program wells which have been authorized by the EPA under the Class III UIC permit regulations. These include complex monitoring wells, observation wells, area of review wells, and injection and recovery wells.
- Oversight and management of Block 1 drilling program. Oversight of contractors, hydraulic testing program, open and cased hole geophysics programs, cement bond logs, well development, mechanical integrity testing, and all sampling activities.
- Completion of multiple well reports, groundwater studies and regular project updates submitted to the EPA regional office.
- S-K 1300 reporting for project hydrogeology.

#### **APEX Resources, Li Creek (Lithium) Project, Nevada 2023 to 2025 - Ongoing Project**

- Project Hydrogeologist for new lithium brine discovery in Nevada. Responsible for construction of conceptual hydrogeological model for the project.
- Oversight and direction of geophysical surveys and shallow brine sampling programs.
- Assistance with NI-43-101 Technical Report for the project.

#### **ASR Project, Confidential Client, Nevada 2025-Ongoing Project**

- Project Hydrogeologist responsible for design and permitting potential future Aquifer Storage and Recovery (ASR) wells to support a large-scale residential development planned in Northern Nevada.

#### **Project One, Stagecoach Development Hydrogeology Study, Nevada 2024-2025**

- Designed and executed a hydrogeology study to evaluate potential degradation to groundwater from nitrates.
- The investigation included Roto-Sonic drilling, material sampling, monitoring well installation, groundwater quality sampling, hydraulic testing, laboratory analysis, collection of water level measurements and a well elevation survey.

#### **ACME Lithium, Clayton Valley (Lithium) Project, Nevada 2022 – 2024**

- Designed and executed a high-profile, deep brine sampling and hydraulic testing program to assess lithium concentration and permeability at discreet intervals in Nevada Dissolved Minerals Exploration Holes in Clayton Valley, Nevada.
- Managed hydraulic testing and sampling program.
- Collaborated with Nevada Division of Minerals and Nevada Division of Water Resources to assess new drilling, testing and sampling techniques to support future lithium exploration in Nevada and acquired required drilling and discharge permits.
- Designed and executed a long-term pumping test to estimate transmissivity and storativity of the target brine aquifer. Included deep test well design, and oversight of drilling, well construction, development, and testing activities.
- Design and oversight of brine sampling and Geochem program.
- Data analysis and reporting of hydraulic testing results – proprietary to Client.
- Inferred resource estimate for Clayton Valley lithium brine deposit. Assistance with NI 43-101 Technical Report.

#### **ORMAT Technologies Inc, San Emidio (Geothermal) Project, Nevada 2020, 2021, 2022, 2023**

- Reviewed analytical results from injection tests, reviewed drilling program, lithology, geophysical logs and spinner test data to troubleshoot inefficiencies in an existing well which was not meeting the client's injection objectives.
- Design of a large diameter injection wells to support water disposal requirements for ORMAT's. San Emidio Project.
- Provided specifications for drilling programs which were approved by the BLM and Nevada Division of Minerals.
- Oversight of drilling, well installation, well development, and testing activities.
- Completion of well testing in water over 220°F.
- The wells met the client's injection objectives.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **Nevada Iron, Buena Vista Project, (Iron) Nevada, 2022 to 2024 Ongoing Project**

- WPCP monitoring for Buena Vista Project.
- Water rights management, transfer applications and planning.
- Project Hydrogeologist responsible for mine water supply development and planning.

#### **Ioneer USA Corporation, Rhyolite Ridge Project, (Lithium and Boron) Nevada, 2019, 2020, 2021, 2022**

- Completed a surface water resource inventory of seeps, springs, and streams within the domain of the groundwater model for the project.
- Designed and implemented groundwater baseline data collection program, sampling and analytical plan, and carried out monitoring activities for the project.

#### **Elko Mining Group, Spring Valley Hydrogeology Study, (Gold) Nevada, 2019**

- Project Hydrogeologist responsible for design and implementation of characterization program to assess the hydrogeology influencing the Spring Valley Project located north of the Coeur Rochester Mine.
- Program manager responsible for monitoring well and large diameter test well design, drilling and well installation QA/QC, diamond drilling and corehole testing activities, hydraulic testing of wells and boreholes, and overall program logistics.
- Design of surface water monitoring system using weirs and stilling wells with transducers. The system was designed to collect high resolution flow data.
- Managed hydraulic testing in core holes using Standard Wire-line Packer System (SWPS) technology.
- Completed analysis and interpretation of current and historical data.
- Multiple presentations, and direct interaction with NDEP-BMRR and BLM to approve work plan for baseline characterization study.

#### **Baker Hughes, Slaven Canyon Pit Lake Dewatering Project, (Barite) 2017 - 2019**

- Project hydrogeologist responsible for dewatering planning, water balance preparation and passive inflow estimates to support evaluations for dewatering of the Main Pit at the Slaven Canyon Mine.
- Management and oversight of Waters of the United States Survey and contractor coordination for acquisition of a non-jurisdictional determination from the United States Army Corps of Engineers for Slaven Creek.
- Regulatory agency and stakeholder engagement for pit dewatering.
- Oversight of SLERA contractor and discharge permit contractor. Discharge permit acquired.
- Design modifications for the passive dewatering system.

#### **Baker Hughes, Argenta and Slaven Canyon Mine WPCP Management, (Barite) Nevada, 2017 - 2023**

- WPCP monitoring and reporting for Argenta Mine, Slaven Canyon Mine, and Slaven RIBs for the years 2017 through 2021.
- Water rights management, transfers and planning for Baker Hughes Drilling Fluids, Nevada Barite Operations.

#### **National Gold Mining Corporation, National Exploration Project, (Gold) Nevada, 2017 - 2021**

- Project Hydrogeologist responsible for design and implementation of groundwater and surface water baseline characterization programs to support mine planning and future dewatering studies.
- Water supply development for multi-year exploration drilling campaign.
- Water rights permitting.

#### **Premier Gold, Helen Cover Underground Project, (Gold) Nevada, 2019**

- Completed a Waters of the United States Survey and prepared a preliminary jurisdictional determination application, submitted to the USACOE for several drainages within the project area.
- Completed a surface water inventory of seeps, springs, and streams within the domain of the groundwater model for the project.

#### **Sierra Lithium, Columbus Salt Marsh (Lithium Exploration) Project, Nevada, 2018**

- Designed and executed a high-profile packer isolated brine sampling and hydraulic testing program to assess lithium concentration and permeability at discreet intervals in the first permitted Dissolved Minerals Exploration Hole in Nevada. This hole was drilled HQ core to 3,270 feet below ground surface under authorization of the Nevada Division of Minerals.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

- Managed hydraulic testing program using Standard Wire-line Packer System (SWPS) technology, both single and straddle packer systems. Testing included airlift recovery and pumping and recovery tests across target lithology.
- Collaborated with Nevada Division of Minerals and Nevada Division of Water Resources to assess new drilling, testing and sampling techniques to support future lithium exploration in Nevada.
- Data analysis and reporting of hydraulic testing results – proprietary to Client.

#### **American Pacific Borate and Lithium, Fort Cady Project, (Boron and Lithium) San Bernardino County, California, 2018**

- Project hydrogeologist responsible for design and implementation of a testing program to evaluate the hydraulic response and potential connectivity between an alluvial aquifer and the Pisgah fault system influencing the ore body.
- Designed a large diameter pumping well (1,000 feet deep) and smaller diameter observation wells (total of 3,000 feet of drilling). Drill bid solicitation and drill contract negotiation. Provided overall program oversight including drilling, well installation, and well development activities.
- Completed a water quality sampling program and completed an assessment of the geochemical footprint of waters and stable radio isotopes.
- Designed and implemented a long-term pumping and recovery test to determine boundary conditions, hydraulic properties and water quality between the alluvial aquifer and the Pisgah fault. Included pump contractor bid solicitation, contract negotiation and implementation of a step test and long-term pumping test.
- Completed pumping test analysis and prepared results for inclusion into a Class III Underground Injection and Control Permit Application.

#### **America Land Holdings, Warm Springs Development Project, Washoe County, Nevada, 2018**

- Project hydrogeologist responsible for baseline water resources evaluations supporting the Warm Springs Development Project in Warm Springs Valley, Nevada.
- Prepared an evaluation of water resources and water rights available to the buyer of the Project.
- Worked with the seller and the buyer to negotiate available water rights and identify liabilities for development of long term, high-capacity extraction wells based on the results of the evaluation.
- The baseline water resource evaluation included an assessment of long-term water level trends within the groundwater basin and beneath the Project; Completion of a pumping and recovery test; Analysis of data; Assessment of water quality beneath the Project.

#### **World Properties, St. James Village, Serpa and TMWA, Washoe County, Nevada, 2017-2018**

- Project hydrogeologist responsible for baseline data collection and characterization studies supporting water rights transfer applications for St. James Village and Sierra Reflections Projects.
- Design and implementation of short-term hydraulic test and long-term pumping and recovery test to assess cumulative impacts to the Mt. Rose Fan groundwater system and municipal wells.
- Coordination with the local municipality (Truckee Meadows Water Authority), and stakeholder and regulatory engagement.
- Development of conceptual groundwater model and cumulative impact assessments.

#### **GeoXplor Corporation, Chedic Graphite Exploration Project, Nevada, 2017**

- Hydrogeologist responsible for development of conceptual groundwater model to support the project.
- Cumulative impact assessments for Chedic Graphite exploration project. Assessed potential impacts to other water rights holders and domestic wells within and adjacent to the project.
- Public outreach and community engagement, stakeholder meetings and presentation of findings to residence and USFS resource specialist.

#### **West Water Resources, Columbus Salt Marsh (Lithium Exploration Project), Nevada, 2017**

- Project hydrogeologist responsible for completed lithium brine characterization studies in Columbus Salt Marsh, Nevada.
- Implemented brine sampling program to assess potential lithium resource.
- Involvement with Nevada Division of Minerals and Nevada Division of Water Resources to assess new drilling, testing and sampling techniques to support future lithium exploration in Nevada.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **Elko Mining Group, Goldfield Mining District Hydrogeology Study, Nevada, 2017**

- Project Hydrogeologist responsible for on-going characterization of hydrogeology influencing Goldfield Nevada and McMahon Ridge mineral deposits.
- Completion of confirmatory hydraulic testing and reporting of current conceptual model.

#### **Klondex Mining Company, Fire Creek Project, Nevada, 2017**

- Subcontracted Hydrogeologist responsible for support on design and installation of surface water resource monitoring network throughout Fire Creek, Nevada.
- Installation of weirs and stilling wells with transducers.

#### **Dyno Nobel Inc., Compliance Monitoring and Reporting, Battle Mountain, Nevada (2008 – 2012 and 2017 - 2021)**

- Quarterly groundwater monitoring and reporting.
- Discharge monitoring reports and compliance monitoring for Dyno Nobel Battle Mt. facility.

#### **GeoXplor Corporation, Clayton Valley Exploration Project, (Lithium) Nevada, November 2016**

- Contract hydrogeologist to support ongoing lithium brine characterization studies and resource estimates in Clayton Valley, Nevada. **Subcontracted through GeoXplor Corporation to support the Lithium X Energy Corporation Clayton Valley Project.**
- Completed an extensive brine sampling program from client's exploration test hole and prepared a comprehensive report, interpreting the analytical results relative to the geology encountered in the test hole.
- Completed a scoping level lithium resource estimate based on the results of the LX-1 exploration hole and public domain data for Clayton Valley.

#### **Lithium Consolidated Minerals Exploration, South Big Smokey Valley Project, (Lithium) Nevada, June 2016**

- Prepared water rights application with the NDWR to support the lithium exploration project.
- Prepared a Notice of Intent for mineral exploration and drilling on BLM controlled lands.
- Prepared reclamation cost estimate for phase I drilling using the NDEP and BLM approved SRCE.
- Technical advisory on groundwater and surface water resources in Nevada.
- Drilling and characterization program design and coordination.

#### **Ultra Lithium Inc, 2016 – South Big Smokey Valley Project, (Lithium) Nevada**

- Acquired waivers for temporary use of groundwater for mineral exploration through the NDWR to support the project.

#### **June Lake Public Utility District, Groundwater Supply Project, California, August 2016**

- Completed feasibility evaluations for development of groundwater supply wells(s) for the community of June Lake, CA.
- Prepared feasibility report and proposed new test well locations.
- Completed an evaluation of the Clark Exploration Test Hole.
- Analyzed pumping and recovery data and estimated hydraulic parameters.

#### **Newmont Mining, Long Canyon Project, (Gold) Nevada, 2016**

- Subcontracted Hydrogeologist responsible for support on design and installation of surface water resource monitoring network throughout the Big Spring complex and wetland ecosystem.
- Installation of weirs, flumes and stilling wells within Big Spring complex.
- Oversight of data collection and monitoring during long term high capacity pumping and recovery test at the Long Canyon project.

#### **Lee Vining Public Utility District, Emergency Water Supply Project, California – Ongoing Project Since March 2016**

- Completed feasibility evaluations for development of an emergency water supply for the community of Lee Vining, CA.
- Prepared a special use permit application with the USFS and work plan for a comprehensive hydrogeological investigation to support NEPA and CEQA evaluations for the emergency supply well located in Lee Vining Canyon.

#### **Quilici Investments LLC, 2015 through 2016 - Quilici Ranch Induction Well Investigation, Nevada**

- Project Hydrogeologist responsible for groundwater and surface water investigation supporting permitting and installation of an induction well located along the Truckee River in Verdi Nevada.
- Drilling program design, bid solicitation and contract negotiation.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

- Monitoring well design and hydraulic testing.
- Surface and groundwater quality sampling and analytical interpretation.
- Analysis and interpretation of data and project reporting.

#### **Comstock Mining Inc, Dayton Expansion Project, Nevada (Gold) - Ongoing Project Since September 2015**

- Hydrogeologist responsible for characterization of hydrogeology influencing the Dayton Expansion Project and various mineral deposits within the mining district, with primary focus on the Dayton and Spring Valley deposits.
- Field program design, permitting, and implementation of hydrogeological characterization program to support water resource evaluations of a proposed open pit mine expansion.
- Program manager responsible for monitoring well network design, drilling and well installation, hydraulic testing of wells, and program logistics.
- Data analysis, report preparation, and presentations.

#### **Capstone Mining, Pinto Valley Project, (Copper) Arizona, 2015**

- Subcontracted Associate Hydrogeologist supporting hydrogeological investigation of faults influencing deep pit excavation.
- Field program coordination and logistical support.
- Managed hydraulic testing program in deep core holes using Standard Wire-line Packer System (SWPS) technology.
- Managed and oversaw installation of grouted in vibrating wire piezometers.

#### **Lundin Gold, Fruta del Norte, (Gold) Ecuador, 2015**

- Project Hydrogeologist responsible for characterization study design and implementation.
- Responsible for packer testing, diamond drilling, and corehole testing activities, as well as program logistics.
- Health and Safety coordination.
- Data analysis, report preparation, and presentations.

#### **Veris Gold, Jerritt Canyon, Nevada, 2015**

- Potable water supply for SSX mine operations.
- Designed and conducted aquifer testing to support regulatory requirements.

#### **Metallic Goldfield Inc, Gemfield Hydrogeology Study, Nevada, 2011 to 2015**

- Project Hydrogeologist responsible for characterization of hydrogeology influencing Goldfield Nevada and various mineral deposits within the mining district, with primary focus on the Gemfield deposit.
- Field program design, permitting, and implementation.
- Program manager responsible for monitoring and water supply well design, drilling and well installation, diamond drilling and corehole testing activities, hydraulic testing of wells, Roto-Sonic drilling activities, and program logistics.
- Conducted and managed hydraulic testing in core holes using Standard Wire-line Packer System (SWPS) technology.
- Water rights planning, development, and acquisitions.
- Data analysis, report preparation, and presentations.

#### **Gradient Resources Inc, Patua Geothermal Project, 2013**

- Background data collection and characterization of shallow groundwater system.
- Special Use Permit Monitoring.
- Underground Injection Control Permit Monitoring.
- Project coordination and data control.

#### **Hycroft Recourses and Development, Brimstone Pit Expansion Hydrogeologic Study, Northern Nevada, 2010 to 2014**

- Project Hydrogeologist responsible for characterization of Hycroft hydrogeology.
- Field program design, permitting, and implementation.
- Mine water supply exploration and development (potable and non-potable).
- Managed hydraulic testing program in deep core holes with groundwater over 200 °F using Standard Wire-line Packer System (SWPS) technology - Research and Development.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

- Corehole piezometer design, permitting, and installations.
- Managed rotary drilling program and installation of large production and groundwater monitoring wells in water over 200 °F with dissolved Hydrogen Sulfide Gas.
- Installation and calibration of vibrating wire piezometers (VBW) in geothermal aquifer over 2,200 feet.
- Designed and managed pumping test of thermal aquifer.
- Data analysis and report preparation, and presentations.

#### **McEwen Mining Co., Gold Bar Mine Water Supply, Nevada, 2012 to 2014**

- Project Hydrogeologist responsible for conducting mine water supply feasibility studies.
- Water rights planning and development.
- Drilling program management and coordination, well installations, hydraulic testing, analysis, and reporting.
- Development of mine water supply supporting the Gold Bar project.

#### **Comstock Mining Co, Hydrogeology Study, Storey Co. Nevada, 2011 to 2014**

- Project Hydrogeologist responsible for characterization studies to support various permits, field program design and well permitting.
- Groundwater monitoring well network installation (Process Area).
- Groundwater characterization supporting pit expansion studies.
- Design, permitting, drilling coordination, and installation and testing of mine water supply wells.
- Water rights planning and development.
- Data analysis and interpretations, and report preparation.

#### **Nevada Iron, Buena Vista Project, Nevada, 2011 to 2014**

- Project Hydrogeologist responsible for design and implementation of characterization studies to support various permits including NV WPCP, field program design and well permitting.
- Groundwater monitoring well network installation and well testing.
- Groundwater characterization supporting pit expansion studies.
- Water rights planning and development.
- WPCP application support.
- Data analysis and interpretations, and baseline field report preparation.

#### **Baikal Mining, Udakon Project 2012 Hydrogeology Study, Eastern Siberia, Russia, 2012**

- Conducted hydraulic testing in deep core holes using Standard Wire-line Packer System (SWPS) technology.
- Data management and project coordination.

#### **Mount Hamilton Ltd., Mount Hamilton Mine Water Supply, Nevada, 2012 to 2013**

- Project Hydrogeologist responsible for conducting mine water supply feasibility studies.
- Drilling program management and coordination, well installations, hydraulic testing, analysis, and reporting.

#### **Rhodia Lithium, 2011- Diabillos Hydrogeologic Study, Argentina, 2011**

- Hydrogeologist responsible for installation of piezometers and pumping wells in aquifer with dissolved gas.
- Conducted hydraulic testing in piezometers.

#### **CMC Metals - Bishop Mill, Hydrogeology Study, Inyo County, California, 2010**

- Project Hydrogeologist responsible for program design, implementation and permitting.
- Groundwater monitoring network installation.
- Conducted aquifer test in site wells.
- Conducted pump test and analysis to determine aquifer characteristics.
- Report preparation.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **Fronteer Development, Zanzibar Decline Phase II Hydrogeology Study, Nye Co, Nevada, 2010**

- Project Hydrogeologist responsible for program design, implementation, and permitting.
- Conducted hydraulic testing in core holes using Standard Wire-line Packer System (SWPS) technology.
- Well design and testing.
- Responsible for drilling and testing activities, and program logistics.
- Data analysis and report preparation.

#### **Shore Gold, 2010 Star Kimberlite Diamond Project Hydrogeologic Study, Saskatchewan, Canada, 2010**

- Installation of vibrating wire piezometers (VBW) in flowing sands over 300 meters deep.
- Geotechnical logging of core.
- Analysis of VBW data.

#### **Vista Gold Corporation, Paradoxes Amarillos Hydrogeologic Study, Baja, Mexico, 2009 to 2010**

- Conducted hydraulic testing in core holes using Standard Wire-line Packer System (SWPS) technology.
- Conducted airlift/recovery test in coreholes with SWPS technology.
- Field program manager responsible for drilling and testing activities, and program logistics.
- Data analysis and report preparation.

#### **EP Minerals, Celetom Hydrogeologic Study, Southeast Oregon, 2009**

- Test well design and installation in artesian conditions.
- Monitoring well installations.
- Conducted hydraulic testing in completed test wells (airlift/recovery and slug test).
- Field program manager responsible for drilling and testing activities, and program logistics.
- Data analysis and hydrogeological report preparation.

#### **National Oilwell Varco, Big Ledge Mine Hydrogeologic Study, Elko County, Nevada, 2009**

- Conducted hydraulic testing in core holes using SWPS technology.
- Conducted airlift/recovery test in coreholes with SWPS technology.
- Field program manager responsible for subcontractor acquisition, drilling and testing activities, and program logistics.
- Data analysis and report preparation.

#### **GMI, Mount Hope Hydrogeologic Study, Central Nevada, 2009**

- Conducted hydraulic testing in core holes using SWPS technology.
- Conducted airlift/recovery test in coreholes with SWPS technology.
- Oversaw the installation of deep Vibe wire piezometers.
- Field program manager responsible for drilling and testing activities, and program logistics.
- Data analysis and report preparation.

#### **Vale Inco 2009 Kipper Hydrogeologic Study, Manitoba Canada, 2009**

- Conducted hydraulic testing in core holes using SWPS technology.
- Conducted airlift/recovery test in coreholes with SWPS technology.
- Oversaw the installation of deep piezometers.
- Field program manager responsible for drilling and testing activities, and program logistics.

#### **Confidential Client, Heap Leach Pad Closure, Northern Nevada, 2009**

- Conducted ground and surface water sampling.
- Managed sampling program and logistics, and reported to the client.
- Consulted on hydrogeology for closure design.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **Northumberland Mine, 2008 Zanzibar Hydrogeologic Investigation, Nye County, Nevada, 2008**

- Oversaw drilling program, conducted hydraulic testing, and designed and installation of deep piezometers.
- Managed logistics, reported to the client.
- Prepared hydrogeology report.

#### **Newmont Mining Corporation, 2008 Hope Bay Hydrogeologic Study, Nunavut, Canada, 2008**

- Conducted hydraulic testing (packer testing) in core holes using SWPS technology.
- Installation of deep piezometers and VW thermistors and transducers in permafrost.
- Groundwater sampling and VW thermistor and pressure transducer measurements.
- Acting Senior Hydrogeologist for the Hope Bay Gold Belt (June to July 2008). Managed hydro program logistics and reported to the client.

#### **AREVA, 2008 Shea Creek Hydrogeologic Study, Saskatchewan, Canada, 2008**

- Conducted hydraulic testing in core holes using SWPS technology.
- Conducted airlift/recovery test in coreholes with SWPS technology.
- Oversaw long-term pump/recovery test.
- Geotechnical logging of rock core.
- Assisted in managing hydro program, managed logistics, conducted SWPS and application training for site staff, and reported to the client.

#### **Vale Inco, 2008 Pipe2 Hydrogeologic Study, Manitoba Canada, 2008**

- Conducted hydraulic (packer testing) testing in core holes using SWPS technology.
- Oversaw the installation of deep piezometers.
- Conducted SWPS training for site staff, managed logistics and reported to the client.

#### **Mono County Landfill, Groundwater Monitoring Well Installation, Mono Co., California, 2007**

- Managed the program to installation and develop compliance monitoring wells at four Mono County Landfills.
- Managed logistics and contracts with drilling companies.

#### **RNMC, Ruth Tailings Closure, Ely, Nevada, 2007**

- Performed preliminary investigation of groundwater influence in Ruth Tailings.
- Collected data and samples to determined closure limitations and design criteria.

#### **Northumberland, Groundwater Sampling Training, Nye County, Nevada, 2007**

- Created a program to assist client with compliance monitoring of site wide groundwater monitoring wells.
- Conducted sampling training for mine staff.

#### **Springer Mine, Groundwater Investigation, Pershing County, Nevada, 2007**

- Performed preliminary groundwater investigation. Collected data and determined the gradient of the potentiometric surface in the subject area.
- Designed and oversaw the installation of groundwater monitoring and observation wells.
- Sampled groundwater monitoring wells, and seeps and springs within the project area.

#### **RNMC, 2007 Well Replacement Program, Ely, Nevada, 2007**

- Managed the program for installation and development of the Giroux Wash replacement monitoring wells.
- Conducted field groundwater analysis.
- Managed logistics and contracts with drilling companies.

#### **Mount Hope, 2005 to 2007 Baseline Surface Water Inventory, Sampling, and Data Collection, Eureka, Nevada**

- Designed and managed a large field program to inventory, sample, and collect local and regional baseline surface water data for the Mt Hope project.
- Managed logistics and project staff.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **Mount Hope 2006 Hydraulic Testing, Eureka, Nevada, 2006**

- Performed pumping and recovery testing of the Mount Hope monitoring wells.
- Managed logistics and contracts with drilling companies.

#### **Mount Hope 2005 Well Installation and Development Program, Eureka, Nevada, 2005**

- Managed the installation and development of the Mt. Hope project area monitoring wells.
- Designed and oversaw the installation and development of monitoring wells.
- Managed logistics and contracts with drilling companies.

#### **Mount Hope 2005 Field Analysis of Hydrogeology, Eureka, Nevada, 2005**

- Performed preliminary field analysis of hydrogeology of the Mt. Hope project area.
- Analysis included lift/recovery test, a low stress, short term pumping test.

#### **White Pine Energy Associates, Monitoring Well Installation, White Pine County, Nevada, 2005**

- Assisted in the installation and construction of a monitoring well for the purposes of conceptual design of a coal fire power plant in White Pine County Nevada.

#### **Mono County, Monitoring Well Repair, Mono Co., California, 2005**

- Managed the repair of MW-3 located at the Benton Crossing Landfill for the Mono County Department of Public Works.

#### **Highland Ditch Design, Reno, Nevada, 2005**

- Conveyance and quantities of materials calculations.

#### **Incline Village GID 2004 Stormwater, Incline, Nevada, 2004**

- Conceptual detention basin design.

#### **NDOT Highway 50 2004 Stormwater, Eldorado County, Nevada, 2004**

- Conceptual detention basin design, work scoping and proposal preparation.

#### **USFS, Mill Creek Flow Analysis, Lee Vining, California, 2002**

- Conducted a baseline data collection venture for the USFS to quantify the gaining reaches and the losing reaches of Mill Creek including:
- Establishment of gauging locations; and
- Collection of flow measurements using a flow meter for duration of a water year.

#### **USFS, Wilson Creek Flow Analysis, Lee Vining, California, 2002**

- Conducted a baseline data collection venture for the USFS to quantify the gaining reaches and the losing reaches of Wilson Creek including;
- Establishment of gauging locations; and
- Collection of flow measurements using a flow meter for duration of a water year.

#### **USFS, Deer Creek Flow Analysis, Lee Vining, California, 2002**

- Conducted a baseline data collection venture for the USFS in order to quantify flows of Deer Creek including:
- Establishment of gauging locations; and
- Collection of flow measurements using a flow meter for duration of a water year.

#### **USFS, 2001 West Walker River Watershed Water Resources Inventory, Bridgeport, California, 2001**

- Conducted a water resource inventory of the West Walker River Watershed in order to, assist the USFS in water adjudication.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **UNR, Sagehen Creek Met Station Construction, Truckee, California, 2001**

- Assisted the Desert Research Institute (DRI) in the construction of the Sage hen Creek Met Station.

#### **Humboldt Toiyabe National Forest Dist. 4 2001 Culvert Sizing Project, Bridgeport, California, 2001**

- Assisted the USFS in determining the existing condition of culverts, and storm water structures within the national forest.

### **Key Experience: Environmental Permitting**

Recent project experience includes:

#### **Lake Mountain Mining, Olinghouse Project, Nevada, 2025**

- 3-Year Bond Update and Reclamation Bond Reconciliation.
- Assistance with Closure Plan and Reclamation Plan updates.
- Attachment A for release of bond for reclaimed ground.

#### **5E Advanced Materials Inc., Fort Cady Project, (Boron-Lithium) San Bernardino County, California, 2018 to 2025 - Ongoing Project**

- Prepared a Class III Underground Injection Control (UIC) permit application to support 5E Advanced Materials Inc. Fort Cady California project located in Southern California. The permit application was one of a select few which have been approved by the U.S. Environmental Protection Agency (EPA) in California. The permit allows for construction of up-to 500 injection and recovery wells to be used in the solution mining process.

#### **Baker Hughes a GE Company, Scruffy Oz Project, Nevada, 2019**

- Prepared a new Water Pollution Control Permit application for the Scruffy Oz Barite Project located near Battle Mt. Nevada.
- Assisted with the Plan of Operations application for the mine project.
- Compiled results of baseline studies.

#### **Baker Hughes a GE Company, WPCP Monitoring and Reporting, Nevada, Ongoing Since 2017**

- Completion of quarterly and annual monitoring and reporting pursuant to the Argenta Mine and Mill and the Slaven Canyon Mine's respective Water Pollution Control Permits.

#### **American Pacific Borate and Lithium California, 2018**

- Assist in preparation of a Class III Underground Injection and Control Permit application which was submitted to the U.S. EPA in December of 2018.
- Completed hydrogeologic testing and evaluations to support the permit application.

#### **Lee Vining PUD, California, 2016**

- Prepared Special Use Permit Application for Hydrogeological Investigation supporting emergency water supply development.

#### **Bishop Mill Permitting, California, 2010**

- Prepared Report of Waste Discharge.
- Prepared Plan of Operations.
- Prepared permits for hydrogeology study and well installations and CEQA evaluations.

#### **Adelaide Mine 2010 WPCP Application, Nevada**

- Assessment of Area of Review and Meteorological Report.

## **Mathew D. Banta, PH**

### **Principal Consultant – Water Resources**

#### **Humboldt Modular Mill 2009 WPCP Application, Nevada**

- Assessment of Area of Review and Meteorological Report.

#### **Jerritt Canyon 2009 WPCP Renewal Application, Nevada**

- Prepared various sections of permit application including
- Assessment of Area of Review, Meteorological Report, and Emergency Response Plan.

#### **Zanzibar Decline 2008 WPCP Application, Nevada**

- Prepared various sections of permit application including
- Assessment of Area of Review, Meteorological Report, Emergency Response Plan and Seasonal Closure Plan.

#### **Springer Mine 2008 WPCP Application, Nevada**

- Prepared various sections of permit application including.
- Assessment of Area of Review and Meteorological Report.

#### **Hope Canyon Road 2008 EA, California**

- Team member for Hope Canyon Road Environmental Assessment preparation for BLM-Ridgecrest Field Office.

#### **Limousine Butte 2007 EA, Nevada**

- Team member for Limousine Butte Environmental Assessment preparation for BLM-Ely Field Office.

#### **Wedekind Park 2006 EA, Nevada**

- Team member for Wedekind Park Environmental Assessment preparation for BLM-Reno Field Office.

#### **Coeur Rochester Expansion and Closure 2006 EA, Nevada**

- Team member for Coeur Rochester Expansion and Closure Environmental Assessment preparation for BLM-Ely Field Office.

## ATTACHMENT A

Nevada Division of Environmental Protection (NDEP) Bureau of Water Pollution Control (BWPC) guidance document, Division Memorandum dated January 28, 1991, from John Nelson of the Water Permits Branch to Lew Dogion, Administrator and Dick Reavis, Division Bureau Chief; and accompanying Attachment 1; both being referenced in the Exhibit 2 memo

MEMORANDUM

To: Lew Dodgion, Administrator/Dick Reavis, Bureau Chief

From: John Nelson, Water Permits Branch

Subject: Groundwater Study Requirements

Date: January 28, 1991

In putting together the groundwater study requirements the following steps should be followed:

- 1) Determine which groundwater basins may be subject to possible degradation from septic systems.
  - 1) I have developed a model using the basin groundwater storage and the surface recharge. This model creates a density limit for each basin that would trigger the need for the groundwater study. Based on the model the density limits for each basin are found in attachment 1.
  - 2) Once any portion of groundwater basin has an approved septic system density equal to or greater than the density noted in attachment 1 a groundwater study would be required.
- II) Prior to performing the study the area of the study must be determined by a hydrologist. The area of the study shall be determined using as a minimum the following survey requirements.
  - 1) Locate the area that is proposed for development using septic systems.
  - 2) Determine the area of the aquifer that will be impacted the most by the development of proposed septic system.
  - 3) Determine other source areas that will contribute contaminants to the areas identified above.

The area to be studied shall include the combination of the three areas mentioned above.

- III) Evaluate the existing water quality of the area to be studied and characterize the ground-water regime.
- 1) Groundwater samples must be obtained for the shallow aquifers in each area. Also the groundwater elevations shall be reported.
  - 2) The groundwater shall be sampled for Nitrates, Chlorides, and Total Dissolved Solids.
- IV) A conceptual model shall be developed of the study area.
- 1) The geologic and hydrologic setting of the area must be described. Existing reports such as the U.S.G.S. and Nevada Division of Water Resources should be referenced.
  - 2) Data from domestic wells and monitoring wells must be used to update existing information and to determine the present conditions.
  - 3) Geologic conditions must be evaluated to determine the influence on vertical and horizontal groundwater movement.
  - 4) The Mixing of recharge and septic effluent discharge must be evaluated.
- V) Next a numerical model must be developed to simulate the response of an aquifer both hydraulically and chemically to stresses on a set of contiguous blocks. The blocks shall be arranged in rows and columns which comprise the model grid. Each block in the grid shall be no longer than 500 feet by 500 feet. The input data for the model shall have the following parameters and may require additional parameters if necessary.
- 1) Groundwater elevation data:
  - 2) Transmissivity and Storage Coefficient:
  - 3) Nitrate Concentration in the Groundwater:
  - 4) Contribution of existing septic systems:

Page 3  
Groundwater Study Requirements  
January 28, 1991

- VI) The model shall then be run for the following simulations with a minimum time period of 50 years:
- 1) Simulate for approved septic systems which have not been constructed to date.
  - 2) Simulate for proposed development with all previously approved septic systems.
  - 3) In areas where the existing groundwater depth is less than 100 feet from the natural ground surface, perform a groundwater mounding analysis.

## Attachment 1

### POLICY FOR DETERMINATION OF MAXIMUM NUMBER OF RESIDENCES ON SEPTIC SYSTEMS PER SQUARE MILE TO BE PERMITTED WITHOUT REQUIRING A GROUNDWATER STUDY TO DETERMINE IMPACT ON GROUNDWATER QUALITY

#### I. INTRODUCTION

The maximum number of residences on septic systems which will be permitted per square mile without a prior groundwater study has been determined for each of the 232 hydrographic areas in the State of Nevada. Results of this determination are available from the Bureau of Water Pollution Control. Once this predetermined residence number is projected to be exceeded in a given area, a groundwater study will be required before the Nevada Division of Environmental Protection will approve additional septic systems. The groundwater study will be used to determine the impact of proposed septic facilities on existing water quality; approvals may be issued or denied on that basis.

#### II. THE GOVERNING EQUATION DEFINED

The premise used in determining the number of residences which will trigger the requirement for a groundwater study is based on the following two—part governing equation:

- Total contamination equals contamination contributed to the total aquifer recharge plus contamination contributed to the groundwater in storage where:
- The total contamination is proportional to the total number of residences on a septic system,
- Groundwater in storage equals groundwater stored in upper 100' of saturated alluvium,
- The volume available for assimilating (diluting) septage is the volume of the total aquifer recharge plus groundwater in storage, and
- The total number of septic systems equals the number of septic systems affecting recharge volume plus the number of septic systems affecting storage volume.

Based on the above premise and on the assumptions and calculations outlined in Parts III, IV, and V below, the governing equation is defined as follows:

$$\text{Number of septic systems} = \frac{(0.2) (\text{ppt recharge AF}) + (.02) (\text{storage AF})}{.392 \text{ AF/yr/residence}}$$

### III. GENERAL ASSUMPTIONS AND DEFINITIONS

General assumptions and definitions inherent in the premise for the governing equation are listed below.

1. All contamination being considered is derived from septic systems; therefore, total contamination is related to the total number of residences on septic systems.
2. Total nitrogen has been selected as the constituent of primary concern with respect to impacts on groundwater quality from septic systems. This is based on known contaminants and groundwater studies done in Nevada to date.
3. An estimate of maximum residential flow is 350 gallon/s per day, which is equivalent to 0.392 acre—ft/year/residence.
4. Based on the EPA Design Manual for Onsite Wastewater Treatment and Disposal Systems, the concentration of total nitrogen which enters a leach field varies from 35 to 100 mg/l. As a conservative approach to groundwater protection, 100 mg/l total nitrogen was chosen as input to the leach field.
5. As a conservative estimate for use in the governing equation, the accepted limit of total nitrogen in groundwater used for drinking water is 10 mg/l.
6. All of the 100 mg/l of total nitrogen is available to be converted to nitrogen as nitrate. The drinking water standard for nitrate is 10 mg/l (Federal Safe Drinking Water Act).
7. The abbreviation for “precipitation” is defined as “ppt”.
8. The abbreviation for “acre—feet per year” is defined as “AFY”, and “acre—feet” is defined as “AF”.

### IV. ASSUMPTIONS AND CALCULATIONS RELATING TO THE NUMBER OF SEPTICS LIMITED BY RECHARGE CONSIDERATIONS (The First Factor in the Governing Equation)

#### A. Assumptions

1. A 50% decrease in concentration of septic effluent in the unsaturated zone was assumed (e.g., plant uptake, possible dilution, etc.). Therefore the possible concentration of the discharge from a septic system which could reach the groundwater was assumed to be 50 mg/l.
2. Precipitation recharge has a total nitrogen content of zero.
3. If precipitation recharge is assumed to have a nitrogen content of zero, then all nitrogen in recharge to groundwater must come from septic systems. If a septic system has an output of 50 mg/l, but 10 mg/l is the acceptable limit (IV.A.1), then the ratio of permissible septic recharge to precipitation recharge must be 1:5, or 0.20. Therefore, septic recharge equals (0.20) (precipitation recharge).

## B. Calculations

In the determination of the first factor in the governing equation, which addresses the relationship of the total number of residences on septic systems to the contamination in the total recharge to the aquifer, the following relationships were employed:

$$\begin{aligned} \text{Septic recharge} &= (\text{number of septic systems}) (\text{output/septic}) \\ &= (\text{number of septic systems}) (0.392 \text{ AFY}); \end{aligned}$$

$$\begin{aligned} \text{Septic recharge/precipitation recharge} &= 1/5 = 0.20; \text{ and,} \\ \text{Septic recharge} &= (0.20) (\text{precipitation recharge}). \end{aligned}$$

Consequently,

$$\# \text{ septics} = \frac{(0.20) (\text{ppt recharge AFY})}{0.392 \text{ AFY/residence}}$$

## V. ASSUMPTIONS AND CALCULATIONS RELATING TO THE NUMBER OF SEPTICS LIMITED BY AQUIFER STORAGE CONSIDERATIONS (The Second Factor in the Governing Equation)

### A. Assumptions

1. A Constant volume of aquifer storage is assumed, with negligible interbasin flow.
2. Groundwater in storage may have a background value of total nitrogen of 0-5 mg/l.
3. Because 10 mg/l is the "trigger" limit of nitrogen in groundwater used for drinking (111.5), and water in storage may have up to 5 mg/l background concentration (V.A.2 above), the maximum concentration of nitrogen which could be added to water in storage is 5 mg/l. Therefore, some number less than 5 mg/l must be used in the calculations to provide an adequate means of pollution prevention. In this instance, 2 mg/l was chosen as a limit for nitrogen added to groundwater in storage.
4. When calculating the effect of nitrogen from septic systems on the ground water in aquifer storage, no decrease in concentration of septic effluent in an unsaturated zone was assumed.
5. If a septic system has an output of 100 mg/l (III.4), but 2 mg/l is the acceptable concentration to be added to ground water in storage (V.A.3 above), then the ratio of permissible septic nitrogen to aquifer storage nitrogen must be 2:100, or 0.02. Therefore, septic nitrogen contributed to groundwater in storage = (0.02) (groundwater in storage).

## B. Calculations

In the determination of the second factor in the governing equation, which addresses the relationship of the total number of residences on septic systems to the contamination groundwater in storage in the aquifer, the following relationships were employed:

Total nitrogen of groundwater in storage = nitrogen contributed from septic systems + background nitrogen of ground water in storage;

Concentrations of nitrogen from septic systems and background nitrogen concentrations are proportional to the respective associated fluid volumes;

Nitrogen contributed from septic systems = (number of septic systems) (output from septic systems) = (number of septic systems) (.392 AF);

Concentration of septic nitrogen/background concentration of groundwater in storage =  $1/50 = 0.02$ ; and,

Septic nitrogen contributed to groundwater in storage = (.02) (groundwater in storage).

Consequently,

$$\text{The number of septic} = \frac{(0.02) (\text{AF storage})}{0.392 \text{ AF}}$$

## VI. HIGH AND LOW END LIMITATIONS

The values obtained for the number of residences on septic systems per square mile which will trigger the requirement for a groundwater study prior to approval of additional septic systems have been limited by NDEP on both the high and low ends. Most of the residence numbers fell between 50 and 200; consequently, 50 and 200 were chosen as end—member values. Basins with residence numbers of less than 50 were raised to 50; basins with very high numbers were scaled down to a limit of 200 residences per square mile. This was judged by NDEP to be a fair balance between maximizing groundwater protection in areas of high population pressures, and minimizing the burden on growth in under populated areas.

## ATTACHMENT B

Division of Water Resources Well Driller's Report Lot No. 142829, Permit 35492, Basin 091, of the **existing well within proposed Parcel "B2" that has a Static Water Level of 113' deep**; and three other nearby drilling reports; all being referenced in Exhibit 2 memo

APPROX. 310' FROM  
PROPOSED SEPTIC  
BEING THE ONLY  
WELL WITHIN  
900' OF PROPOSED  
NEW SEPTIC

STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
WELL DRILLER'S REPORT

OFFICE USE ONLY  
Log No. 142839  
Permit No. 35492  
Basin No. 891

PRINT OR TYPE IN BLACK INK ONLY  
DO NOT WRITE ON BACK

Please complete this form in its entirety in  
accordance with NRS 524.170 and NAC 534.340

NOTICE OF INTENT NO N2021-675  
WELL NAME (if applicable):

1. OWNER/CLIENT NAME COOK 2011 FAMILY TRUST  
MAILING ADDRESS P.O. Box 314  
Verdi NV 89439

DETAILED ADDRESS AT WELL LOCATION 430 River Pines Drive  
Reno NV 89439  
Subdivision Name RIVER PINES County Washoe

2. PLS LOCATION SW 1/4 SW 1/4 6 Sec 19 T15 R18 E  
PERMIT/WAIVER NO 35492 038-280-67  
Issued by Water Resources Current Parcel No.

Latitude 39.52153 UTM E  
Longitude 119.98772 UTM N

3. WORKED PERFORMED  
 New Well  Deepen Orig Well #  
 Replacement: Original well log #  
 Recorrdillon: Original well log #

4.  Domestic  
 Mining / Dewater  
 Test / Other

PROPOSED USE  
 Irrigation  Monitor  
 Com / Ind  Stock  
 Mun / O/M  Rec

5. WELL TYPE  
 Auger  Rotary  RVC  
 Air  Mud  Sonic  
 Other

| 6. LITHOLOGIC LOG                   |          |              |      |     |
|-------------------------------------|----------|--------------|------|-----|
| Material Encountered                | Last Cnc | Water Strata | From | To  |
| Cobbles, boulders                   |          |              | 0    | 38  |
| gravels, coarse sands               |          |              |      |     |
| Gray clays & volcanics              |          |              | 38   | 81  |
| Dark Brown sandy clays              |          |              | 81   | 126 |
| Gray sandy clays                    |          |              | 126  | 234 |
| Gray sandy clays with volcanics     | x        |              | 234  | 298 |
| Washoe County Permit # H21-0012WELL |          |              |      |     |

| 9. WELL CONSTRUCTION     |        |              |      |
|--------------------------|--------|--------------|------|
| Depth Drilled:           | Feet   | Depth Cased: | Feet |
| 298                      |        | 298          |      |
| HOLE DIAMETER (BIT SIZE) |        |              |      |
| From                     |        | To           |      |
| 10 5/8                   | Inches | 0            | Feet |
|                          |        | 298          | Feet |
|                          | Inches |              | Feet |
|                          |        |              | Feet |

| CASING SCHEDULE    |                     |                         |             |           |
|--------------------|---------------------|-------------------------|-------------|-----------|
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
| 6 5/8              | 12.94               | .188                    | +2          | 298       |

| ANNULAR MATERIALS                                           |     |        |                                                                            |
|-------------------------------------------------------------|-----|--------|----------------------------------------------------------------------------|
| Sanitary Seal                                               | Yes | No     |                                                                            |
| <input checked="" type="checkbox"/> Neat Cement             | 0   | to 105 | <input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input type="checkbox"/> Cement Grout                       |     | to     | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured            |
| <input type="checkbox"/> Concrete Grout                     |     | to     | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured            |
| <input type="checkbox"/> Bentonite Chips                    |     | to     | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured            |
| <input checked="" type="checkbox"/> Gravel Pack (> 0.2 in.) | 105 | to 298 | <input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Sand Pack (< 0.2 in.)              |     | to     | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured            |
| <input type="checkbox"/> Other, explain:                    |     | to     | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured            |

| PERFORATIONS:        |             |        |      |
|----------------------|-------------|--------|------|
| Type of perforation: | Factory Cut |        |      |
| Size of perforation: | 3X3/32      |        |      |
| From 238             | Feet        | To 258 | Feet |
| From 258             | Feet        | To 278 | Feet |
| From 278             | Feet        | To 298 | Feet |
| From                 | Feet        | To     | Feet |
| From                 | Feet        | To     | Feet |

Date started 13-Aug 20 21  
Date completed 17-Aug 20 21

7. WATER QUALITIES  
Static water level 113 Feet below land surface  
Artesian Flow: G.P.M. P.S.I.  
Water Temperature: 62 ° Fahrenheit  
Water Quality: Not Tested

| 8. WELL TEST DATA |        |                               |                       |
|-------------------|--------|-------------------------------|-----------------------|
| Test Method:      | Boiler | Pump                          | Air Lift              |
|                   | G.P.M. | Draw Down (Feet Below Static) | Recorded Time (Hours) |
| Air Lift          | 15-20  |                               | 8 Hours               |

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision. This report is true to the best of my knowledge.  
Name Bruce MacKay Pump & Well Service, Inc.  
Address 7465 Longley Lane Reno NV 89511  
Phone 775-851-1600 Ext 3  
Novada contractor's license number 23096  
Novada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller) 2889  
Signed  
Date: 8/10/2021

39.52163  
119.98670  
NAD  
27

FORM 4013

STATE OF NEVADA DIVISION OF WATER RESOURCES WELL DRILLER'S REPORT

OFFICE USE ONLY Log No. 136123 Permit No. 35492 Basin No. 091

PRINT OR TYPE IN BLACK INK ONLY DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.176 and NAC 534.346

NOTICE OF INTENT NO. N20201025 WELL NAME (if applicable)

1. OWNER/CLIENT NAME: Doug & Kristin Crowhurst MAILING ADDRESS: 21 Garner Drive Novato CA 94947

DETAILED ADDRESS AT WELL LOCATION: 355 River Pines Drive Reno NV 89439

2. P.L.S. LOCATION NE 1/4 SW 1/4 8 Sec 19 N S 18 E PERMIT/WAIVER NO: 35492 038-280-39

Latitude: 39.52378 Longitude: -119.98434 UTM E UTM N NAD 27 NAD 83/WGS 84

3. WORKED PERFORMED: New Well, Deepen Orig WL#, Replacement, Recondition

4. PROPOSED USE: Domestic, Irrigation, Monitor, Com / Ind, Mun / OM, Mining / Dewater, Test / Other

5. WELL TYPE: Auger, Rotary, RVC, Air, Mud, Sonic, Other

LITHOLOGIC LOG table with columns: Material Encountered, Lost Circ, Water Strata, From, To. Includes entries like Cobbles, boulders, multi colored gravels, coarse sands, Brown bally sands, Gray sandy calys, Green shale with sands, Hard green shale, Green shale with, Black volcanic rock, fractures.

9. WELL CONSTRUCTION: Depth Drilled: 238 Feet, Depth Cased: 238 Feet. HOLE DIAMETER (BIT) SIZE table with From/To columns.

CASING SCHEDULE table with columns: Size O.D. (Inches), Weight/Ft. (Pounds), Wall Thickness (Inches), From (Feet), To (Feet). Includes entry for 6 5/8 inch casing.

ANNULAR MATERIALS table with columns for material type (Sanitary Seal, Neat Cement, Cement Grout, Concrete Grout, Bentonite Chips, Gravel Pack, Sand Pack, Other) and application method (Pumped, Poured).

PERFORATIONS table with columns: Type of perforation (Factory Cut), Size of perforation (3/32 X3), From/To (Feet).

Date started: 2-Feb-20, Date completed: 8-Feb-20

7. WATER QUALITIES: Static water level: 78 Feet below land surface, Water Temperature: Not Tested

8. WELL TEST DATA table with columns: Test Method (Bailer, Pump, Air Lift), G.P.M., Draw Down (Feet Below Static), Recorded Time (Hours). Includes entry for 20+ G.P.M. and 5 Hours.

10. DRILLER'S CERTIFICATION: This well was drilled under my supervision. Name: Bruce MacKay Pump & Well Service, Inc. Address: 7465 Longley Lane Reno NV 89511. Phone: 775-851-1600. License numbers: 23096, 2289.

Handwritten notes: 39.52378N, 119.98332W, NAD:27

STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
WELL DRILLER'S PLUGGING REPORT

OFFICE USE ONLY  
Log No. 134151  
Permit No. 49790  
Basin 091

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. N2020-117  
WELL NAME (if applicable):

1 OWNER Washoe County School District  
MAILING ADDRESS 425 East Ninth Street  
Reno NV 89512

ADDRESS AT WELL LOCATION 270 Bridge St  
Verdi NV 89439  
Subdivision Name: County: Washoe

2 LOCATION SW 1/4 SW 1/4 Sec 8 T 19N N/S R 18 E  
PERMIT/WAIVER No. 49790 038-060-27  
Issued by Water Resources Parcel No.

Latitude 39.522189 UTM E  NAD 27  
Longitude -119.989000 N  NAD 83/WGS 8

3 TYPE OF WELL  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

Is this well being plugged because a replacement well was drilled? No  
Is there an existing well log? Yes  
If yes, what is replacement well NOI? If yes, what is NDWR well log #? 27439

4 EXISTING WELL CONSTRUCTION  
Depth Drilled 602 Feet Depth Cased 602 Feet

7 WELL PLUGGING PROCEDURE  
Was well cleaned out to total depth?  yes  no

EXISTING CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 5/8              | 22.36               | .250                    | 0           | 602       |

If well was not cleaned out to total depth, please explain why:  
Was the well contaminated?  yes  no  
Was the casing pulled?  yes  no If pulled from: feet to feet  
Was the casing over drilled?  yes  no

Existing Perforations:

| Type of perforation       | Factory Mill Slot |
|---------------------------|-------------------|
| From 522 feet to 602 feet | 1/8X3             |

Additional Perforations:

| Type of perforator used:  | Air perforator                    |
|---------------------------|-----------------------------------|
| From 104 feet to 525 feet | Number of perfs per linear foot 6 |

5 WATER LEVEL  
Static water level 73 feet below land surface  
Artesian flow G.P.M. P.S.I.  
Water temperature 63 °F Quality Not Tested

Number of perfs per linear foot

|                   |                                 |
|-------------------|---------------------------------|
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |
| From feet to feet | Number of perfs per linear foot |

6 Additional Notes or Comments

8 WELL PLUGGING MATERIALS

RECEIVED  
2020 APR 23 AM 11:57  
STATE ENGINEERS OFFICE

Material Used

|                         |                     |                                            |                                 |
|-------------------------|---------------------|--------------------------------------------|---------------------------------|
| From 600 feet to 2 feet | 12 sack sand slurry | <input checked="" type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| From feet to feet       |                     | <input type="checkbox"/> Pumped            | <input type="checkbox"/> Poured |
| From feet to feet       |                     | <input type="checkbox"/> Pumped            | <input type="checkbox"/> Poured |
| From feet to feet       |                     | <input type="checkbox"/> Pumped            | <input type="checkbox"/> Poured |
| From feet to feet       |                     | <input type="checkbox"/> Pumped            | <input type="checkbox"/> Poured |
| From feet to feet       |                     | <input type="checkbox"/> Pumped            | <input type="checkbox"/> Poured |

Neat Cement Fluid Weight lbs/gal  
Bentonite Grout % bentonite

Date Started 4/20/2020  
Date Completed 4/21/2020

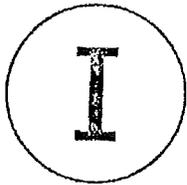
9 DRILLER'S CERTIFICATION

This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.  
Name Bruce MacKay Pump & Well Service, Inc.  
Contractor  
Address 7465 Longley Lane Reno NV 89511  
Contractor  
Phone 775-851-1600  
Nevada contractor's license number issued by the State Contractor's Board 23096  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2547  
Signed [Signature]  
By driller performing actual drilling on site of contractor  
Date 4/21/2020

NAD 27;  
39.52228  
119.98798

Plugs Well log 27439

REPORT NO. **A03.125**



STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

LOG NO. 102644  
PERMIT NO. \_\_\_\_\_  
BASIN 091

NOTICE OF INTENT NO. ~~51489~~ 51481

1. OWNER Steve Downing ADDRESS OF WELL River Pine Drive  
MAILING ADDRESS P.O. Box 99 Verdi NV 89439 Off Bridge Street  
2. WELL LOCATION SE 1/4 SW 1/4 SEC. 8 T 19 R 18 E Washoe COUNTY  
PERMIT NO. \_\_\_\_\_ PARCEL NO. 038-280-30 SUBDIVISION NAME \_\_\_\_\_

3. TYPE OF WORK

New Well  Replace  Recondition  
 Deepen  Plug  Other

4. PROPOSED USE

Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE

Cable  Rotary  RVC  
 Air  Mud

6. LITHOLOGIC LOG

| MATERIAL                         | STRATA | FROM | TO  | THICKNESS |
|----------------------------------|--------|------|-----|-----------|
| Sand, Small Cobbels              |        | 0    | 16  | 16        |
| Yellow, White, Black Hard Rock   |        | 16   | 20  | 4         |
| Black Rock, Yellow Clay & DG     |        | 20   | 30  | 10        |
| Greenish Yellow Clay             |        | 30   | 35  | 5         |
| Gray Blue Clay Sand              |        | 35   |     |           |
| & Small Black Rock               |        | 35   | 65  | 30        |
| Blue, Green, Clay Sand & Rock    |        | 65   | 75  | 10        |
| Gray Blue, Blue Green Sandy Clay |        | 75   | 100 | 25        |
| Gray Blue Sandy Clay             |        | 100  | 105 | 5         |
| Greenish Brown                   |        | 105  |     |           |
| & Gray Blue Sandy Clay           |        | 105  | 115 | 10        |
| Black Vol. Rock & Gray Blue Clay |        | 115  | 130 | 15        |
| Blue Green Clay, Black Rock      |        | 130  |     |           |
| & Volcanic Hard Spots            |        | 130  | 170 | 40        |
| Dark Blue Green Vol. Rock        |        | 170  |     |           |
| & Blue Gray Clay Lt. Green Clay  |        | 170  | 240 | 70        |
| Heavy Blue Gray Clay             |        | 240  |     |           |
| & Rock Traces of Brown Clay      |        | 240  | 285 | 45        |
| Fract. Drk. Blue Green Vol. Rock |        | 285  |     |           |
| & Blue Green, Blue Gray Clay     |        | 285  | 345 | 60        |
| Drk Blue Grn. Almost Black Rock  |        | 345  | 357 | 12        |

8. WELL CONSTRUCTION

Depth Drilled 357 Depth Cased 357  
HOLE DIAMETER (BIT SIZE)  
10 5/8 Inches 0 Feet 100 Feet  
8 1/2 Inches 100 Feet 357 Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

| Size OD | Weight/Ft | Wall Thickness | From | To  |
|---------|-----------|----------------|------|-----|
| 6 5/8   | 12.92     | .188           | +3   | 357 |
|         |           |                |      |     |
|         |           |                |      |     |
|         |           |                |      |     |

PERFORATIONS:

Type Perforation Factory Size Perforation 3/32 X 3  
From 277 Feet to 357 Feet  
From \_\_\_\_\_ Feet to \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet to \_\_\_\_\_ Feet

SURFACE SEAL:  Yes  No SEAL TYPE:  
 Neat Cement  
 Cement Grout

Seal Depth 100'  
PLACEMENT METHOD:  Pumped  Concrete Grout  
 Poured  Bentonite

GRAVEL PACKED:  Yes  No  
From 100 Feet to 357 Feet

9. WATER LEVEL

Static Water Level 63 Feet Below Land Surface  
Artesian Flow \_\_\_\_\_ GPM \_\_\_\_\_ PSI  
Water Temperature Cool F Quality Clear

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Aqua Drilling & Well Service, Inc.  
Address 675 Edison Way  
Reno, NV 89502

DRILLER'S LIC. NO. \_\_\_\_\_  
NV. CONTRACTOR'S LIC. NO. 15291 ON SITE 2189

Signed Roger [Signature]  
By driller performing actual drilling on site or contractor  
Dated December 18, 2003

7. WELL TEST DATA

TEST METHOD  Baller  Pump  Air Develop

|  | GPM        | DRAWDOWN | TIME (HRS)       |
|--|------------|----------|------------------|
|  | <u>20+</u> |          | <u>1 1/2hrs.</u> |
|  |            |          |                  |
|  |            |          |                  |

Notes:

## ATTACHMENT C

Bio Microbics Bio Barrier Membrane Bioreactor denitrifying septic system literature/specs as referenced in Exhibits 1 & 2

Industry Leading Water Recycling Technology

**BIO** MICROBICS®



# Bio Barrier®

MEMBRANE BIOREACTOR



*NSF/ANSI STD 40 Class 1,  
STD 245 and STD 350*



*Ultrafiltration membrane*



*Reliable performance with  
low maintenance*



RESIDENTIAL • COMMERCIAL • COMMUNITY

BETTER WATER. BETTER WORLD.®

[www.biomicrobics.com](http://www.biomicrobics.com)

# SIMPLE • LOW

## BioBarrier® MEMBRANE BIOREACTOR

The BioBarrier® is a Membrane Bioreactor (MBR) technology that removes organic pollutants and suspended solids with the use of ultrafiltration membranes. This membrane system replaces the clarifier, sand filter, and disinfection processes used in many conventional wastewater treatment processes.

The membrane module is submerged in a tank full of aerated MLSS (Mixed Liquor Suspended Solids), where organic matter and suspended solids are biologically broken down. The membranes physically separate water from microorganisms and suspended solids. Water is drawn through the membranes with vacuum pressure, leaving the suspended biomass material in the aeration tank. The resulting effluent is 99% free of contaminants such as BOD, TSS, and fecal coliform. Depending on the design of the system, a high level of nitrogen and phosphorus can be removed as well.



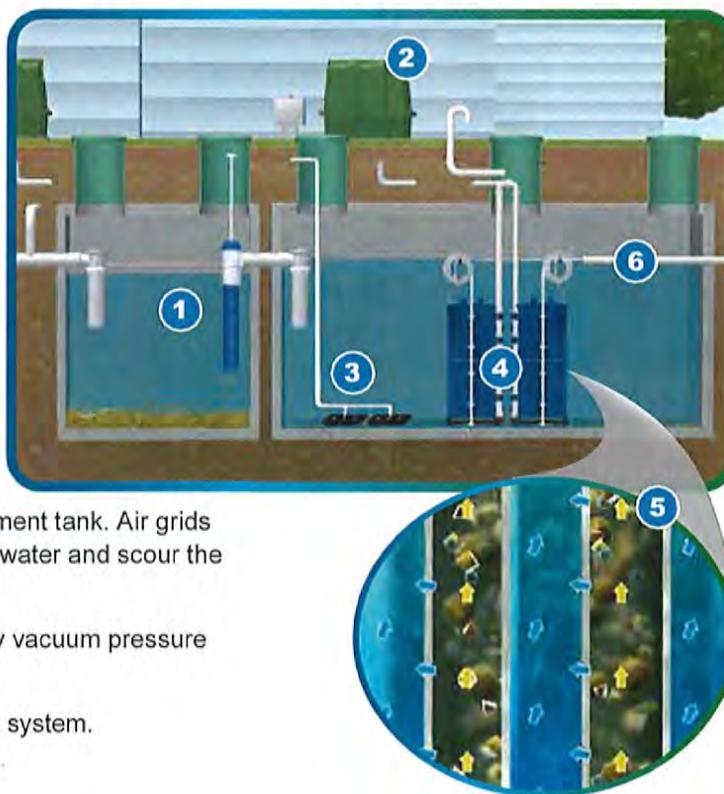
The BioBarrier® system is scalable to fit many residential and commercial applications, from single homes to large businesses, and is particularly suitable for cases where high quality effluent is required, such as in water reuse.

## HOW IT WORKS!

- 1 In the primary settling zone, a SaniTEE® screen prevents large solids from entering the treatment zone.
- 2 An above-ground blower introduces air into the treatment module to aerate the wastewater.
- 3 In the treatment tank, microbes thrive in the richly aerated environment as suspended growth (MLSS).

*An optional BioRobic® system can be used for extra aeration for high BOD concentrations.*

- 4 The BioBarrier® module is immersed in the treatment tank. Air grids supply coarse bubble aeration to oxygenate the water and scour the membrane surfaces.
- 5 Treated water is drawn through the membrane by vacuum pressure delivered by a submersible pump.
- 6 Clear, odorless, treated water exits the treatment system.



# COST • ROBUST

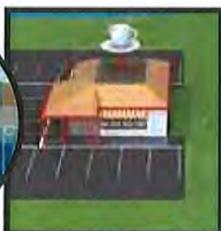
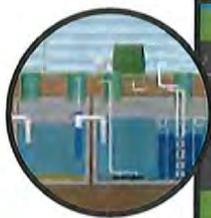
**BioBarrier®** Membrane Bioreactor. Versions with higher Total Nitrogen (TN) reduction, designated as “-N” models, are also available.



| UNIT            | MAX HYDRAULIC LOADING |       | MAX ORGANIC LOADING<br>Pop. Equiv. |
|-----------------|-----------------------|-------|------------------------------------|
|                 | GPD                   | LPD   |                                    |
| EN NSF 0.5 (-N) | 500                   | 1890  | 8                                  |
| EN NSF 1.0 (-N) | 1000                  | 3800  | 16                                 |
| EN NSF 1.5 (-N) | 1500                  | 5700  | 24                                 |
| EN 2.0 (-N)     | 2000                  | 7600  | 32                                 |
| EN 2.5 (-N)     | 2500                  | 9500  | 40                                 |
| EN 3.0 (-N)     | 3000                  | 11400 | 48                                 |

*MBR module capacities are best rated based on hydraulic loading, organic loading, and other project-specific considerations. Actual capacity may vary with local conditions and performance goals.*

**BioBarrier® HSMBR®** High Strength Membrane Bioreactor. Versions with higher TN reduction (“-N” models) are also available.



| UNIT            | MAX HYDRAULIC LOADING |       | MAX ORGANIC LOADING<br>Pop. Equiv. |
|-----------------|-----------------------|-------|------------------------------------|
|                 | GPD                   | LPD   |                                    |
| HSMBR® 1.5 (-N) | 1500                  | 5700  | CONSULT<br>FACTORY                 |
| HSMBR® 3.0 (-N) | 3000                  | 11400 |                                    |
| HSMBR® 4.5 (-N) | 4500                  | 17000 |                                    |
| HSMBR® 6.0 (-N) | 6000                  | 22700 |                                    |
| HSMBR® 9.0 (-N) | 9000                  | 34000 |                                    |

*For flows larger than 9,000 GPD [34000 LPD] or applications requiring different treatment levels, please consult the factory.*

- NSF** NSF/ANSI Standard 40, Class1 Residential Wastewater Treatment Systems
- NSF** NSF/ANSI Standard 245, Class1 Residential Wastewater Treatment Systems, Nitrogen Reduction
- NSF** NSF/ANSI Standard 350, Onsite Residential and Commercial Treatment, Water Reuse
- CPA** CAN/BNQ 3680-600 (Onsite Residential) Wastewater Treatment Technologies
- EN** EN 12566-3 Packaged wastewater treatment plants for up to 50 people.



Pictured: HSMBR® membrane modules, control panel, blower housing, SaniTEE®



Established in 1996 to focus on water, BioMicrobics – and subsidiaries SeptiTech and Scienco/FAST – is at the forefront of sustainable design, with more than 80,000 systems in over 80 countries. Our systems meet the highest performance standards for treatment of water,

graywater, wastewater, and stormwater. BioMicrobics produces innovative systems dealing with wastewater treatment in decentralized settings. Our products are engineered to be simple, low-cost, and robust.



**Single-Family & Residential Systems**

The BioBarrier® MBR models 0.5-1.5 are certified to the following standards: NSF/ANSI Std 40, Class 1, for wastewater, Std 245 for nitrogen reduction, and Std 350 for water reuse (the first to receive this distinction), as well as EN 12566-3 certified. This product provides opportunities for water reuse.



**Small & Large Commercial Systems**

BioBarrier® HSMBR® (High Strength Membrane Bioreactor) system is designed specifically to treat all the wastewater (greywater and blackwater) from commercial applications, from small flow to higher flows, such as gas stations, strip malls, office buildings, and even wineries.



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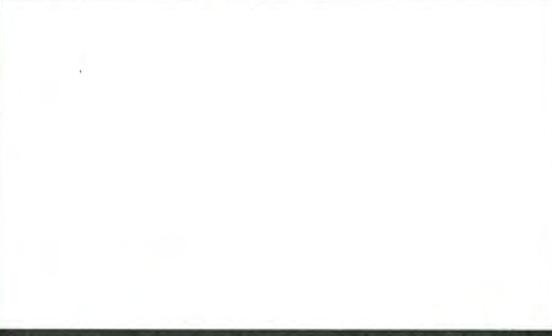
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## ATTACHMENT D

Nexgen Advanced Enviro-Septic System denitrifying septic system  
literature/specs as referenced in Exhibits 1 & 2



**Presby Environmental**  
The Next Generation of Wastewater Treatment Technology



✓ *Minimizes the Expense*    ✓ *Protects the Environment*    ✓ *Preserves the Site*

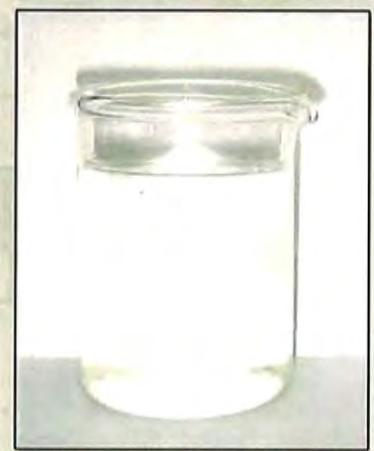
# Advanced Enviro-Septic™ (AES) Wastewater Treatment System

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COMBINED TREATMENT  
AND DISPERSAL



=



***The onsite wastewater treatment system  
that is sweeping the industry!***



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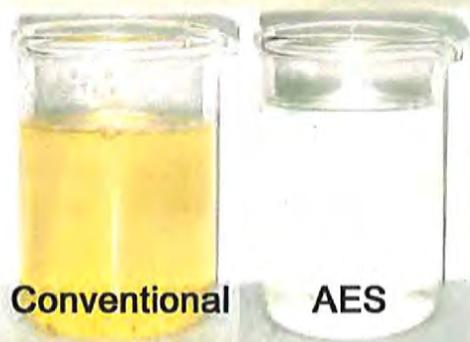
SPD & CTD Models  
Certified to NSF/ANSI  
Standard 40, Class I

Item 71610

[www.PresbyEnvironmental.com](http://www.PresbyEnvironmental.com)

# ADVANCED ENVIRO-SEPTIC™ TREATMENT SYSTEM

## Why choose Advanced Enviro-Septic™ (AES)?



### Third Party Testing

| BNQ Testing Parameters       | Advanced Enviro-Septic™ Test Results* |
|------------------------------|---------------------------------------|
| CBOD (mg/L)                  | <2                                    |
| TSS (mg/L)                   | <2                                    |
| Fecal Coliforms (CFU/100 mL) | 218                                   |

### Industry Standards

| EPA Tertiary | NSF-40 Class I | BNQ Advanced Secondary |
|--------------|----------------|------------------------|
| 10           | <25            | <15                    |
| 10           | <30            | <15                    |
| 1000         | n/a            | 50,000                 |

\* (N/Ref: 30825-049-A) BNQ Test Center, Quebec

## The Environmental Advantage

- Removes up to 99% of wastewater contaminants
- Treats and disperses in the same small footprint
- Proven and reliable track record
- Treatment process requires no energy
- Made with significant amounts of recycled plastic
- Protects soil and groundwater from contamination

## The Cost Advantage



- Smaller installations require smaller crews and less fill material
- Installs quickly and easily
- Lightweight components are easy to handle and transport
- Considerably more cost-effective than mechanical and conventional systems
- Never needs replacement media or special maintenance
- Requires no expensive mechanical devices, computer controls or maintenance contracts
- Durable, non-biodegradable components last indefinitely

## The Design Advantage

- Available in NSF and non-NSF Certified designs
- Flexible to allow virtually any shape
- Sloping and adaptable configurations
- Multi-Level™ configurations
- Proven performance
- Longevity and reliability
- Technical support
- Free online classes, manuals, templates

*"When we looked at the solution, we determined that Presby was the best alternative for us because of the high performance of the system... The design goes together fast and performs at a high capacity when you have limited space."*

- Jay Gamble, Vice President and General Manager of the Mt. Sunapee Resort, New England Construction Test Magazine, April 27, 2009



A powerful eco-system of aerobic and anaerobic bacteria digests up to 99% of wastewater contaminants, recycling clean water into the environment



Conventional systems may require as much as 4 times the footprint of AES

# ADVANCED ENVIRO-SEPTIC™ TREATMENT SYSTEM

### Ridges

- ▶ Increase surface area
- ▶ Improve cooling
- ▶ Provide more bacterial growth areas

### Skimmers at Each Perforation

- ▶ Prevent grease and suspended solids from leaving the pipe
- ▶ Protect green fibers and geo-textiles from clogging



### Black Geotextile

- ▶ Surrounds the pipe and fibers
- ▶ Provides protected bacterial treatment surface

### Green Plastic Fiber Mat

- ▶ Filters more suspended solids
- ▶ Protects outer geotextile bacterial treatment surface
- ▶ Creates a massive bacterial treatment area

### Bio-Accelerator™ Fabric

- ▶ Quickly develops treatment biomat
- ▶ Screens more solids from the wastewater
- ▶ Ensures distribution of wastewater along the entire length of the pipes
- ▶ Provides additional treatment surface
- ▶ Enhances and accelerates treatment
- ▶ Facilitates quick start-up
- ▶ Further protects outer layers and the receiving surfaces

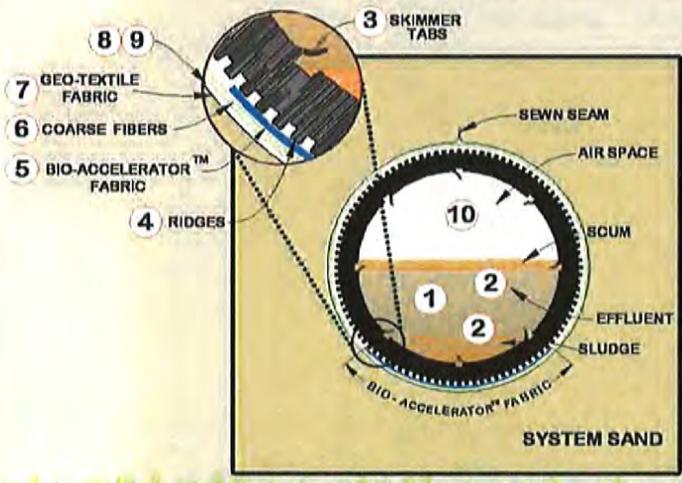


The Public Health and Safety Company™

SPD & CTD Models  
Certified to NSF/ANSI  
Standard 40, Class I



## ADVANCED ENVIRO-SEPTIC™ WASTEWATER TREATMENT SYSTEM



- STAGE 1: WARM EFFLUENT ENTERS THE PIPE AND IS COOLED TO GROUND TEMPERATURE.
- STAGE 2: SUSPENDED SOLIDS SEPARATE FROM THE COOLED LIQUID EFFLUENT.
- STAGE 3: SKIMMERS FURTHER CAPTURE GREASE AND SUSPENDED SOLIDS FROM THE EXITING EFFLUENT.
- STAGE 4: PIPE RIDGES ALLOW THE EFFLUENT TO FLOW UNINTERRUPTED AROUND THE CIRCUMFERENCE OF THE PIPE AND AID IN COOLING.
- STAGE 5: BIO-ACCELERATOR™ GEO-TEXTILE FABRIC FILTERS ADDITIONAL SOLIDS FROM THE EFFLUENT, ENHANCES AND ACCELERATES TREATMENT, FACILITATES QUICK START-UP AFTER PERIODS OF NON-USE, PROVIDES ADDITIONAL SURFACE AREA FOR BACTERIAL GROWTH, PROMOTES EVEN DISTRIBUTION, AND FURTHER PROTECTS OUTER LAYERS AND THE RECEIVING SURFACES SO THEY REMAIN PERMEABLE.
- STAGE 6: A MAT OF COARSE RANDOM FIBERS SEPARATES MORE SUSPENDED SOLIDS FROM THE EFFLUENT.
- STAGE 7: EFFLUENT PASSES INTO THE GEO-TEXTILE FABRIC AND GROWS A PROTECTED BACTERIAL SURFACE.
- STAGE 8: SAND WICKS LIQUID FROM THE GEO-TEXTILE FABRIC AND ENABLES AIR TO TRANSFER TO THE BACTERIAL SURFACE.
- STAGE 9: THE FABRIC AND FIBERS PROVIDE A LARGE BACTERIAL SURFACE TO BREAK DOWN SOLIDS.
- STAGE 10: AN AMPLE AIR SUPPLY AND FLUCTUATING LIQUID LEVELS INCREASE BACTERIAL EFFICIENCY.

## Presby Environmental

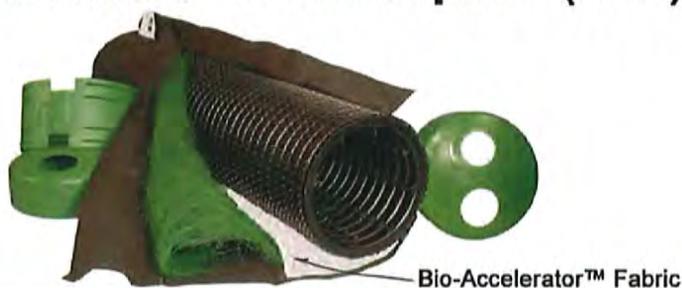
*...changing the way the world approaches wastewater treatment.*

Presby Environmental, Inc. (PEI), founded in 1995 by inventor and entrepreneur David Presby, is an innovative environmental organization that engineers new technology to change the way the world approaches wastewater treatment. Today, PEI is on the cutting edge of wastewater treatment technology to help protect and preserve our most precious natural resources.

Through extensive field testing and R&D, PEI has developed the world's most practical and effective wastewater treatment system, the Advanced Enviro-Septic™ Wastewater Treatment System (AES). AES combines superior treatment and dispersal in the same footprint, offering design, installation and cost advantages no other system can. This System is so effective, it is the only one of its kind to meet the stringent standards of NSF-40 Class I and BNQ Advanced Secondary.

Presby Environmental combines innovation, simplicity and extensive research and development into a patented line of complimentary onsite wastewater treatment technologies, designed and manufactured at PEI's state-of-the-art facility. Mr. Presby continues to lead the industry by striving to improve the techniques and technology used in the field, always pushing to provide the next generation of wastewater treatment technology.

### Advanced Enviro-Septic™ (AES)



### Enviro-Septic® (ES)



### Presby Maze®



### Presby De-Nyte™



## The Best Customer Service in the Industry...for us it's personal

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### To contact our Customer Service Team

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Email: [info@presbyeco.com](mailto:info@presbyeco.com)

## ATTACHMENT E

Environmental Protection Agency (EPA) Onsite Wastewater Treatment Systems Technology Fact Sheet 9 as referenced in Exhibits 1 & 2



## Onsite Wastewater Treatment Systems Technology Fact Sheet 9

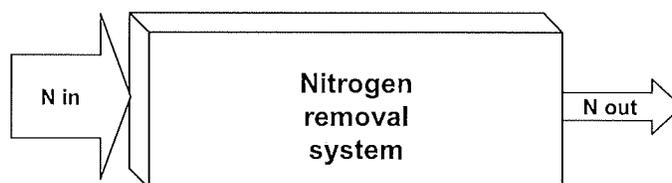
# Enhanced Nutrient Removal— Nitrogen

### Description

Nitrogen is a pollutant of concern for a number of reasons. Nitrogen in the ammonia form is toxic to certain aquatic organisms. In the environment, ammonia is oxidized rapidly to nitrate, creating an oxygen demand and low dissolved oxygen in surface waters. Organic and inorganic forms of nitrogen may cause eutrophication (i.e., high productivity of algae) problems in nitrogen-limited freshwater lakes and in estuarine and coastal waters. Finally, high concentrations of nitrate can harm young children when ingested.

Ammonia oxidation (nitrification) occurs in some of the processes described in previous fact sheets, and is dependent upon oxygen availability, organic biochemical oxygen demand (BOD), and hydraulic loading rates. Nitrogen removal by means of volatilization, sedimentation, and denitrification may also occur in some of the systems and system components. The amount of nitrogen removed (figure 1) is dependent upon process design and operation. Processes that remove 25 to 50 percent of the total nitrogen include aerobic biological systems and media filters, especially recirculating filters (Technology Fact Sheet 11). Enhanced nitrogen removal systems can be categorized by their mode of removal. Wastewater separation systems, which remove toilet wastes and garbage grinding, are capable of 80 to 90 percent nitrogen removal. Physical-chemical systems such as ion exchange, volatilization, and membrane processes, are capable of similar removal rates. Ion exchange resins remove  $\text{NH}_4\text{-N}$  or  $\text{NO}_3\text{-N}$ . Membrane processes employ a variety of membranes and pressures that all have a significant reject flow rate. Volatilization is generally significant only in facultative lagoon systems where ammonia volatilization can be significant. The vast majority of practical nitrogen-removal systems employ nitrification and denitrification biological reactions. Most notable of these are recirculating sand filters (RSFs) with enhanced anoxic modifications, sequencing batch reactors (SBR), and an array of aerobic nitrification processes combined with an anoxic/anaerobic process to perform denitrification. Some of the combinations are proprietary. Any fixed-film or suspended-growth aerobic reactor can perform the aerobic nitrification when properly loaded and oxygenated. A variety of upflow (AUF), downflow, and horizontal-flow anaerobic reactors can perform denitrification if oxygen is absent, a degradable carbon source (heterotrophic) is provided, and other conditions (e.g., temperature, pH, etc.) are acceptable.

Figure 1. Nitrogen removal systems



The most commonly applied and effective nitrogen-removal systems are biological toilets or segregated plumbing options and/or nitrification-denitrification process combinations. A more complete list is described below, along with accompanying schematic diagrams.

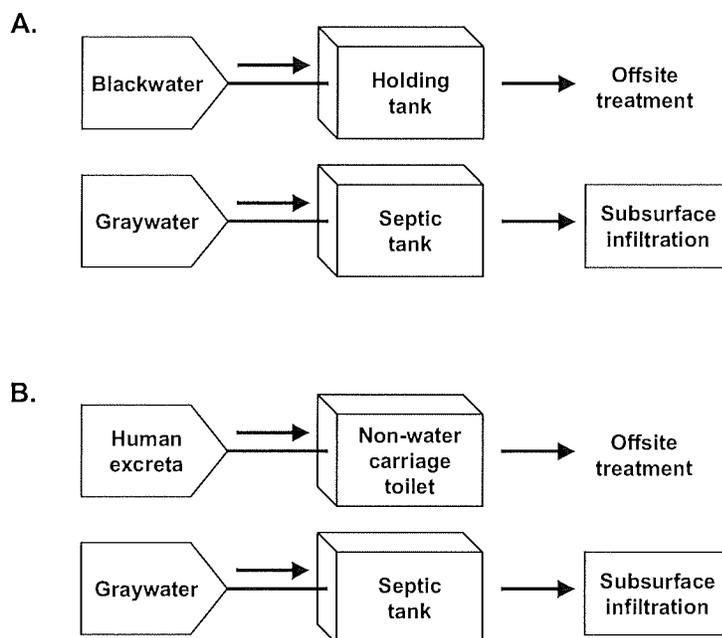
## Source separation systems

Source separation relies on isolating toilet wastes or blackwater from wastewater. This requires separate interior collection systems. Two source separation systems were identified: blackwater holding tank with low-volume-discharge toilets and graywater septic tank system, and non-water-carriage toilets and graywater septic tank system (figure 2). These types of toilets are discussed in chapter 3.

### *Blackwater holding tank with low-volume-discharge toilets and graywater septic tank system*

Blackwater discharged directly to a holding tank requires periodic removal for offsite treatment. Graywater wastes can be discharged to a conventional septic tank or subsurface infiltration system.

**Figure 2. Source separation systems: A. blackwater holding tank with low-volume discharge toilets and graywater septic tank system; B. non-water-carriage toilet and graywater septic tank system**



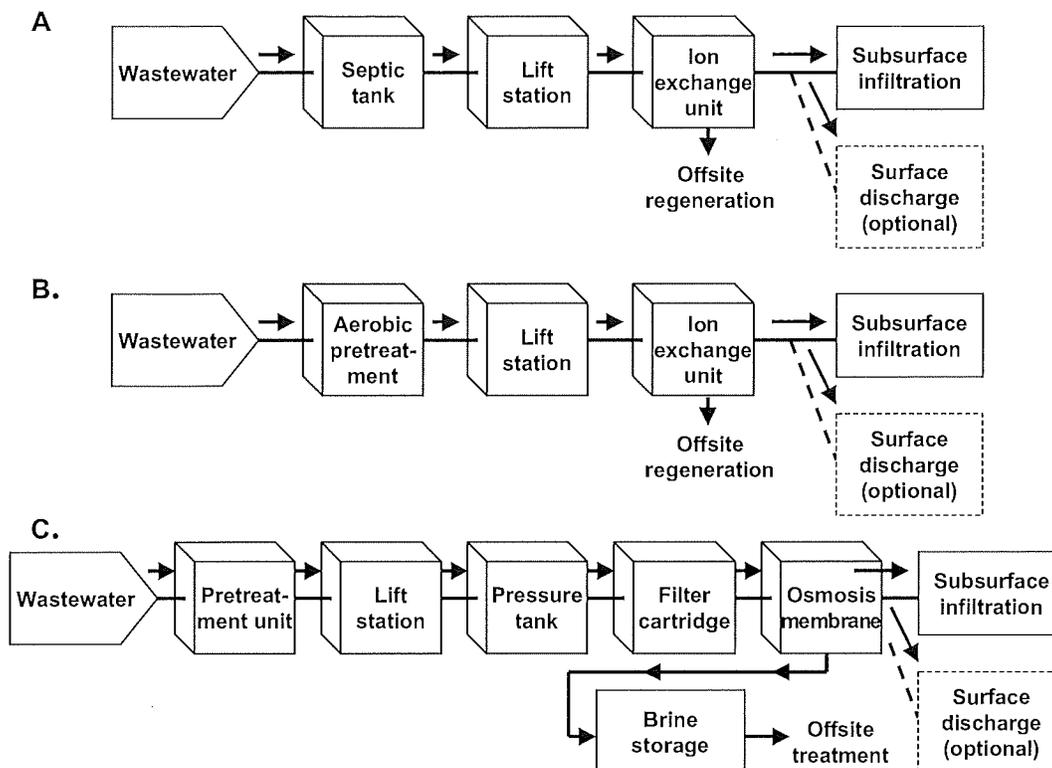
### *Non-water-carriage toilets and graywater septic tank system*

Excreta is discharged to non-water-carriage toilets to promote bulk reduction and decomposition. Biological and incineration toilets are the most common methods of accomplishing this. Non-water-carriage toilets that use these processes are commercially available. The remaining graywater wastes can be discharged to a conventional septic tank subsurface infiltration system.

## Physical/chemical treatment systems

Two types of physical/chemical treatment systems, ion exchange and reverse osmosis, appear to have some promise for single home use, although neither is in use at present (figure 9-3).

Figure 3. Physical/chemical systems: A. cation ( $\text{NH}_4^+$ ) exchange; B. anion ( $\text{NO}_3^-$ ) exchange; C. reverse osmosis



### *Ion exchange*

Two types of systems may be employed: cationic or anionic exchange systems. In the cationic system, the ammonium in septic tank effluent is removed. Clinoptilolite, a naturally occurring zeolite that has excellent selectivity for ammonium over most other cations in wastewater, can be used as an exchange medium. In the anionic system, septic tank effluent must be nitrified prior to passage through the exchange unit. Strong-base anion resins can be employed as an exchange medium for nitrate. Both systems require resin regeneration offsite.

### *Reverse osmosis*

This system requires pretreatment to remove much of the organic and inorganic suspended solids in wastewater. Pretreated wastewater stored under pressure is fed to a chamber containing a semipermeable membrane that allows separation of ions and molecules before disposal. Large volumes of waste brine are generated and must be periodically removed for offsite treatment.

## **Biological treatment systems**

A number of onsite treatment systems use biological denitrification for removal of nitrogen from wastewater. These systems have received the most scrutiny with respect to development and performance monitoring. However, more development and performance monitoring will be necessary to refine the performance consistency and improve understanding of operation processes and mechanisms (see figure 4).

Figure 4. Biological systems: A. an aerobic/anaerobic trickling filter package plant; B. sequencing batch reactor (SBR) design principle; C. ISF with AUF; D. source separation, treatment, recombination; E. recirculating sand filter with septic tank option; F. recirculating sand filter with anaerobic filter and carbon source

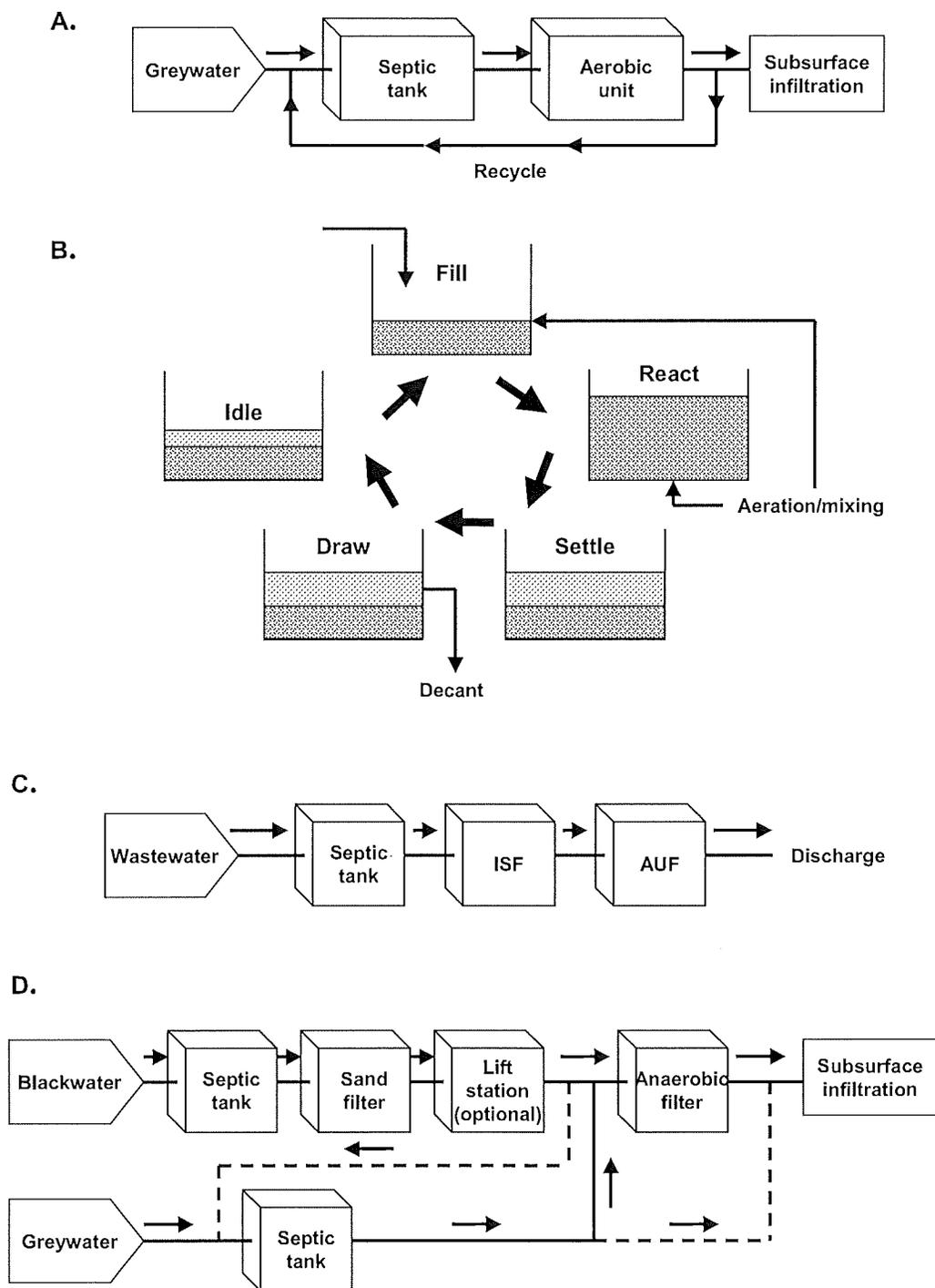
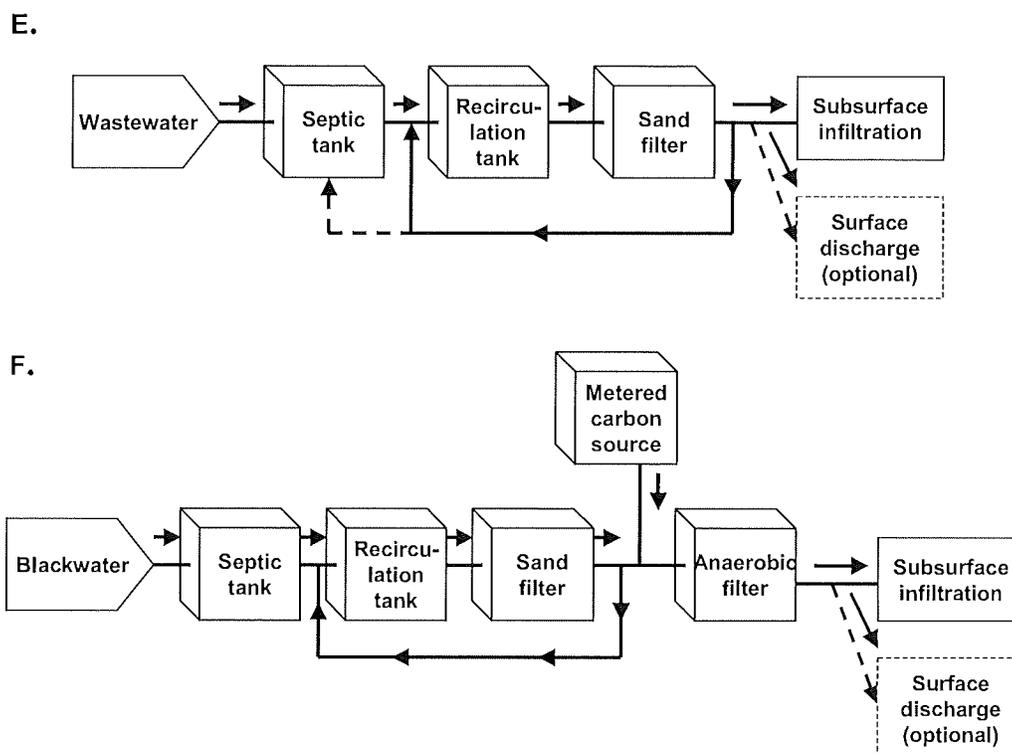


Figure 4. (continued)



#### *Aerobic/anaerobic trickling filter package plant*

These commercial systems use synthetic media trickling filters that receive wastewater from overlying sprayheads for aerobic treatment and nitrification. Filtrate returns to the anaerobic zone to mix with either septic tank contents or incoming septic tank effluent and undergoes denitrification. A portion of the filtered effluent (equal to the influent flow) is discharged for disposal or further treatment.

#### *Sequencing batch reactor (SBR)*

If sufficient hydraulic retention time (HRT) is provided to permit nitrification during the “react” phase of the SBR cycle and if the fill stage is anoxic for a sufficient HRT, the system can remove significant amounts of nitrogen and phosphorus. The SBR design is essentially the same as is described in the SBR fact sheet, while operationally the conditions noted above must be maintained.

#### *Intermittent sand filters with anaerobic filters*

Nitrification is provided in the ISF, while denitrification is provided in either the preceding septic tank with recirculation or a separate anaerobic filter. A vegetated submerged bed (VSB) (“subsurface flow wetland”) may be substituted for the anaerobic filter.

#### *Source separation, treatment, and recombination*

One commercial system employs this sequence where blackwater (toilet wastewater), after settling in a separate tank, is aerobically treated with an ISF to nitrify the majority of the nitrogen before it is recombined with settled greywater in an anaerobic upflow filter (AUF) for denitrification.

### *Recirculating sand filters combined with anaerobic/anoxic filters*

RSF systems normally remove 40 to 50 percent of influent nitrogen. To enhance this capability, they can be combined with a greater supply of carbon, time, and mixing than is normally available from the conventional recirculation tank. The anaerobic/anoxic options include recycling to the septic tank, better mixing, and longer HRT in a separate UF or VSB, or adding supplemental carbon (e.g., methanol, ethanol) to enhance the potential of the denitrification step.

## Typical applications

Nitrogen removal is increasingly being required when onsite systems are on or near coastal waters or over sensitive, unconfined aquifers used for drinking water. Nitrogen removal systems generally are located last in the treatment train prior to SWIS disposal and may be followed by disinfection when the system must discharge to surface waters. Usually, the minimum total nitrogen standard that can be regularly met is about 10 mg/L. Aerobic biological systems should not be employed at seasonal facilities.

## Design assumptions

A myriad of potential systems exist for enhanced nitrogen removal, and all of the major unit processes of such systems are described elsewhere. Also, since waste stream modification is covered in chapter 3, only the most promising, developed options are discussed in this fact sheet. Of the options discussed, granular media filters or aerobic biological systems (usually combined with an anaerobic upflow filter or the original septic tank process) are discussed in more detail.

Some salient design considerations that are not covered in other fact sheets or text include the following:

- Autotrophic denitrification in packed-bed sulfur reactors (variation on AUF) has been successfully demonstrated, but the need for additional alkalinity and the production of a high sulfate effluent have thus far limited the process.
- Denitrification improves with increased HRT in the recirculation tank, better mixing, and a pH between 7 and 8.
- Use of greywater as the degradable carbon source for denitrification limits the degree of denitrification attainable owing to reduced nitrogen content and low carbon-to-nitrogen ratio. The latter should exceed 5:1 for good denitrification.
- Use of synthetic anionic exchange resins appears impractical at this time. Cationic exchange of  $\text{NH}_4\text{-N}$  with clinoptilolite is feasible but very expensive because of the regeneration management costs. Both may be subject to fouling and clogging problems.
- Membranes present a major problem given the volume of the reject stream, which must be collected and frequently trucked to a site that will accept it for disposal.
- The use of beds of carbon-rich materials below SWIS leach lines could be a promising concept if the hydraulic matching problems are solved and the bed service life can be extended for 10 years or more.
- Accessibility, size of the holding tank, and availability of residual management facilities are significant design considerations in blackwater separation systems.
- Recycling to the septic tank may affect solids and grease removal in the tank and cause poor mixing of the nitrified stream with the septic tank contents. This could raise the oxidation-reduction potential (ORP) of the mixture above the normal range for an anoxic zone that accomplishes denitrification. Recycling to the second compartment of a multicompartment tank is suggested at a ratio of less than 2.5 to 1 with a contact time of greater than 2 days.
- An AUF used for enhanced denitrification should be loaded with between 0.06 and 0.3 lb COD/ft<sup>3</sup> per day and have an HRT of at least 24 hours (preferably 36 or more hours). It can be filled with large ( $\geq 2$  inches) rocks or synthetic media. A vegetated submerged bed (VSB) can be substituted for an AUF and may contribute some labile carbon to aid the process.

- SBR design for nitrogen and phosphorus removal is essentially similar, but the amount of labile carbon required is greater (6 to 8 mg/LCOD/ mg/L of TKN to be denitrified).
- Modern microprocessor controls make very complex process combinations possible to remove nitrogen, but overall simplicity is still desirable and requires less O/M sophistication.
- To attain full (>85 percent) nitrification, fixed-film systems cannot be loaded above 3 to 6 g BOD/m<sup>3</sup> per day or 6 to 12 g BOD/m<sup>3</sup> per day for rock and plastic media, respectively.

## Performance

Some expected sustainable performance ranges for the most likely combinations of nitrogen removal processes are given in table 1. Some of the nitrogen-removal systems could be combined with source separation and product substitution (low-phosphate detergents) for a maximum reduction in nitrogen where extreme measures might be required. However, the removals would not be additive owing to the changes in wastewater characteristics.

**Table 1. Typical N-removal ranges for managed systems**

| Process                                         | Percent TN removal |
|-------------------------------------------------|--------------------|
| RSF                                             | 40–50              |
| RSF (with recycle to ST or AUF)                 | 70–80              |
| ST–FFS (with recycle to ST or AUF) <sup>a</sup> | 65–75              |
| SBR <sup>a</sup>                                | 50–80              |
| SS and removal                                  | 60–80              |
| (SS–TT R) <sup>a</sup>                          | 40–60              |
| ISF–AUF                                         | 55–75              |

<sup>a</sup>Commercially available systems.

Note: RSF = recirculating sand filters; AUF = anaerobic upflow filter; ST = septic tank; FFS = fixed-film system; SBR = sequencing batch reactor; SS = source separation; TT = treatment applied to both systems; R = recombined; ISF = intermittent sand filter.

## Management needs

Management needs for most unit processes are covered in other fact sheets. Source separation is feasible only for new homes, as it would be prohibitively expensive for existing homes. AUF systems are different from the fact sheet in that they must have HRTs greater than 2 days to enable anaerobic biological denitrification to be effective. This will add to O/M tasks by requiring regular flushing of excess biological growth. Some separation and removal would require regular inspection and maintenance of non-water-carriage toilets and periodic removal and proper disposal of excess solids from these units and from holding tanks.

## Risk management issues

Of the most likely systems shown in the table, few are extremely susceptible to upset by hydraulic loading variations. However, soluble toxic shocks could affect any AUF, SBR, or fixed-film nitrification system. Extreme cold will also have an impact on these systems. However, the ISF, RSF, and AUF systems have been the most resilient unit processes (excluding source separation) when properly housed and insulated. Power outages will affect all of the treatment systems. Reliability would be greatest for those that incorporate filters and less for the SBR and fixed-film systems.

## Costs

The capital and total costs of most of the nitrogen removal systems are very site specific, but non-water-carriage toilet source separation (assuming new homes) is the least expensive (low-water-use fixtures and holding tanks would add about \$4,000 to \$6,000). The biological combinations would be more expensive, and the physical/chemical systems would likely be the most expensive. Multiple units will generally increase costs, while the use of gravity transfer between processes will reduce them.

The additional O/M associated with an AUF involves flushing and disposal of excess flushed solids. If methanol is employed to enhance denitrification, additional O/M is required for the feeding system.

## References

- Ayres Associates. 1991. *Onsite Nitrogen Removal Systems: Phase I*. Report to Wisconsin DILHR, Madison, WI.
- Ayres Associates. 1997. *Florida Keys Wastewater Nutrient Reduction Systems Demo Project: 2nd Quarter Report*. Report to Florida Department of Health and U.S. Environmental Protection Agency. Florida Department of Health, Tallahassee, FL.
- Bauer, D.H., E.T. Conrad, and D.G. Sherman. 1979. *Evaluation of Existing and Potential Technologies for Onsite Wastewater Treatment and Disposal*. EPA 600/S2/81/178. Cincinnati, OH.
- Boyle, W.C., R.J. Otis, R.A. Apfel, R.W. Whitmyer, J.C. Converse, B. Burkes, M.J. Bruch, Jr., and M. Anders. 1994. Nitrogen Removal from Domestic Wastewater in Unsewered Areas. In *Proceedings of the Seventh On-Site Wastewater Treatment Conference*. American Society of Agricultural Engineering, St. Joseph, MI.
- Katers, J.F., and A.E. Zaroni. 1998. Nitrogen removal. *Journal of Water Environment and Technology* 10(3):32-36.
- Lamb, B., A.J. Gold, G. Loomis, and C. McKiel. 1987. Evaluation of Nitrogen Removal Systems for Onsite Sewage Disposal. In *Proceedings of Fifth On-Site Wastewater Treatment Conference*. American Society of Agricultural Engineering, St. Joseph, MI.
- U.S. Environmental Protection Agency (USEPA). 1993. *Nitrogen Control Manual*. EPA 625/R-93/010. U.S. Environmental Protection Agency, Office of Research and Development, Cincinnati, OH.
- Venhuizen, D. LCRA onsite demonstration project for nitrogen removal and water reclamation. Unpublished but available from D. Venhuizen, P.E., 21 Cotton Gin Road, Umland, TX 78640.
- Whitmyer, R.W., R.A. Apfel, R.J. Otis, and R.L. Meyer. 1991. Overview of Individual Onsite Nitrogen Removal Systems. In *Proceedings of Sixth On-Site Wastewater Treatment Conference*. American Society of Agricultural Engineering, St. Joseph, MI.
- Winkler, E.S., and P.L.M. Veneman. 1991. A Denitrification System for Septic Tank Effluent Using Sphagnum Peat Moss. In *Proceedings of Sixth On-Site Wastewater Treatment Conference*, American Society of Agricultural Engineering, St. Joseph, MI.

## ATTACHMENT F

Washoe County's Assessor Parcel Map with the subject 2.71 acre parcel highlighted in yellow



## ATTACHMENT G

Grant, Bargain, and Sale Deed Document Number 4871625 being the conveyance of the subject 2.71 acre parcel to the applicant/current owner

DOC #4871625

12/07/2018 01:06:44 PM  
Electronic Recording Requested By  
ETRCO  
Washoe County Recorder  
Lawrence R. Burtness  
Fee: \$41.00 RPTT: \$820.00  
Page 1 of 3

APN#: 038-280-67

RPTT: \$820.00

Recording Requested By:

Western Title Company

Escrow No.: 099122-MLM

When Recorded Mail To:

Ryan Garrett Cook and

Heather Lynn Cook

P.O. Box 314

Verdi, NV 89439

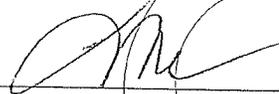
Mail Tax Statements to: (deeds only)

Same as Above

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature



Lynn Moore

Escrow Officer

**Grant, Bargain, and Sale Deed**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

### GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

David A. Giacomini, Trustee of the David A. Giacomini Trust of 2001 U.D.T dated May 31, 2001, as to an undivided 84% interest; and Waldo Giacomini GST Exempt Trust FBO David Giacomini as to an undivided 16% interest

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Ryan Garrett Cook and Heather Lynn Cook, Trustees of the Cook 2011 Family Trust, Dated April 20th 2011

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Verdi, County of Washoe State of Nevada bounded and described as follows:

All that certain real property situate in the County of Washoe, State of Nevada, described as follows:

Parcel B of that certain Parcel Map No. 5351 for THE DAVID A. GIACOMINI TRUST OF 2001 U.D.T. DATED MAY 31, 2001, and WALDO GIACOMINI GST EXEMPT TRUST FBO DAVID GIACOMINI, recorded May 21, 2018 as Document No. 4817113, Official Records.

**Together with any easement rights appurtenant to the above described property, as more fully described in UTILITY & PRIVATE ACCESS EASEMENT, recorded July 27, 2015, as Document No. 4496200, and UTILITY & PRIVATE ACCESS EASEMENT, recorded July 27, 2015, as Document No. 4496201, Official Records, Washoe County, Nevada.**

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: December 5, 2018

Grant, Bargain and Sale Deed – Page 2

The David A. Giacomini Trust of 2001 U.D.T. dated May 31, 2001

By: *[Signature]*  
David A. Giacomini, Trustee

The Waldo Giacomini GST Exempt Trust FBO David Giacomini

By: *[Signature]*  
David A. Giacomini, Trustee

STATE OF Nevada

COUNTY OF Washoe

} ss

This instrument was acknowledged before me on  
December 5, 2018

By David A. Giacomini.,  
*[Signature]*  
Notary Public



## ATTACHMENT H

Aerial photo showing subject parcel, proposed new internal property line, distance of over 1/4 mile to the Truckee River, and 900' radius circle with no other water wells (Verdi Elementary School's well has been plugged, per NDWR log number 134151, and they are now hooked to TMWA water - including irrigation)



## ATTACHMENT I

Aerial photo showing subject parcel, proposed new internal property line, and improvements



033-280-69

033-280-68

033-280-67

033-280-66

## ATTACHMENT J

The 2018 Parcel Map 5351 which created subject Parcel "B", Septic Plot Plan, Test Trench Inspection (permit #4461), and Per Rate Test results

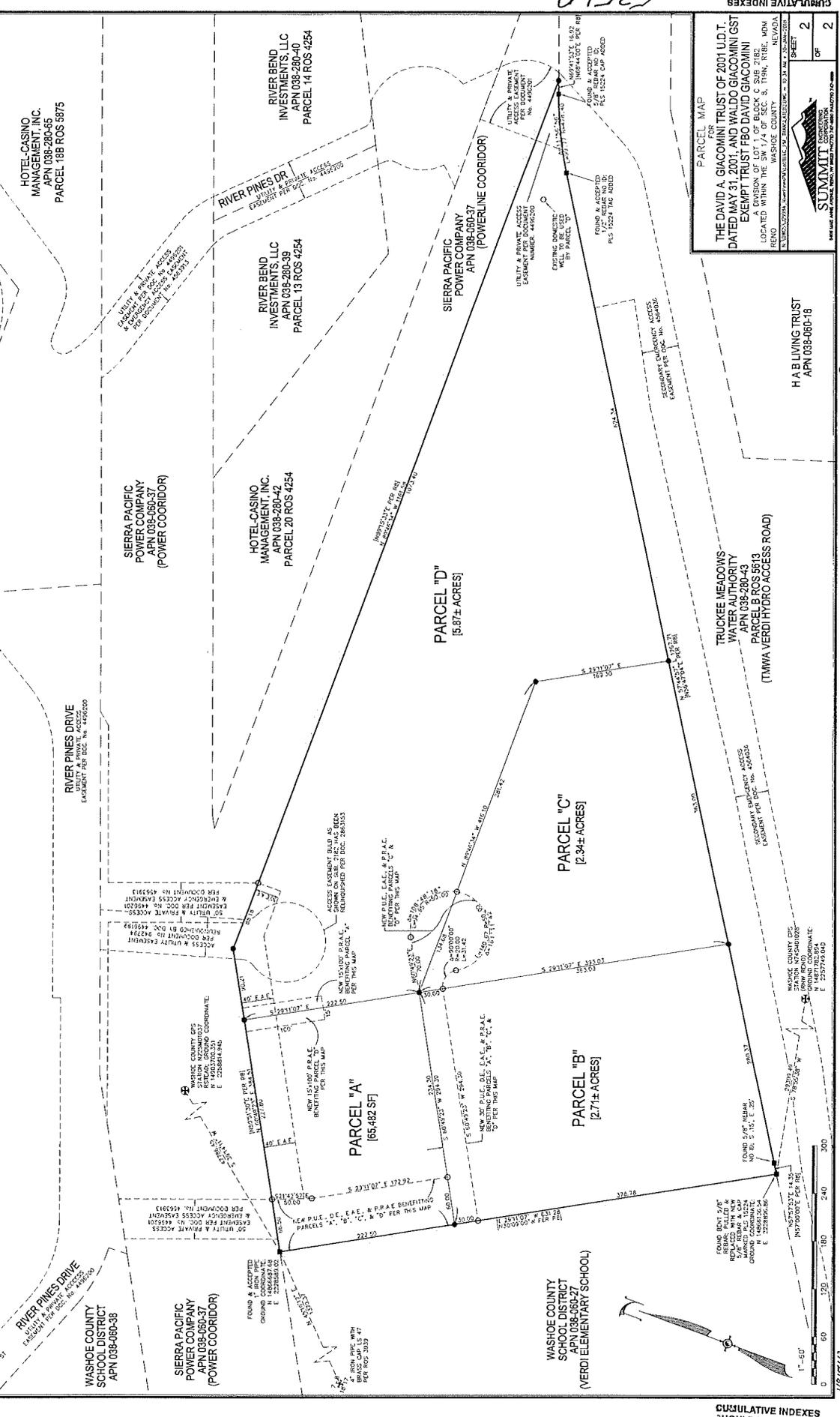


5351A

*[Signature]*  
1-30-2018

**HOTEL-CASINO MANAGEMENT, INC.**  
APN 038-280-64  
PARCEL 17C ROS 5875

- LEGEND**
- WASHOE COUNTY GPS STATION AS NOTED
  - SECTION CORNER AS NOTED
  - SET 3/4" RECORD PLS 11224
  - FOUND MONUMENT AS NOTED
  - COMPUTED POINT MAP
  - SUBDIVISION TRACT MAP
  - RECORD OF SURVEY
  - PUBLIC UTILITY EASEMENT
  - APN
  - ASSESSOR PARCEL NUMBER
  - DOC.
  - DOCUMENT NUMBER
  - RECORD BEARING PER CIVIL 11249
  - E.A.C.
  - EMERGENCY ACCESS EASEMENT
  - P.H.A.C.
  - PRIVATE RESPONDER ACCESS EASEMENT
  - D.E.
  - DRAINAGE EASEMENT



5351A

**PARCEL MAP**

THE DAVID A. GIACOMINI TRUST OF 2001 U.D.T.  
DATED MAY 31, 2001 AND WALDO GIACOMINI  
EXEMPT TRUST FBO DAVID GIACOMINI  
A DIVISION OF LOT 1 OF BLOCK C SUB 7182  
LOCATED WITHIN THE SW 1/4 OF SEC. 5, T8N, R7E, MEM  
REND  
WASHOE COUNTY, NEVADA

DATE: 1-30-2018  
DRAWN: [Name]  
CHECKED: [Name]  
SCALE: AS SHOWN

**SUNSHINE CORPORATION**

DATE: 1-30-2018  
DRAWN: [Name]  
CHECKED: [Name]  
SCALE: AS SHOWN

SHEET 2 OF 2

Parcel Map 5351A

CUMULATIVE INDEXES SHOULD BE EXAMINED FOR ANY SUBSEQUENT CHANGES TO THIS MAP



|                                                                   |                                                                                                                                                                                                                                                                         |                                                                                                                  |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>WASHOE COUNTY HEALTH DISTRICT</b><br>ENHANCING QUALITY OF LIFE | <b>WASHOE COUNTY HEALTH DISTRICT</b><br><b>ENVIRONMENTAL HEALTH SERVICES DIVISION</b><br>1001 East Ninth Street • PO Box 11130 • Reno, NV 89520<br>Telephone (775) 328-2434 • Fax (775) 328-6176<br>www.washoecounty.us/health<br><br><b>SWS TEST TRENCH INSPECTION</b> | <b>Office Use Only</b><br>Fee Paid _____<br>_____<br>Date Paid _____<br>Cash/CC/Check _____<br>Receipt No. _____ |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

The section below must be filled out in order to receive inspection results:

APN: 038-28-30 Permit #: 4461 Date of Inspection: 11/15/2017 Time of Inspection: 11 AM  
 Site Address: 4410 River Pines Drive  
 Inspection Requestor: Jack Glynn (Summit Engineering) Phone #: 775-530-8814  
 Email/Mail to: jack@summitnv.com

Attach map or plot plan showing property, vicinity map and location of proposed test trench location.

Trench GPS Coordinates: 39.521628, -119.987244 (Parcel B) ★

Soil Log: Trench #: 1 Depth: 13' Engineered / Estimated Perc. Rate (mpi): Percolation test being done by Summit

Log Comments: 0 - 1' - Top soil,

1' - 5' - Sand, loose compaction

5' - 13' - Cobbles, boulders, sand, loose compaction,

Ground Water:  Yes  No Depth: \_\_\_\_\_ Bedrock:  Yes  No Depth: \_\_\_\_\_

Fractured Rock:  Yes  No Depth/Range: \_\_\_\_\_

Standard Septic System Allowed  Soil not Suitable for Standard System

A 1-3 bedroom house requires a 1,000 gal. tank with:

- \_\_\_\_\_ leach line(s), \_\_\_\_\_ feet wide, by \_\_\_\_\_ feet deep, by \_\_\_\_\_ feet long or

A 4 bedroom house requires a 1,200 gal. tank with:

- \_\_\_\_\_ leach line(s), \_\_\_\_\_ feet wide, by \_\_\_\_\_ feet deep, by \_\_\_\_\_ feet long or

A 5-6 bedroom house requires a 1,500 gal. tank with:

- \_\_\_\_\_ leach line(s), \_\_\_\_\_ feet wide, by \_\_\_\_\_ feet deep, by \_\_\_\_\_ feet long or

Other: \_\_\_\_\_

Perforated pipe is to be set at \_\_\_\_\_ feet below grade.

Comments: Sizing will be based on the percolation test results. Due to the depth of the test trench the maximum trench depth will be set a 9' below existing ground surface.

Inspected by: Scott Strickler Date: 11/15/2017

**SUMMIT ENGINEERING CORPORATION**  
**PERC RATE TEST**

|                                |                       |
|--------------------------------|-----------------------|
| PROJECT NAME: Parcel B         | PROJECT NUMBER: 30636 |
| TEST SPECIFICATIONS: Fast Perc | DATE: 11/15/2017      |
| TECHNICIAN: Joe/Pedro          |                       |

| Hole No.                                     | 1                  | Perc Rate:       | 2 min/in         |               |        |
|----------------------------------------------|--------------------|------------------|------------------|---------------|--------|
| Depth from native ground to gravel: 5        |                    |                  |                  |               |        |
| Soil Description: Sandy gravel/Gravelly sand |                    |                  |                  |               |        |
| Notes:                                       |                    |                  |                  |               |        |
| Time                                         | Initial Depth (in) | Final Depth (in) | Inches Drop (in) | Time Interval | Min/in |
| 1126                                         | 6                  | 11 8/16          | 5 8/16           | 2             | 0.4    |
| 1128                                         | 6                  | 8                | 2                | 2             | 1.0    |
| 1130                                         | 6                  | 8 12/16          | 2 12/16          | 2             | 0.7    |
| 1132                                         | 6                  | 8 8/16           | 2 8/16           | 2             | 0.8    |
| 1134                                         | 6                  | 9                | 3                | 2             | 0.7    |
| 1136                                         | 6                  | 8                | 2                | 2             | 1.0    |
| 1138                                         | 6                  | 8                | 2                | 2             | 1.0    |
| 1140                                         | 6                  | 8 8/16           | 2 8/16           | 2             | 0.8    |

| Hole No.                                     | 1                  | Perc Rate:       | 1 min/in         |               |        |
|----------------------------------------------|--------------------|------------------|------------------|---------------|--------|
| Depth from native ground to gravel: 9        |                    |                  |                  |               |        |
| Soil Description: Sandy gravel/Gravelly sand |                    |                  |                  |               |        |
| Notes:                                       |                    |                  |                  |               |        |
| Time                                         | Initial Depth (in) | Final Depth (in) | Inches Drop (in) | Time Interval | Min/in |
| 1128                                         | 6                  | 11 5/16          | 5 5/16           | 5             | 0.9    |
| 1130                                         | 6                  | 9 11/16          | 3 11/16          | 2             | 0.5    |
| 1132                                         | 6                  | 8 7/16           | 2 7/16           | 2             | 0.8    |
| 1134                                         | 6                  | 8 14/16          | 2 14/16          | 2             | 0.7    |
| 1136                                         | 6                  | 8 6/16           | 2 6/16           | 2             | 0.8    |
| 1138                                         | 6                  | 8 5/16           | 2 5/16           | 2             | 0.9    |
| 1140                                         | 6                  | 9                | 3                | 2             | 0.7    |
| 1142                                         | 6                  | 8 9/16           | 2 9/16           | 2             | 0.8    |

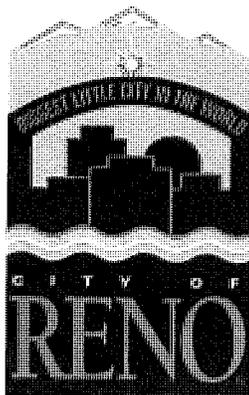
## ATTACHMENT K

Proposed Parcel Map which would result in Parcel "B1" (1.00 acre) and Parcel "B2" (1.71 acres), Septic Plot Plan, City of Reno approval letter for Case No. 24-00023, and approved Extension of Time for PAR24-00023





Chris Pingree  
 Development Services Director  
 Development Services Department  
 P. O. Box 1900  
 Reno, NV 89505  
 (775) 326-6650



April 24, 2024

Summit Engineering  
 Attn: Larry Grube  
 5405 Mae Anne Ave.  
 Reno, NV 89523

Re: Case No. PAR24-00023 (Cook 2011 Family Trust Parcel Map)  
 APN: 038-280-67 (Ward 5)

Dear Sir:

Your application for a Parcel Map for the above-referenced property has been reviewed by the Development Services Department. The proposed parcel map has been determined to be in compliance with the applicable sections of Chapter 278 of the Nevada Revised Statutes.

The subject properties are located in the Large Lot Residential (1 acre), (LLR-1) zone. The Parcel Map is in substantial conformity with the requirements of the zoning district.

This map is hereby approved and must be recorded within one year of the approval date or this approval shall be deemed expired.

Prior to recordation, the applicant shall obtain a technical boundary closure check from Washoe County Engineering.

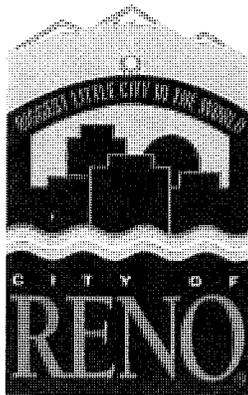
**Appeal of Administrative Decision:** This administrative decision may be appealed to the City Council by the applicant, the Mayor or a City Council Member, or any person who is "aggrieved" by the action or inaction. An appeal (together with fees) must be filed with the City Clerk within ten business days starting on the day after written notice of the action is filed with the City Clerk. The City Clerk's Office is located on the 2<sup>nd</sup> floor of Reno City Hall located at One East First Street, Reno, NV.

Sincerely,

Chris Pingree, Development Services Director  
 Development Services Department

xc: Mikki Huntsman, City Clerk

Chris Pingree  
 Development Services Director  
 Development Services Department  
 P. O. Box 1900  
 Reno, NV 89505  
 (775) 326-6650



February 19, 2025

Summit Engineering  
 Attn: Larry Grube  
 5405 Mae Anne Ave.  
 Reno, NV 89523

Re: Case No. ADM25-00026 (Cook Family Trust Time Extension)  
 Extension of time for PAR24-00023 (Cook 2011 Family Trust Parcel Map)  
 APN: 038-280-67 (Ward 5)

Dear Sir:

Per Reno Municipal Code (RMC) 18.08.307 (e) the Administrator may extend the approval of a Parcel Map. The applicant is requesting extending the approval of the above Parcel Map to go through a Variance process initiated by Washoe County District Health Department. As such, a 12 month extension of time is **approved**. With this extension, this map must be recorded by April 24, 2026, or this approval will be deemed expired.

**Appeal of Administrative Decision:** This administrative decision may be appealed to the City Council by the applicant, the Mayor, any member of the City Council, or any person or entity "aggrieved" by the action or inaction. An appeal (together with fees) must be filed with the City Clerk within ten working days starting the day after written notice of the action is filed with the City Clerk. The City Clerk's Office is located on the 2<sup>nd</sup> floor of Reno City Hall, located at One East First Street, Reno, NV.

Sincerely,

Chris Pingree, Development Services Director  
 Development Services Department

xc: Mikki Huntsman, City Clerk  
 Michael Mischel, Engineering Manager



# ATTACHMENT L

Subject Variance request under NNPH SWS Regulation 040.030

**TABLE 1**  
**MINIMUM LOT SIZE ACCORDING TO SLOPE OVER DISPOSAL AREA**

| Average Slope of the Disposal Area | On-Site System with Well |            | On-Site System Community Water |       |
|------------------------------------|--------------------------|------------|--------------------------------|-------|
|                                    | Sq. Ft.                  | Acres      | Sq. Ft.                        | Acres |
| Less than 5%                       | 43,560                   | 1.0 acre   | 14,520                         | .033  |
| 5% or more but less than 10%       | 54,450                   | 1.25 acres | 18,150                         | .042  |
| 10% or more but less than 20%      | 65,340                   | 1.5 acres  | 21,780                         | 0.50  |
| 20% or more but less than 30%      | 87,120                   | 2.0 acres  | 29,040                         | 0.67  |

**040.025** On-site sewage disposal fields are prohibited in areas where the original ground slope is greater than 30%.

**040.030** The minimum lot size for new subdivisions and a second or subsequent parcel map from the original parcel as it existed on October 23, 2001, proposing to use on-site sewage disposal, shall be 5 acres. The Health Authority may reduce the minimum lot size requirement to as small as one acre per lot if the applicant for division can show to the satisfaction of the Health Authority that adequate measures have been taken to ensure that the smaller lot area will not have a greater impact to the groundwater quality than the 5-acre lot size. In any case, no division shall be approved if the parcel density exceeds the standard established by the Nevada Division of Environmental Protection. Staff decisions regarding the adequacy of the proposed measures shall be approved by the Sewage Wastewater and Sanitation Hearing Board and the District Board of Health through the variance procedure outlined in these regulations. Existing lots and the first four parcels created from an existing parcel shall be a minimum area of 1 acre.

**040.035** For other than a single family dwelling, the required minimum area shall be consistent with Table 1 and shall be computed at twenty-two (22) square feet per gallon of estimated sewage. Current Uniform Plumbing Code fixture unit values shall be rated at not less than twenty-five (25) gallons per fixture unit per day. One-half (1/2) of the required area shall be reserved for sewage disposal only.

**040.040** In all instances, the lot shall contain sufficient area for the installation of two (2) complete disposal trench systems including all applicable and required setbacks as outlined in these regulations (original plus reserve area for future replacement).

**040.045** The disposal trench sidewall shall have a minimum horizontal set back of twenty (20) feet from the face of the finished slope, as measured at the level of the perforated disposal pipe (See Figure 1).

**040.050** The minimum setback for disposal trenches from the flow line of a watercourse (irrigation ditches, rivers, ponds, as defined in section 010.305) may be reduced from 100 feet to 50 feet depending upon site conditions, field observations, water flow, and upon approval by the Health Authority.

**040.060** The Health Authority shall determine and map septic constraint areas within the Health District. Such maps shall, by District Board of Health action, become part of these regulations. In determining the boundaries of septic constraint areas, the Health Authority shall determine if the geologic and hydrologic conditions would be in compliance with the standards stipulated in these regulations. Legal notices for adoption of septic constraint areas

## ATTACHMENT M

Water Rights Deed Document Number 5374628 which shows the applicant/owner has already purchased the water rights which will be relinquished in favor of proposed Parcel "B1". This is required to have the right to drill a new domestic well on the proposed 1.00 acre parcel (Parcel "B1")

APN: N/A (Water Rights Only)

When recorded, mail to Grantee,

Mail tax statement to Grantee:

Cook 2011 Family Trust  
PO Box 314  
Verdi, NV 89439

**DOC #5374628**

04/20/2023 04:06:32 PM  
Requested By  
COOK 2011 FAMILY TRUST  
Washoe County Recorder  
Kalie M. Work  
Fee: \$43.00 RPTT: \$26.65  
Page 1 of 2

**WATER RIGHTS DEED**

THIS INDENTURE, made and entered into this 20th day of April, 2023, between SIERRA MOUNTAIN MORTGAGE 401K PLAN FBO DAVID GIACOMINI (“Grantor”) and RYAN GARETT COOK and HEATHER LYNN COOK, trustees of the COOK 2011 FAMILY TRUST, dated April 20<sup>th</sup> 2011, and any amendments thereto, (“Grantee”).

W I T N E S S E T H

That said Grantor for and in consideration of the sum of TEN DOLLARS (\$10.00), lawful money of the United States of America, to them in hand paid by Grantee, and other good and valuable consideration, the receipt whereof is hereby acknowledged, by these presents do release, remise and forever, all of their right, title and interest in and to all that certain water and water rights of the Grantor more particularly described as:

A portion of the water and water rights described in **Permit No. 82484**, such portion being a total of **1.12 acre feet annually, more or less**, as granted by the State Engineer and filed in the Nevada Division of Water Resources.

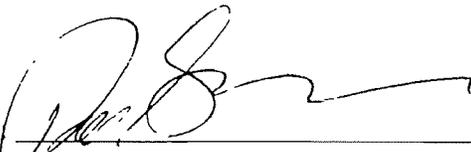
TOGETHER WITH ALL AND SINGULAR, the tenements, hereditaments and appurtenances thereunto belonging and in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD, ALL AND SINGULAR, the said premises together with the appurtenances, unto the said Grantee and to their heirs, executors, administrators, successors and assigns forever.

IN WITNESS WHEREOF, the said Grantor has caused this Water Rights deed to be executed the day and year first above written.

**“GRANTOR”**

SIERRA MOUNTAIN MORTGAGE 401K PLAN FBO DAVID GIACOMINI

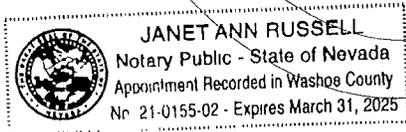
By   
David Giacomini

STATE OF NEVADA        )  
                                          ) SS  
COUNTY OF WASHOE    )

On this 20<sup>th</sup> day of April, 2023, before me, the undersigned, a Notary Public in and for said Stated, personally appeared David Giacomini, who executed the within instrument for the purpose herein stated on behalf of such entity.

WITNESS my hand and official seal.

  
Notary Public



PROXY

FORM 4041

Upon recording mail copy to:  
State Engineer's Office  
901 S. Stewart Street, Suite 2002  
Carson City, NV 89701

Relinquishment No. \_\_\_\_\_

*DWR Office Use Only*

OFFICE OF THE NEVADA STATE ENGINEER  
**AFFIDAVIT TO RELINQUISH WATER RIGHTS IN FAVOR OF  
USE OF WATER FOR DOMESTIC WELLS**

1. I, RYAN GARETT COOK do  
*Print/type name of person signing this form as the Affiant.*

hereby swear under penalty of perjury that the assertions of this affidavit are true, and I have the authority to request the relinquishment of the below-mentioned water rights.

2. The owner(s) of record of the water right to be relinquished is \_\_\_\_\_  
COOK 2011 FAMILY TRUST, dated April 20th 2011

3. The owner(s) own all or a portion of the following water right to be relinquished:

Permit 82484 Certificate \_\_\_\_\_

4. I hereby request to relinquish an amount of water being 1.12 acre-feet annually for either of the following:

For \_\_\_\_\_ existing parcels *# of parcels* **or** the creation of 1 parcels.  
*# of parcels*

5. The description of the existing certificated place of use area to be removed from irrigation production is as follows: *(Describe the place of use by Quarter-Quarter Sections, Section, Township, Range, M.D.M., and Assessor's Parcel Number(s). For example: Within the SE¼ SW¼ Section 17, T. 15N., R. 20E., M.D.M., said portion being Carson City Assessor Parcel Number 004-022-01). Please leave #5 blank if the existing permitted place of use to be relinquished is not a certificated irrigation right.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relinquishment No. \_\_\_\_\_  
DWR Office Use Only

6. If water to be relinquished is from a certificated irrigation water right, I have provided a map depicting acreage to be stripped or removed from irrigation production. The map is prepared to the standards of the Nevada Division of Water Resource's *Guidelines and Rules for the Preparation of Water Right Maps*.

7. The description of the proposed place of use reflected on the attached parcel map and list of County Assessor Parcel Number(s) is as follows: *(Describe the place of use by Quarter-Quarter Sections, Section, Township, Range, M.D.M., and Assessor's Parcel Number(s). For example: Within the NE¼ NW¼ Section 20, T. 15N., R. 20E., M.D.M., said portion being Carson City Assessor Parcel Number 004-013-01).*

Within the South 1/2 of the SW 1/4 Section 8, T. 19N., R. 18E., M.D.M., said portion being a  
 \_\_\_\_\_  
 portion of Washoe County Assessor Parcel Number 038-280-67 being the proposed 1.00 acre  
 \_\_\_\_\_  
 parcel known as Parcel "B1" of the Parcel Map for the Cook 2011 Family Trust.  
 \_\_\_\_\_

8. I have attached a reduced, scaled, 8½ X 11-inch copy of the tentative map and/or final parcel map indicating which parcel is the original parcel ("parent parcel"), and if applicable which parcel(s) are new. The original tentative and/or final parcel map is prepared to the standards of NRS 278.466.

9. I understand I may petition the State Engineer to void this relinquishment if the final subdivision or parcel map is not recorded within 18 months after the approval of the State Engineer. If a petition to void this relinquishment is not submitted to the State Engineer within the 18-month period, the water remains permanently reverted to the source.

10. I understand once these water rights are relinquished by recordation of a final subdivision map in the office of the county recorder of the county wherein the domestic wells are to be located, as provided in NRS 278.380, or in the case of a final parcel map as provided in NRS 278.4725, the process cannot be reversed nor can I claim said right as a water right.

11. I will provide the State Engineer's Office with a copy of this recorded Affidavit to Relinquish including all attachments, which shall be recorded with the county recorder and submitted to the Division of Water Resources within ninety (90) days from the approval date of the State Engineer. If not recorded and submitted to our office within ninety (90) days, then this Affidavit is void and the water right will revert to the base right.

**\$300 FEE FOR FILING & EXAMINATION MUST ACCOMPANY THIS AFFIDAVIT**

Relinquishment No. \_\_\_\_\_

DWR Office Use Only

DATED: This 26 day of JANUARY, 20 26.

*Ryan Cook*  
Affiant's Signature (Sign in front of a Notary.)

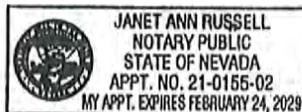
PO BOX 314  
Mailing Address  
VERDI, NV 89439  
City, State, Zip Code  
775-223-7432  
Telephone Number  
verdicook@gmail.com  
Email Address

State of NEVADA )  
County of WASHOE : SS )

Subscribed and sworn to before me on this 26 day of JANUARY, 20 26

By: RYAN GARETT COOK  
Affiant's printed name

*Janet Russell*  
Notary Public signature



Area above for Notary stamp

Below is for State Engineer's Use Only

APPROVED: This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
State Engineer

\$300 FEE FOR FILING & EXAMINATION MUST ACCOMPANY THIS AFFIDAVIT

## ATTACHMENT N

Two letters of support from the only two directly adjacent residential parcels owned by others

February 21, 2024

Northern Nevada Public Health  
Environmental Health Services Division  
1001 East Ninth Street  
PO Box 11130  
Reno, NV 89520  
775-325-2434

RE: Letter of Support for 430 River Pines Drive (APN 038-280-67) Application for Variance

NNPH,

I, Randy Mezger, Trustee of the MFT Revocable Living Trust, am the owner of APN 038-280-66 which is the 1.50 acre parcel immediately adjacent to the Cook 2011 Family Trust 2.71 acre parcel (APN 038-280-67). I am aware of the intent to split APN 038-280-67 into two legal parcels via a City of Reno Parcel Map process which would first require a NNPH approval of a Variance related to the additional septic system for the newly created parcel. I do not object to this proposed development.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Mezger". The signature is stylized and somewhat cursive, with a large initial "R" and a long horizontal stroke at the end.

Randy Mezger, Trustee of the  
MFT Revocable Living Trust  
PO Box 859  
Verdi, NV 89439  
775-771-4943  
amx3@me.com

April 20, 2023

Washoe County Health District  
Environmental Health Services Division  
1001 East Ninth Street  
PO Box 11130  
Reno, NV 89520  
775-325-2434

RE: Letter of Support for 430 River Pines Drive (APN 038-280-67) Application for  
Variance

Washoe County Health District,

I, David Giacomini, am the owner of APN 038-280-68 which is the 2.34 acre parcel immediately adjacent to the Cook 2011 Family Trust 2.71 acre parcel (APN 038-280-67). I am aware of the intent to split APN 038-280-67 into two legal parcels via a City of Reno Parcel Map process which would first require a WCHD Application for Variance related to the additional septic system for the newly created parcel. I do not object to this proposed development.

Sincerely,



David Giacomini  
10098 Jibboom St., Suite 201  
Truckee, CA 96161  
davegiacomini@sbcglobal.net  
530-587-3277

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**DATE:** March 5, 2026  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
775-784-7200; [fvega@nnph.org](mailto:fvega@nnph.org)  
**SUBJECT:** Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management Part 040.033 (Food Establishments) with a finding that the revised regulation does not impose a direct and significant economic burden on a business; nor does the revised regulation directly restrict the formation, operation, or expansion of a business.

---

**SUMMARY**

The District Board of Health must adopt any revisions to the District Board of Health Regulations Governing Air Quality Management (Regulations). Per NRS 237, Business Impact Statements “must be considered by the governing body at its regular meeting preceding any regular meeting held to adopt” the proposed revisions.

District Health Strategic Priority supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

On December 15, 1993, the Board amended Part 040.033 Food Establishments by adding Best Available Control Technology (BACT) in response to being designated nonattainment for the PM10 National Ambient Air Quality Standards (NAAQS).

**BACKGROUND**

Part 040.033 revisions were initiated in response to revisions to Chapter 050.001 (Emergency Episode Plan) adopted by the DBOH on July 22, 2021 and Chapter 030 (General Source Permitting), adopted by the DBOH on September 26, 2024. Specifically, revisions to Parts 030.000, 030.100, 030.200, and 030.500 are now reflected and addressed in Part 040.033 via new definitions, applicability, administrative requirements, and compliance and records sections.

The following methods were used to provide notice of the proposed revisions, 30-day public comment period, Business Impact Statement (BIS) survey, and public workshop:

1. A press release was issued notifying the public of the proposed revisions, BIS survey, and public workshop on January 26, 2026.

Date: March 26, 2026

Subject: Business Impact Statement – 040.033 (Prohibited Emissions) - Food Establishments

Page 2 of 2

2. The press release and all related materials were posted on the AQMD website (OurCleanAir.com) on January 26, 2026.
3. The press release was e-mailed to all subscribers of the AQMD email subscription list on January 26, 2026.

Due to weather, the original public workshop was postponed from Tuesday, February 17 at 3:00 p.m. to Tuesday, February 24 at 3:00 p.m. A press release notifying the public of the postponement was sent on Tuesday, February 17 at 9:00 a.m.

The hybrid, in-person and virtual, public workshop was held on Tuesday, February 24, 2026, at 3:00 p.m. Four (4) external participants attended.

### The Business Impact Statement

Attached to this staff report are the following:

1. Business Impact Statement
2. Press Release (January 26, 2026)
3. Press Release (February 17, 2026)
4. “As Revised” version of the rule
5. “As Proposed” version of the rule
6. Business Impact Statement Survey/Response Report
7. Public workshop materials including:
  - a. Presentation
  - b. Attendance sheet(s)

### **FISCAL IMPACT**

There are no fiscal impacts resulting from the Board approving and adopting the Business Impact Statement.

### **RECOMMENDATION**

Staff recommends the District Board of Health approve and adopt the Business Impact Statement for the proposed revisions to District Board of Health Regulations Governing Air Quality Management, Chapter 040 (Prohibited Emissions), Part 040.033 (Food Establishments) with a finding that the revised regulation does not impose a direct and significant economic burden on a business; nor does the revised regulation directly restrict the formation, operation, or expansion of a business.

### **POSSIBLE MOTION**

Should the Board agree with the staff’s recommendation, a possible motion would be:

“Move to approve and adopt the Business Impact Statement for the proposed revisions to District Board of Health Regulations Governing Air Quality Management, Part 040.033 (Food Establishments) with a finding that the revised regulation does not impose a direct and significant economic burden on a business; nor does the revised regulation directly restrict the formation, operation, or expansion of a business.”

## BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the revision to the DBOH Regulations Governing Air Quality Management, Chapter 040 (Prohibited Emissions), Part 040.033 (Food Establishments)

1. The following constitutes a description of the manner in which comments were solicited from affected businesses and citizens, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. *(List all trade associations or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).*

The Air Quality Management Division (AQMD) provided notice of a 30-day public comment period with the issuance of a press release on January 26, 2026. The public comment period was conducted between the dates of January 26, 2024, and February 26, 2026. The public comment period was additionally noticed via division website posting (OurCleanAir.com) and AQMD email subscription list.

In addition to the public comment period, a public workshop was conducted on February 24, 2026, from 3:00 – 4:00 p.m. to provide additional opportunities to provide input. The public workshop was noticed with the issuance of a press release on January 26, 2026, but was postponed from the original date of February 17 due to inclement weather. An additional press release was sent on February 17 indicating the new date and time of February 24, 2026 from 3:00-4:00 p.m. No public comments or a request for a public hearing were received.

A BIS survey was also linked within the January 26 and February 17 press releases. Two surveys were received.

2. The estimated economic effect of the proposed rule on businesses and citizens, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: No adverse effects are anticipated at this time.

Beneficial effects: The proposed rule provides additional clarity to the local requirements in Chapter 030 (Stationary Sources) and Chapter 050.001 (Emergency Episode Plan). Definitions, specific recordkeeping requirements, and a clear delineation between a general permit and minor/major stationary source permit make these revisions beneficial.

For the majority of restaurants with solid fuel burning appliances, they will be subject to lower application fee (\$2,839 to \$647), lower annual maintenance fee (\$996 to \$373) and faster permitting (“up to 180 days” to “no later than 30 days”).

Direct effects: Restaurants that were previously permitted via a minor source permit without a solid fuel burning device will not need a general or minor source operating permit.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and citizens and a statement regarding whether any, and if so, which of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business or citizen; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine).

There are no new fees or fee increases in the proposed rule revisions.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rules is:

There is no anticipated increase in annual cost to the local government for enforcement of the proposed rules.

5. The proposed rules provide for a new fee or increases, and existing fee and the total annual amount expected to be collected is:

There are no new fees or fee increases in the proposed rule revisions.

6. The money generated by the new fee or increase in existing fee will be used by the local government to:

There are no new fees or fee increases in the proposed rule revisions.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state, or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed revisions to Section 040.033 include provisions that match local requirements, some of which are federally approved and enforceable; however, these updates are necessary to ensure full alignment with the region's PM10 Maintenance Plan, Chapter 050.001 (Emergency Episode Plan), and Chapter 030 (Source Permitting). Strengthened provisions help maintain compliance with established air quality commitments, provide clear authority during high-pollution episodes, and ensure consistent regulatory expectations across permitted sources. These measures are essential to protecting public health and sustaining attainment of the PM10 National Ambient Air Quality Standard.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rules on businesses:

*There are no new fees or fee increases in the proposed rule revisions.*

**To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.**

\_\_\_\_\_  
Chad Kingsley, MD/MBA, District Health Officer

\_\_\_\_\_  
Date

Attachment 2

Press Release (January 26, 2026)

NORTHERN NEVADA  
**Public Health**  
NEWSROOM

**WORKSHOP POSTPONED: NOTICE OF PUBLIC COMMENT PERIOD FOR PROPOSED FOOD ESTABLISHMENTS  
REGULATION REVISIONS**

Jan 26, 2026

**Jan. 26, 2026. Reno/Sparks, Nev.** – The Northern Nevada Public Health (NNPH) Air Quality Management Division (AQMD) is accepting comments on proposed revisions to the food establishment emissions regulation and stakeholder input on a business impact statement (BIS) survey.

Comments and survey responses will be accepted until 11:59 PM on Feb. 26, 2026. All comments **must include** first and last name, mailing address, and contact information. Your comments can be submitted in the following ways:

- Email to [AQMDPlanning@nnph.org](mailto:AQMDPlanning@nnph.org).
- Mailed or dropped off to the AQMD office at 1001 E. 9th St., Reno, NV 89512.
  - [See AQMD drop box location and information](#)

The proposed revisions and BIS survey are for "Prohibited Emissions" under District Board of Health (DBOH) Regulations governing Air Quality Management, Chapter 040, and are currently available on the AQMD website, [OurCleanAir.com](http://OurCleanAir.com), on the "Public Outreach" page. The BIS Survey can be found [here](#).

A public workshop will be hosted by AQMD on Feb. 17, 2026 from 3-4 p.m., and will include a presentation regarding the revisions made and an opportunity for questions. The public workshop will be hybrid via Microsoft Teams and can be attended virtually ([register here](#)), or in-person in the NNPH Conference Rooms A & B located in Building B at 1001 E. 9th St., Reno, NV 89512.

**[REGISTER FOR WORKSHOP – FEB. 17, 2026](#)**

The Chapter 040 revisions were initiated due to revisions of DBOH Regulations Governing Air Quality Management Chapters 030, adopted by the DBOH on Sept. 26, 2024, and 050, adopted by the DBOH on July 22, 2021.

The existing food establishments regulation has not been revised since 1993. The revisions detail general provisions, definitions, applicability, administrative requirements, and compliance and records. Updates to local, state, and federal regulations references are also incorporated in the revisions.

**[Sign up for Air Quality Updates in Washoe County here](#)**

For more information regarding the Northern Nevada Public Health's Air Quality Efforts, visit the AQMD's website at [OurCleanAir.com](http://OurCleanAir.com).###

*Northern Nevada Public Health (NNPH) is nationally accredited by the Public Health Accreditation Board and has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making District Board of Health. NNPH consists of five divisions: Administrative Health Services, Air Quality Management, Community and Clinical Health Services, Environmental Health Services and Population Health. [More info can be found here](#).*

Attachment 3

Press Release (February 17, 2026)

# NORTHERN NEVADA Public Health NEWSROOM

## WORKSHOP POSTPONED: NOTICE OF PUBLIC COMMENT PERIOD FOR PROPOSED FOOD ESTABLISHMENTS REGULATION REVISIONS

Feb 17, 2026

*Editor's Note: The below press release was distributed Jan. 26, 2026 with a planned workshop for today, Feb. 17, 2026. Due to inclement weather, this workshop has been rescheduled for Tuesday, Feb. 24, 2026 from 3-4 p.m.*

-----

**Jan. 26, 2026. Reno/Sparks, Nev.** – The Northern Nevada Public Health (NNPH) Air Quality Management Division (AQMD) is accepting comments on proposed revisions to the food establishment emissions regulation and stakeholder input on a business impact statement (BIS) survey.

Comments and survey responses will be accepted until 11:59 PM on Feb. 26, 2026. All comments **must include** first and last name, mailing address, and contact information. Your comments can be submitted in the following ways:

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The Chapter 040 revisions were initiated due to revisions of DBOH Regulations Governing Air Quality Management Chapters 030, adopted by the DBOH on Sept. 26, 2024, and 050, adopted by the DBOH on July 22, 2021.

The existing food establishments regulation has not been revised since 1993. The revisions detail general provisions, definitions, applicability, administrative requirements, and compliance and records. Updates to local, state, and federal regulations references are also incorporated in the revisions.

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Attachment 4

“As Revised” Version of the Rule

## CHAPTER 040 – PROHIBITED EMISSIONS

### 040.033 FOOD ESTABLISHMENTS (Adopted 1/90, Amended 12/15/93, Revised XX/XX/26)

~~Food establishments operating devices to cook food that emit more than two (2) pounds per day of air emissions, must obtain a Permit to Operate. Whenever there is a change of ownership, significant equipment modification, or new construction, establishments with emissions exceeding ten (10) pounds per day must apply Best Available Control Technology (BACT). All restaurants exceeding 20 pounds/day must meet the BACT requirement no later than July 1, 1994. BACT may include, but is not limited to, the use of grooved griddles, exhaust control, mist eliminator systems, etc. Emissions will be calculated using the latest available emission factors for this source and all emissions will be considered, including, but not limited to PM<sub>10</sub>, CO, VOCs, and NO<sub>x</sub>.~~

#### SECTION A – GENERAL PROVISIONS

1. **PURPOSE.** *To limit particulate matter emissions into the ambient air from solid fuel burning operations in food establishments.*
2. **APPLICABILITY.** *The provisions of this section shall apply to any food establishment operations using solid fuel equipment for cooking.*

#### SECTION B - DEFINITIONS

*Unless the context otherwise requires, the following terms shall have the meanings set forth below for the purposes of PART 040.033. When a term is not defined in these paragraphs, it shall have the meaning given in the District Board of Health Regulations Governing Air Quality Management (DBOH) CHAPTER 040, PARTS 030.100 through 030.510; Nevada Revised Statutes (NRS) 445B; the Federal Clean Air Act, or common usage, in that order of priority.*

**FOOD ESTABLISHMENT** *means a commercial facility that provides food to the public.*

**PARTICULATE MATTER** *means any material, except uncombined water such as water vapor and water droplets, which exist in a finely divided form as a solid or liquid at reference conditions, with an aerodynamic diameter smaller than one hundred (100) micrometers.*

**PM<sub>2.5</sub>** *means particulate matter with an aerodynamic diameter less than or equal to a nominal two and one-half (2.5) micrometers (microns or  $\mu$ ) as measured by a reference method based on 40 Code of Federal Regulations (CFR) PART 50 Appendix L and designated in accordance with 40 CFR PART 53 or by an equivalent method designated in accordance with 40 CFR PART 53.*

**SOLID FUEL** *means a fuel used for cooking that consists of wood or coal.*

**SO<sub>2</sub>** *means sulfur dioxide.*

#### SECTION C – APPLICABILITY

1. **GENERAL PERMIT.** *A food establishment that burns solid fuel for cooking food requires a general permit in accordance with PART 030.100 unless the food establishment:*
  - a. *Is part of a facility that has other emission units subject to minor or major source permitting*

*in accordance with DBOH 030.200 and DBOH 030.500, respectively.*

- b. Has a consumption rate greater than best systems of control emission thresholds of ten (10) tons per year of PM<sub>2.5</sub> for wood (575 tons of wood; equivalent to 460 cords) and forty (40) tons per year of sulfur dioxide (SO<sub>2</sub>) for coal (2,000 tons of coal). Facility would require a minor source permit in accordance with DBOH 030.200.*

#### **SECTION D - ADMINISTRATIVE REQUIREMENTS**

- 1. CHANGE OF OWNERSHIP OR SIGNIFICANT EQUIPMENT MODIFICATION.** *The Control Officer or their representative shall be notified, in writing, prior to any change of ownership, significant equipment modification, or new construction per DBOH 030.000.C.2 and 030.100.J.*

#### **SECTION E - COMPLIANCE AND RECORDS**

- 1. CURTAILMENT OF BURNING DURING EMERGENCY EPISODES.** *Should a Stage 2, Stage 3, or Stage 4 emergency episode be declared by the Control Officer or their representative, the food establishment shall comply with a commercial solid fuel burning curtailment if the Control Officer or their representative deems commercial solid fuel burning to be contributing to the emergency episode per DBOH 050.001.C.2.*
- 2. VISIBLE EMISSIONS.** *No person may permit emissions from the stack or exhaust of a solid fuel cooking equipment to exceed an opacity reading no greater than 20% for a period or periods aggregating more than six (6) minutes in any one-hour period. Emissions created during a fifteen (15) minute start-up period are exempt per DBOH 030.000 B.5.*

Attachment 5

“As Proposed” Version of the Rule

## CHAPTER 040 – PROHIBITED EMISSIONS

### 040.033 FOOD ESTABLISHMENTS (Adopted 1/90, Amended 12/15/93, Revised XX/XX/26)

#### SECTION A – GENERAL PROVISIONS

1. PURPOSE. To limit particulate matter emissions into the ambient air from solid fuel burning operations in food establishments.
2. APPLICABILITY. The provisions of this section shall apply to any food establishment operations using solid fuel equipment for cooking.

#### SECTION B - DEFINITIONS

Unless the context otherwise requires, the following terms shall have the meanings set forth below for the purposes of PART 040.033. When a term is not defined in these paragraphs, it shall have the meaning given in the District Board of Health Regulations Governing Air Quality Management (DBOH) CHAPTER 040, PARTS 030.100 through 030.510; Nevada Revised Statutes (NRS) 445B; the Federal Clean Air Act, or common usage, in that order of priority.

FOOD ESTABLISHMENT means a commercial facility that provides food to the public.

PARTICULATE MATTER means any material, except uncombined water such as water vapor and water droplets, which exist in a finely divided form as a solid or liquid at reference conditions, with an aerodynamic diameter smaller than one hundred (100) micrometers.

PM<sub>2.5</sub> means particulate matter with an aerodynamic diameter less than or equal to a nominal two and one-half (2.5) micrometers (microns or  $\mu$ ) as measured by a reference method based on 40 Code of Federal Regulations (CFR) PART 50 Appendix L and designated in accordance with 40 CFR PART 53 or by an equivalent method designated in accordance with 40 CFR PART 53.

SOLID FUEL means a fuel used for cooking that consists of wood or coal.

SO<sub>2</sub> means sulfur dioxide.

#### SECTION C – APPLICABILITY

1. GENERAL PERMIT. A food establishment that burns solid fuel for cooking food requires a general permit in accordance with PART 030.100 unless the food establishment:
  - a. Is part of a facility that has other emission units subject to minor or major source permitting in accordance with DBOH 030.200 and DBOH 030.500, respectively.
  - b. Has a consumption rate greater than best systems of control emission thresholds of ten (10) tons per year of PM<sub>2.5</sub> for wood (575 tons of wood; equivalent to 460 cords) and forty (40) tons per year of sulfur dioxide (SO<sub>2</sub>) for coal (2,000 tons of coal). Facility would require a minor source permit in accordance with DBOH 030.200.

#### SECTION D - ADMINISTRATIVE REQUIREMENTS

1. CHANGE OF OWNERSHIP OR SIGNIFICANT EQUIPMENT MODIFICATION. The Control Officer or their representative shall be notified, in writing, prior to any change of ownership, significant equipment modification, or new construction per DBOH 030.000.C.2 and 030.100.J.

#### SECTION E - COMPLIANCE AND RECORDS

1. CURTAILMENT OF BURNING DURING EMERGENCY EPISODES. Should a Stage 2, Stage 3, or Stage 4 emergency episode be declared by the Control Officer or their representative, the food establishment shall comply with a commercial solid fuel burning curtailment if the Control Officer or their representative deems commercial solid fuel burning to be contributing to the emergency episode per DBOH 050.001.C.2.
2. VISIBLE EMISSIONS. No person may permit emissions from the stack or exhaust of a solid fuel cooking equipment to exceed an opacity reading no greater than 20% for a period or periods aggregating more than six (6) minutes in any one-hour period. Emissions created during a fifteen (15) minute start-up period are exempt per DBOH 030.000 B.5.

Attachment 6

Business Impact Statement Survey/Response Report

# **BUSINESS IMPACT STATEMENT SURVEY**

**for District Board of Health Regulations Governing Air Quality Management Chapter 040  
(Prohibited Emissions), Part 040.033 (Food Establishments)**

- 1. Name?**
- 2. Email?**
- 3. How many people does your business employ (full time and part time)?**
  - a. 0 - 150 people**
  - b. 151 – 500 people**
  - c. Over 500 people**
- 4. Would the proposed regulation revision impose a direct and significant economic burden upon your business?**
  - a. Yes**
  - b. No**
  - c. Not Sure**
- 5. If your answer to Question 4 was yes, please explain how?**
- 6. Would the proposed regulation revision directly restrict the formation, operation or expansion of your business?**
  - a. Yes**
  - b. No**
  - c. Not Sure**
- 7. If your answer to Question 6 was yes, please explain how?**
- 8. Please estimate the total annual impact the proposed regulation revision will have on your business.**
  - a. No Impact**
  - b. \$100 - \$1,000**
  - c. \$1,001 - \$5,000**
  - d. \$5,001 - \$10,000**
  - e. Over \$10,000**
- 9. If you reported a fiscal impact on Question 8, please detail how you arrived at the range selected.**

View results

Respondent

1

Anonymous

06:11

Time to complete

1. What is your name? \*

Matthew Harris

2. What is your email address? \*

[Redacted]

3. How many people does your business employ (full-time and part-time)? \*

- 0-150 people
- 151-500 people
- Over 500 people

4. Would the proposed regulation revision impose a direct and significant economic burden? \*

- Yes
- No
- Not Sure

5. If your answer to Question 4 was yes, please explain how.

Economic burden is hard to quantify and the proposed regulations are an overreach and frankly a waste of staff time and tax payer attention.

6. Would the proposed regulation revision directly restrict the formation, operation, or expansion of your business? \*

- Yes
- No
- Not Sure

7. If your answer to Question 6 was yes, please explain how.

Wood or coal fired foods are a natural ways of cooking and any attempt to reduce the opportunity shouldn't be considered for the minuscule amount of supposed air impacts.

8. What is the estimated total annual impact the proposed regulation revision will have on your business? \*

- No Impact
- \$100 - \$1,000
- \$1,001 - \$5,000
- \$5,001 - \$10,000
- Over \$10,000

9. If you reported a fiscal impact on Question 8, please detail how you arrived at the range selected.

The cost of alternative equipment for a just in case issue isn't a good plan. This is just another thing stacking up the costs for small food businesses.



**From:** [KeepItClean](#)  
**To:** [REDACTED]  
**Subject:** BIS Survey Response  
**Date:** Monday, March 9, 2026 8:42:00 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)

---

Dear Matthew,

Thank you for taking the time to complete the Business Impact Statement (BIS) survey. We appreciate your participation and the information you provided. Your response will be included in the District Board of Health (DBOH) staff report for the BIS and the associated rule adoption process. In addition, your input will be incorporated into the State Implementation Plan (SIP) submittal to the Nevada Division of Environmental Protection (NDEP), which will then be transmitted to the U.S. Environmental Protection Agency (EPA) for review.

Sincerely,



**Keep It Clean**

O: 775-784-7200  
1001 E Ninth St. Bldg. B Reno, NV 89512

[NNPH.org](#) | [f](#) [f](#) [@](#) [X](#) [in](#)

[Click here to take our customer satisfaction survey](#)

View results

Respondent

2

Anonymous

10:56

Time to complete

1. What is your name? \*

Clay Cobb

2. What is your email address? \*

[Redacted]

3. How many people does your business employ (full-time and part-time)? \*

- 0-150 people
- 151-500 people
- Over 500 people

4. Would the proposed regulation revision impose a direct and significant economic burden? \*

- Yes
- No
- Not Sure

5. If your answer to Question 4 was yes, please explain how.

If we are required to modify or replace smokers, add filtration systems, extend stacks, or limit operating times, that would create significant costs. Depending on what is required, equipment changes alone could cost thousands to tens of thousands of dollars.

It could also slow down production, affect food quality, or limit our ability to operate at events and caterings. BBQ isn't something we can switch to electric or gas without changing the product entirely.

As a small business with tight margins, any major equipment upgrades, operational restrictions, or added compliance costs would have a real financial impact on us.

6. Would the proposed regulation revision directly restrict the formation, operation, or expansion of your business? \*

- Yes
- No
- Not Sure

7. If your answer to Question 6 was yes, please explain how.

Our business is built around wood-fired barbecue for our restaurant and catering operations. If the revised regulation places stricter limits on visible smoke or requires expensive equipment upgrades, that could limit how we operate and how we grow.

Expansion for us would mean adding another smoker or expanding our catering capacity. If new rules make it harder or more expensive to install or operate wood-burning equipment, that directly affects our ability to expand.

For context, we do not burn large amounts of wood. We use only a few sticks per day in our smokers, totaling approximately 2.5 cords of wood per year. This is a controlled cooking process, not large-scale or industrial combustion.

We can't simply switch to gas or electric without fundamentally changing our product. Any regulation that restricts how we use wood-fired smokers would directly impact our restaurant and catering operations and our future growth.

8. What is the estimated total annual impact the proposed regulation revision will have on your business? \*

- No Impact
- \$100 - \$1,000
- \$1,001 - \$5,000
- \$5,001 - \$10,000
- Over \$10,000

9. If you reported a fiscal impact on Question 8, please detail how you arrived at the range selected.

The estimate is based on potential compliance costs if equipment modifications are required. Our business relies on wood-fired smokers for our restaurant and catering operations. If the regulation requires stack extensions, emission control devices, retrofitting existing smokers, engineering review, or replacement of equipment to meet new standards, those costs would likely exceed \$10,000.

Commercial smoker modifications and installations can cost several thousand dollars, and full replacement of a compliant unit could be significantly higher. In addition to equipment costs, there could be permitting fees, professional consultation, and potential production disruptions during installation.

Because wood combustion is central to our cooking process, any required changes to equipment or operation could reasonably place our annual impact above \$10,000.

**From:** [KeepItClean](#)  
**To:** [REDACTED]  
**Subject:** BIS Survey Response  
**Date:** Monday, March 9, 2026 8:45:00 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)

---

Dear Clay,

Thank you for taking the time to complete the Business Impact Statement (BIS) survey. We appreciate your participation and the information you provided. Your response will be included in the District Board of Health (DBOH) staff report for the BIS and the associated rule adoption process. In addition, your input will be incorporated into the State Implementation Plan (SIP) submittal to the Nevada Division of Environmental Protection (NDEP), which will then be transmitted to the U.S. Environmental Protection Agency (EPA) for review.

Sincerely,



**Keep It Clean**

O: [775-784-7200](tel:775-784-7200)  
1001 E Ninth St. Bldg. B Reno, NV 89512

[NNPH.org](http://NNPH.org) | [f](#) [f](#) [@](#) [X](#) [in](#)

[Click here to take our customer satisfaction survey](#)

Attachment 7

Public Workshop Materials

- a. Presentation
- b. Attendance Sheets

NORTHERN NEVADA

**Public Health**

# **Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management - Food Establishments**

**Genine Rosa and Brendan Schnieder – February 24, 2026**

**Senior Air Quality Specialists**

**Air Quality Management Division**

# Air Quality Management Division

## Mission

The Air Quality Management Division (AQMD) is dedicated to the protection of air quality and the safeguard of public health for all of Washoe County through the development and implementation of effective programs and regulations while supporting economic growth, community partnerships, and environmental justice.

# District Board of Health

## Strategic Priority

2. Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

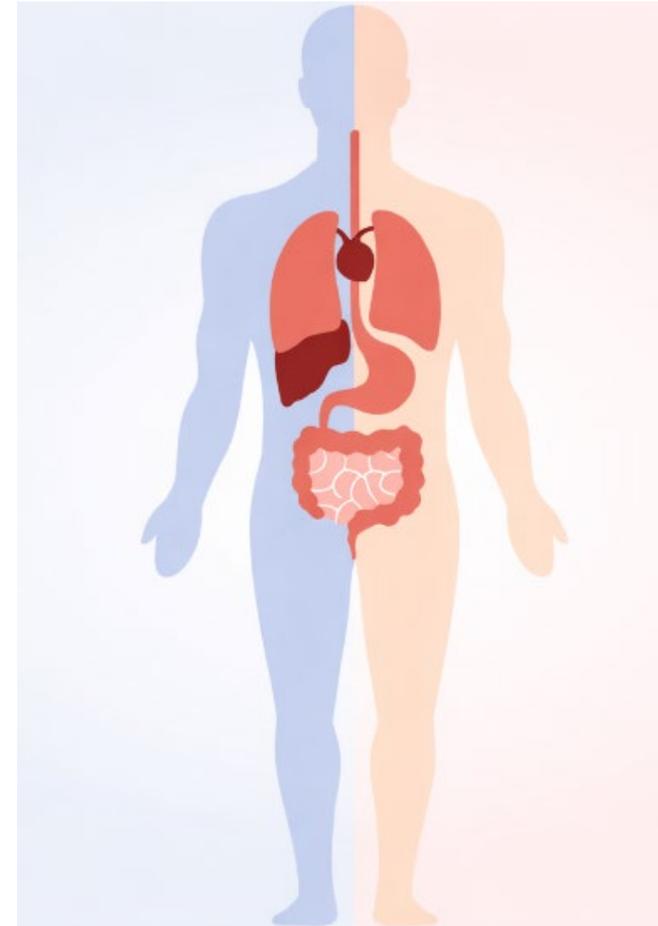
2.1 Protect people from negative environmental impacts.

# Health Effects of Air Pollution

Air pollution poses severe short- and long-term health risks. Exposure can cause:

- Respiratory inflammation
- Asthma attacks
- Heart attacks
- Stroke
- Preterm birth and low birth weight
- Lung and other cancers
- Premature death

Sensitive populations such as children, older adults, and those with pre-existing heart/lung conditions are especially at risk.



# Food Establishments Regulation Revisions (Chapter 040)

## Background

- PART 040.033 revisions were initiated in response to revisions to the DBOH Regulations Governing Air Quality Management Chapter 030 – General Source Permitting and Chapter 050 – Emergency Episode Plan
- Food Establishments has not been revised since 1993.



# Food Establishments Regulation Revisions (Chapter 040)

## Current Rule

040.033 FOOD ESTABLISHMENTS (Adopted 1/90, Amended 12/15/93)

Food establishments operating devices to cook food that emit more than two (2) pounds per day of air emissions, must obtain a Permit to Operate. Whenever there is a change of ownership, significant equipment modification, or new construction, establishments with emissions exceeding ten (10) pounds per day must apply Best Available Control Technology (BACT). All restaurants exceeding 20 pounds/day must meet the BACT requirement no later than July 1, 1994. BACT may include, but is not limited to, the use of grooved griddles, exhaust control, mist eliminator systems, etc. Emissions will be calculated using the latest available emission factors for this source and all emissions will be considered, including, but not limited to PM10, CO, VOCs, and NOx.



# Food Establishments Regulation Revisions (Chapter 040)

## Major Changes

- **Definitions**
  - Definitions have been added to increase clarity.
- **Applicability**
  - Delineates a general permit versus minor/major source permitting.
- **Administrative Requirements**
  - Reflects revised Parts 030.000 and 030.100 change of ownership and equipment modifications.
- **Compliance and Records**
  - Addresses revised Chapter 050.001 curtailments during emergency episodes
  - Addresses revised visible emissions standard.



# Food Establishments Regulation Revisions (Chapter 040)

## Does this rule apply to me?

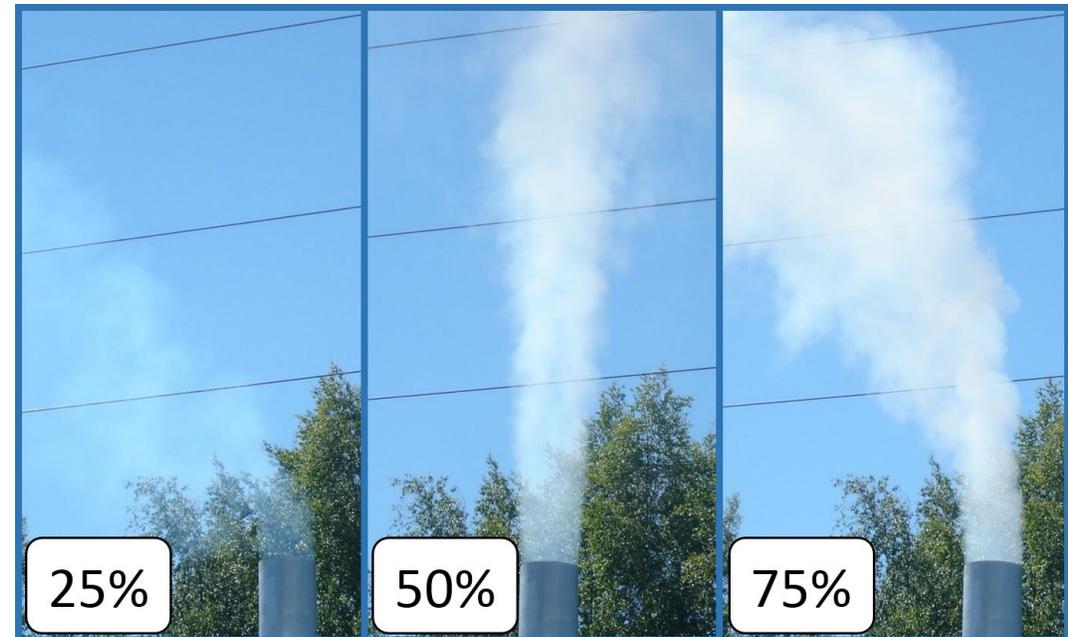
- **Purpose and Applicability**
  - Limit emissions from solid fuel burning operations.
  - Any commercial food establishment using solid fuel burning operations, i.e., wood or coal fired pizza ovens / grills, smokers, etc.
- **Exceptions to General Permit**
  - If part of a facility that has other emission units subject to minor or major source permitting in accordance with DBOH 030.200 and DBOH 030.500.
  - A facility would require a Minor Source Permit to Operate if annual consumption exceeds:
    - Wood: >575 tons (460 cords)
      - Triggers >10 tons/year of PM<sub>2.5</sub>
    - Coal: >2,000 tons
      - Triggers >40 tons/year of SO<sub>2</sub>



# Food Establishments Regulation Revisions (Chapter 040)

## Compliance and Records

- **Emergency Episode Curtailment**
  - Stopping use of solid fuel during a Stage 2, 3, or 4 Emergency Episode declared by the Health Officer.
- **Visible Emissions**
  - Emissions from solid fuel cooking equipment must not exceed 20% opacity for more than a total of six minutes in any one-hour period.
  - Emissions during a 15-minute start-up are exempt.



# Food Establishments Regulation Revisions (Chapter 040) Timeline

January 26, 2026



Start of the 30-Day Public  
Comment Period and Public  
Workshop.

February 26, 2026



Close of 30-Day Public  
Comment Period and Public  
Workshop

March 26, 2026



Business Impact Statement  
presented to District Board of  
Health

April 23, 2026



Rule Adoption presented to  
District Board of Health

**\* Implementation date for the proposed revisions: TBD**

# Food Establishments Regulation Revisions (Chapter 040)

## Fee Differences

- Current permit application for any commercial solid fuel burning source:
  - Can take up to 180 days to issue due to the complexity of a Minor Source Operating Permit (MSOP).
  - Current fee for MSOP Application: \$2,839
  - Current Annual Maintenance and Emissions Fee associated with MSOP: \$996
- Under the new rule as a General Permit:
  - Authority to Operate (ATO) issued no later than 30 days
  - General Permit application fee: \$647
  - Annual Maintenance Fee for General Permit: \$373



# Food Establishments Regulation Revisions (Chapter 040)

## General Permit

- Coming soon!
  - Apply for Authority to Operate under a General Permit – 5 year
  - Online application process through Accela (OneNv.us)
  - Public workshop with details regarding how/when to apply
  - Details to come as these permits are completed and available to apply



# Food Establishments Regulation Revisions (Chapter 040)

## Public Engagement

- Public comment will be accepted through February 26, 2026.
  - May be submitted via email at [AQMDPlanning@nnph.org](mailto:AQMDPlanning@nnph.org)
  - May be submitted via mail at 1001 E. Ninth St., Bldg. B-171, Reno, NV, 89512
  - May be dropped off in person in the air quality drop box located at the address above
- All correspondence must include first and last name, mailing address, and contact information.

To view the proposed changes to Chapter 040, recording of this public workshop, and slides from this presentation, please visit the Public Outreach page of our website.

[OurCleanAir.com](http://OurCleanAir.com)



NORTHERN NEVADA  
**Public Health+**

# Sign-In Sheet

Northern Nevada Public Health, AQMD  
**Part 040.033 (Food Establishments) Rule Revision Public Workshop**  
 Tuesday, February 24, 2026, 3:00 – 4:00 pm,  
 Northern Nevada Public Health, Conference Rooms A and B

| Name           | Organization          | E-mail                      |
|----------------|-----------------------|-----------------------------|
| Kandall Wilde  | Caesars Entertainment | kandall@elderadventures.com |
| CRAIG PETERSEN | NRPB - AQMD           | CPETERSEN@NRPB.ORG          |
| Francisco Vega | NRPB - AQMD           | fvega@nrph.org              |
| Alexis Bernal  | NRPB                  | abernal@nrph.org            |
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1. Summary

|                         |                                            |
|-------------------------|--------------------------------------------|
| Meeting title           | Food Establishments Rule Revision Workshop |
| Registration page views | 8                                          |
| Registered participants | 5                                          |
| Canceled registrations  | 0                                          |
| Attended participants   | 5                                          |
| Start time              | 2/24/26, 2:38:05 PM                        |
| End time                | 2/24/26, 3:28:04 PM                        |
| Meeting duration        | 49m 58s                                    |
| Average attendance time | 30m 52s                                    |

2. Participants

| Name                                   | First Join          | Last Leave          | In-Meeting Duration | Email                           | Participant ID (UPN)                            | Role      |
|----------------------------------------|---------------------|---------------------|---------------------|---------------------------------|-------------------------------------------------|-----------|
| Schnieder, Brendan                     | 2/24/26, 2:38:07 PM | 2/24/26, 3:28:01 PM | 49m 54s             | BSchnieder@nnph.org             | BSchnieder@washoecounty.gov                     | Organizer |
| Health - ConferenceRoom B - Teams Room | 2/24/26, 2:38:31 PM | 2/24/26, 3:28:04 PM | 49m 32s             | Health-ConferenceRoomB@nnph.org | Health-ConferenceRoomB@WashoeNV.onmicrosoft.com | Presenter |
| Peter Saba (External)                  | 2/24/26, 2:48:56 PM | 2/24/26, 3:27:39 PM | 24m                 | psaba@nvrestaurants.com         | psaba@nvrestaurants.com                         | Attendee  |
| Peter Krueger (External)               | 2/24/26, 2:55:52 PM | 2/24/26, 3:27:46 PM | 27m 15s             | peter@i3publicaffairs.com       | peter@i3publicaffairs.com                       | Attendee  |
| Tray Abney (External)                  | 2/24/26, 3:02:52 PM | 2/24/26, 3:27:40 PM | 23m 26s             | tray@abneygr.com                | tray@abneygr.com                                | Attendee  |

NORTHERN NEVADA

**Public Health**

# **Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management - Food Establishments**

Craig Petersen, Supervisor, Monitoring & Planning – March 26, 2026

Air Quality Management Division

# Air Quality Management Division

## Mission

The Air Quality Management Division (AQMD) is dedicated to the protection of air quality and the safeguard of public health for all of Washoe County through the development and implementation of effective programs and regulations while supporting economic growth, community partnerships, and environmental justice.



# District Board of Health

## Strategic Priority

2. Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

2.1 Protect people from negative environmental impacts.



# Food Establishments Regulation Revisions (Chapter 040)

## Background

- Part 040.033 revisions were initiated in response to revisions to the DBOH Regulations Governing Air Quality Management Chapter 030 – General Source Permitting and Chapter 050 – Emergency Episode Plan.
- Food Establishments has not been revised since 1993.



# Food Establishments Regulation Revisions (Chapter 040)

## Major Changes

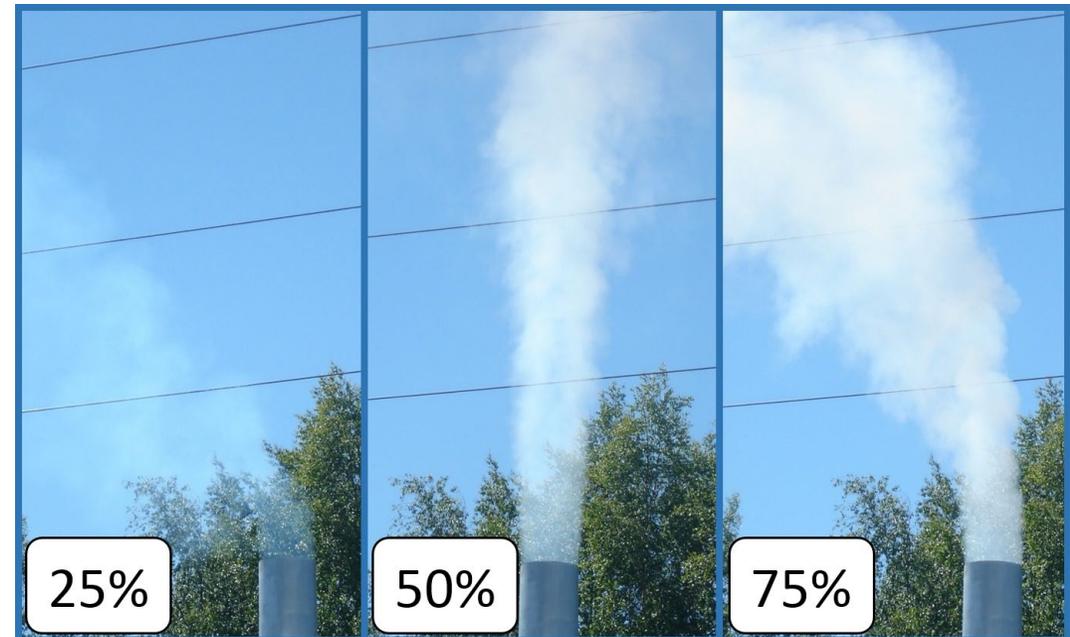
- **Definitions**
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- **Applicability**
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- **Administrative Requirements**
  - Reflects revised Parts 030.000 and 030.100 change of ownership and equipment modifications.
- **Compliance and Records**
  - Addresses revised Chapter 050.001 curtailments during emergency episodes
  - Addresses revised visible emissions standard.



# Food Establishments Regulation Revisions (Chapter 040)

## Compliance and Records

- **Emergency Episode Curtailment**
  - Stopping use of solid fuel during a Stage 2, 3, or 4 Emergency Episode may be declared by the Health Officer.
- **Visible Emissions**
  - Emissions from solid fuel cooking equipment must not exceed 20% opacity for more than a total of six minutes in any one-hour period.
  - Emissions during a 15-minute start-up are exempt.



# Food Establishments Regulation Revisions (Chapter 040)

## Community and Stakeholder Engagement

- Held a hybrid (in-person and virtual) Public Workshop
- Issued Two Press Releases
  - January 26, 2026 – 30-day Public Comment Period, BIS Survey, and Public Workshop
  - February 17, 2026 – Postponement of Public Workshop from February 17 to February 24, 2026 due to inclement weather.
- Website posting
- AQMD Email Subscription List





# Food Establishments Regulation Revisions (Chapter 040)

## Business Impact Statement Summary

- **Received two (2) responses to the BIS Survey.**
- **No adverse economic effects are anticipated.**
- **There are no new fees or fee increases.**
- **There is no anticipated increase in annual cost to NNPH for the enforcement of the proposed revisions.**
- **The proposed revisions are intended to reflect the recent revisions to Chapters 030 and 050 and provide clarity.**



# Food Establishments Regulation Revisions (Chapter 040) Timeline

January 26, 2026



Start of the 30-Day Public Comment Period, Public Workshop, and BIS Survey.

February 26, 2026



Close of 30-Day Public Comment Period and Public Workshop

March 26, 2026



Business Impact Statement presented to District Board of Health

April 23, 2026



Rule Adoption by District Board of Health

NORTHERN NEVADA  
**Public Health+**

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: March 26, 2026**

**DATE:** March 12, 2026

**TO:** District Board of Health

**FROM:** Camarina Augusto, Community Health Coordinator  
775-328-2493, caugusto@nnph.org

**SUBJECT:** Presentation and possible acceptance of Northern Nevada Public Health’s 2026 BARHII assessment and results.

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**SUMMARY**

In March 2025, NNPH initiated the second iteration of the Bay Area Regional Health Inequities Initiative (BARHII) assessment to inform the development of the organization’s 2026–2029 BARHII Plan. The assessment identified four key themes that will guide the next phase of NNPH’s efforts to reduce health disparities among vulnerable populations. Following the assessment, an internal planning committee convened to review the findings, establish priorities, and develop a corresponding implementation plan. The resulting action plan outlines four priority areas with associated strategies, defined deliverables, and established timelines to support accountability and progress in addressing health inequities. Establishing this structured framework strengthens organizational alignment with identified community priorities, supports continuous quality improvement, and reinforces NNPH’s strategic commitment to advancing equitable health outcomes over the next three years.

**District Health Strategic Priorities supported by this item:**

**This item addresses all Health District Strategic Priorities.**

**PREVIOUS ACTION**

- The Annual FY23 Health Equity Plan Results were presented and accepted by the Board on October 26, 2023
- The 2022-2025 BARHII assessment and accompanying action plan were presented and accepted by the District Board of Health on November 10, 2022

**BACKGROUND**

Every three years, Northern Nevada Public Health implements the BARHII assessment to evaluate how its policies, processes, programs, and interventions align with community health needs and advance improved health outcomes for vulnerable populations. The BARHII framework is specifically designed for local health departments to conduct an organizational self-assessment focused on community impact, and it is recognized by the Public Health Accreditation Board (PHAB) as a recommended assessment tool. The assessment incorporates multiple input sources, including a staff survey, community partner survey, staff focus groups, and management interviews, to capture perspectives across all levels of the organization and from key external partners. Northern Nevada Public Health first implemented the BARHII assessment in 2022, affirming the organization’s commitment to improving health outcomes and evaluating how its policies, processes, programs, and interventions meet community needs. National accreditation standards require health departments to assess whether their services are socially, culturally, and linguistically appropriate for populations experiencing higher health risks and poorer outcomes and recognize the BARHII assessment as a nationally recognized framework to support this evaluation.

**FISCAL IMPACT**

There is no additional fiscal impact to the FY26 budget should the Board accept Northern Nevada Public Health’s BARHII assessment and results.

**RECOMMENDATION**

Staff recommends the District Board of Health accept Northern Nevada Public Health’s BARHII assessment and results.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be “Move to accept Northern Nevada Public Health’s BARHII assessment and results.”

NORTHERN NEVADA  
**Public Health**

**Eva Sandoval**

Community Health Educator



# Strengthening the Public Health System to Improve Health Outcomes

- Health shaped by various factors
- Identify gaps, opportunities
- Assessment tracks progress (2022–2025)
- Culture of continuous improvement
- Data to guide decisions





# Assessment Inputs & Results

## Inputs

Staff assessment

Partner survey

Staff focus groups

Leadership interviews

## Results

1. Data-informed decision making
2. Addressing factors that influence community health
3. Modernizing hiring practices
4. Building workforce capacity to meet community health needs



# Theme 1: Data-Driven Decision-Making

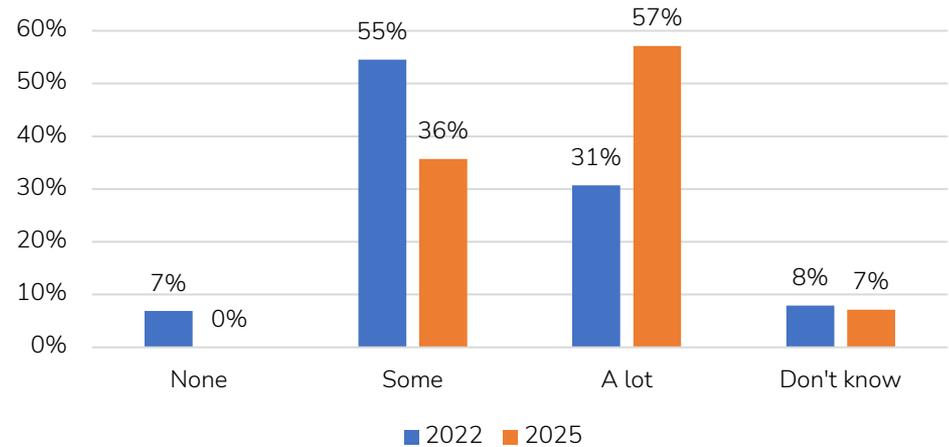
## Progress

- Piloted community health survey

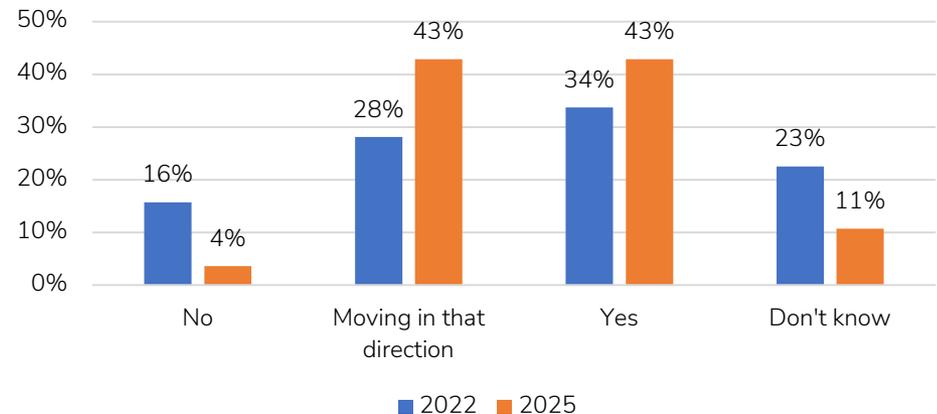
## Opportunities

- Metrics aligned with community needs
- Build community health dashboards
- Increase data utilization among stakeholders

How much does data influence your programs design



NNPH collects and shares data that is appropriate for the needs of the community





# Theme 2: Addressing Factors that Influence Community Health

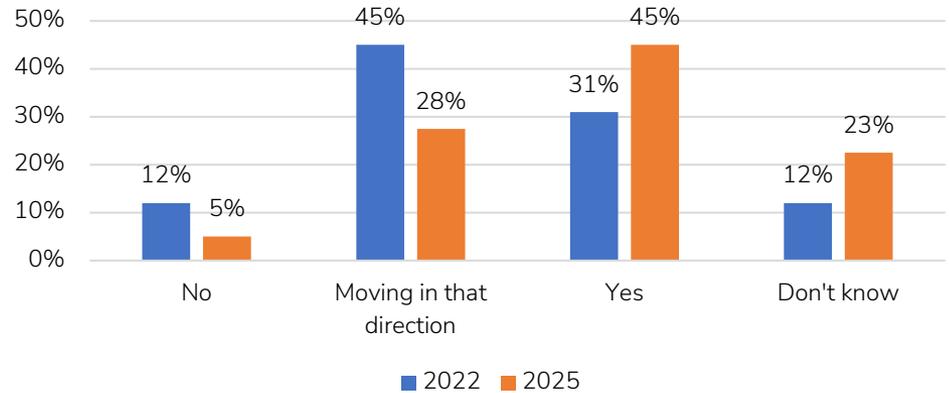
## Progress

- Townhalls/Food Business Resource Fairs

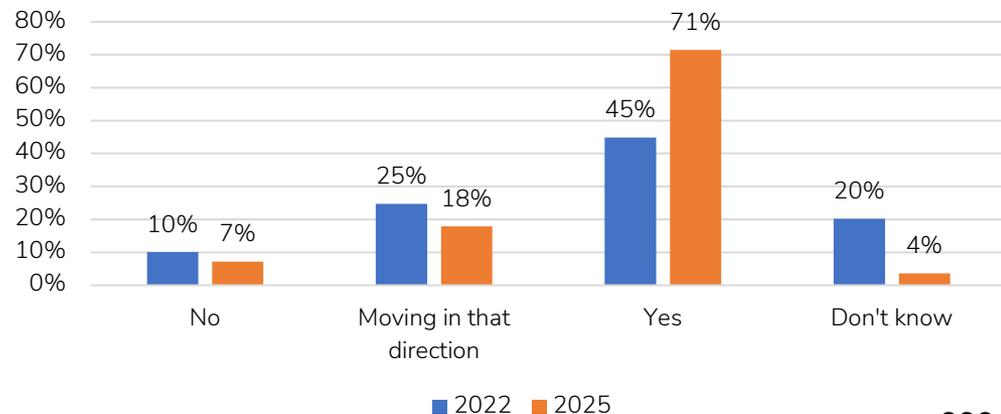
## Opportunities

- Support health by meeting needs
- Whole-person service approach
- Build staff capacity

My program has strategies in place to advocate for local policies that address the SDOH



NNPH sets standards and expectations for how to work with the community





# Theme 3: Modernizing Hiring Practices

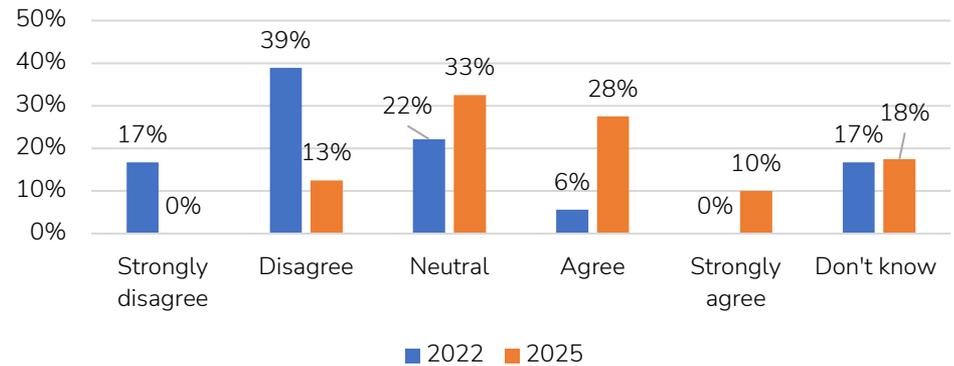
## Progress

- Piloted a hiring project

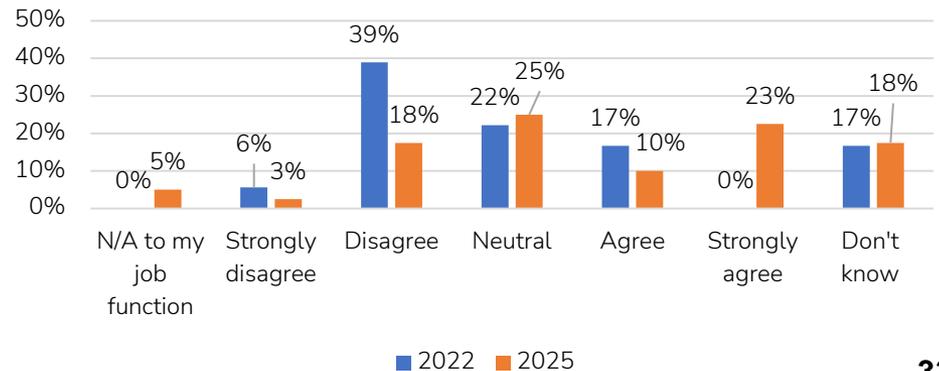
## Opportunities

- Integrate interpersonal and technical skills
- Expand recruitment efforts

When appropriate, minimum requirements for positions are flexible for community experience



Interview questions are designed to gain insight into an applicant's capability to address community needs in their program responsibilities



# Theme 4: Building Workforce Capacity to Meet Community Health Needs

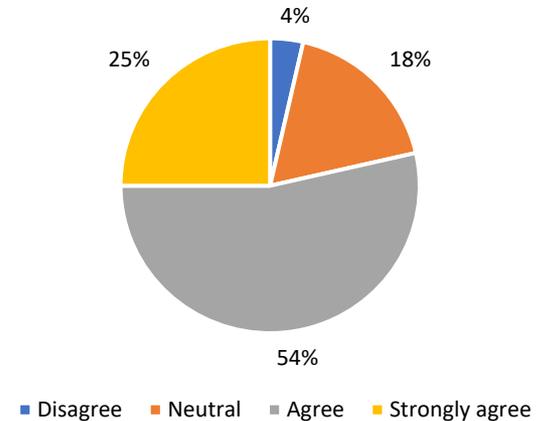
## Progress

- Provides technical assistance
- Academic health department
- Staff pursuing higher education

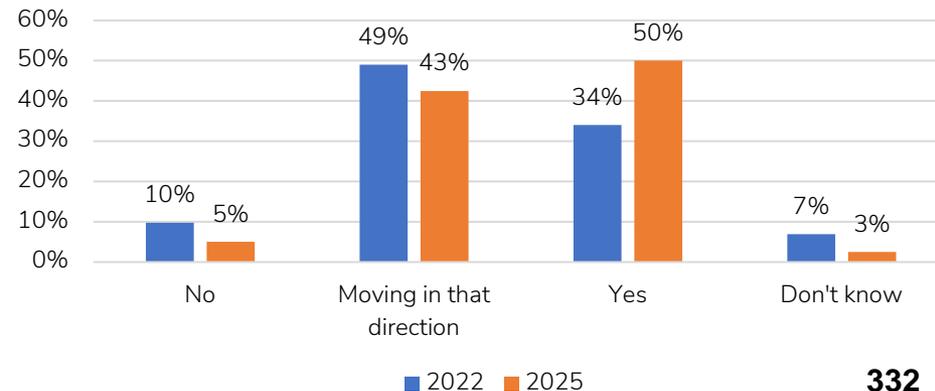
## Opportunities

- Expand training and professional development

I am familiar with the needs of community members in the County we serve



NNPH demonstrates a commitment to addressing the conditions that impact health





# Action Plan



## Goal

Improve outcomes in three years

## Action Plan

Developed by internal committee

## Priority Areas

Supporting strategies, deliverables, and timeframes

## Progress

Tracked for improvements and accountability

NORTHERN NEVADA  
**Public Health+**

# Improving Health Outcomes: Action Plan 2026

## Priority Area 1: Data-Driven Decision-Making

**SMART Goal: By December 2026, NNPH will revise its strategic plan to include at least two evidence-based performance metrics per program to measure health outcomes.**

| Strategy                                                                                                     | Accountable                                                            | Timeline                 | Deliverables                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Revise the strategic plan to include two evidence-based performance metrics per program.                  | Director of Programs and Projects and Program Managers/Supervisors     | March 2026-December 2026 | <ul style="list-style-type: none"> <li>Program managers will conduct quarterly reviews of performance management data with their respective programs.</li> <li>Performance management data will be included as a standing item on all quarterly program meeting agendas.</li> </ul> |
| 2. Use performance management system data to evaluate program effectiveness and program improvement efforts. | Program Managers, Management Analyst, and Community Health Coordinator | March 2026-December 2026 | <ul style="list-style-type: none"> <li>Each program will identify at least one data-informed opportunity for improvement that is new each year.</li> <li>Programs will document data utilization within performance management narratives.</li> </ul>                               |

## Priority Area 2: Addressing factors that influence community health

**SMART Goal: By December 2027, NNPH will implement four targeted strategies across programs, policies, and partnerships to improve community health outcomes.**

| Strategy                                                                                                                              | Accountable                                                                       | Timeline                | Deliverables                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Adopt a practice of incorporating brief training or storytelling focused on improving health outcomes into general staff meetings. | Community Health Coordinator, Deputy District Health Officer, Health Officer, and | July 2026-December 2027 | <ul style="list-style-type: none"> <li>Ensure at least 10 minutes on improving health outcomes are included as a standing agenda topic at all general staff meetings.</li> </ul> |

|                                                                                                                                                                                                                                                                | Director of Programs and Projects                                                              |                         |                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Expand opportunities for small businesses who are operated by at risk communities, to receive technical assistance that improves understanding of regulations/policies, support permit issuance, and promote compliant and sustainable business operations. | EHS and AQM Divisions, Program Managers/Supervisors, and Community Health Coordinator          | July 2026-December 2027 | <ul style="list-style-type: none"> <li>• Conduct at least one small business engagement activity per year.</li> <li>• Documentation of agendas, attendance, informational materials, trainings, or workshops to support compliance and sustainable business operations.</li> </ul> |
| 3. Establish an internal standard for subawards and requests for proposals (RFP's), requiring applicants to explain how their proposed activities meet community needs and deliver measurable community benefit.                                               | Program Managers, Administrative Health Services, Leadership, and Community Health Coordinator | July 2026-December 2027 | <ul style="list-style-type: none"> <li>• Develop standard criteria for subawards and RFPs to assess community needs and benefit.</li> <li>• Develop a simple RFP scoring method to strengthen consistency.</li> </ul>                                                              |
| 4. Establish a policy requiring each division to designate representatives, based on division size, to participate in internal committee meetings to advance strategic priorities                                                                              | Community Health Coordinator, Program Managers, and Leadership                                 | July 2026-December 2027 | <ul style="list-style-type: none"> <li>• Attendance logs</li> <li>• Policy requiring participation</li> </ul>                                                                                                                                                                      |

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and strengthen community health outcomes.

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### Priority Area 3: Modernizing Hiring Practices

**SMART Goal: By December 2027, NNPH will modernize the hiring process to address community needs.**

| Strategy                                                                                                                                     | Accountable                                                                                                   | Timeline                   | Deliverables                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------|
| 1. Identify key partnerships with higher education institutions, public health organizations, and professional groups to expand recruitment. | Hiring Managers, Leadership, and Community Health Coordinator                                                 | January 2027-December 2027 | <ul style="list-style-type: none"><li>List of partners by division</li></ul>                    |
| 2. Review and revise NNPH class specifications, ensuring competencies reflect community priorities and support effective service delivery.   | Washoe County HR, Hiring Managers, and Community Health Coordinator                                           | January 2027-December 2027 | <ul style="list-style-type: none"><li>Evaluate at least four class specifications</li></ul>     |
| 3. Research and adopt strategies to increase candidate pools, attract qualified candidates, and strengthen modern hiring practices.          | Washoe County HR, NNPH Hiring Committee, HR Representative, Hiring Managers, and Community Health Coordinator | January 2027-December 2027 | <ul style="list-style-type: none"><li>At least two new recruitment approaches piloted</li></ul> |

|                                                                                                                                       |                                                                                        |                            |                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Establish a standardized interview protocol with questions that assess applicants' knowledge of and experience of community needs. | Community Health Coordinator and Hiring Managers                                       | January 2027-December 2027 | <ul style="list-style-type: none"> <li>• Create a set of interview questions for the hiring manager or panel to select from, designed to evaluate an applicant's knowledge and experience in addressing community needs.</li> </ul> |
| 5. Train hiring panels to ensure consistent hiring practices.                                                                         | Washoe County HR, HR Representative, Hiring Managers, and Community Health Coordinator | January 2027-December 2027 | <ul style="list-style-type: none"> <li>• Develop a standardized hiring panel training curriculum.</li> </ul>                                                                                                                        |

**Priority Area 4: Building Workforce Capacity to meet Community Health Needs**

**SMART Goal: By December 2028, staff will demonstrate a 10% increase in knowledge of community health needs, as measured by pre- and post-assessment surveys.**

| Strategy                                                                                  | Accountable                                 | Timeline                   | Deliverables                                                                          |
|-------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------|---------------------------------------------------------------------------------------|
| 1. Explore funding opportunities to support staff seeking higher education opportunities. | Community Health Coordinator and Leadership | January 2028-December 2028 | <ul style="list-style-type: none"> <li>• List of potential funding sources</li> </ul> |

|                                                                                                                                                                                         |                                                                                |                            |                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Internal staff identify at least one professional goal annually to support career development.                                                                                       | HR Representative, Program Managers and Supervisors, and Community Health      | January 2028-December 2028 | <ul style="list-style-type: none"> <li>At least 75% of staff will include one professional goal as part of their annual performance evaluation.</li> </ul>                   |
| 3. Continue to provide Social Determinants of Health (SDOH) training as part of new employee onboarding to support effective service delivery and strengthen community health outcomes. | Community Health Coordinator, Program Managers, and Workforce Development Team | January 2028-December 2028 | <ul style="list-style-type: none"> <li>Staff report a 10% increase in knowledge through pre- and post- surveys.</li> </ul>                                                   |
| 4. Implement division- or program-specific training on SDOH and the public health system to increase staff knowledge to better meet community needs.                                    | Community Health Coordinator, Program Managers, and Workforce Development Team | January 2028-December 2028 | <ul style="list-style-type: none"> <li>Training agendas</li> <li>Sign-in sheets</li> <li>Staff report a 10% increase in knowledge through pre- and post- surveys.</li> </ul> |

**Staff Report**  
**Board Meeting Date: March 26, 2025**

**DATE:** March 12, 2026  
**TO:** District Board of Health  
**FROM:** Rayona LaVoie, Director of Programs and Projects  
775-328-2404, rlavoie@nmph.org  
**SUBJECT:** Presentation and possible acceptance of the 2025 PH WINS Survey Results and Workforce Insights.

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**SUMMARY**

The Workforce Insights presentation, originally prepared as part of the strategic planning retreat materials, provides an overview of staff feedback and workforce trends that will inform Northern Nevada Public Health's 2026-2029 Workforce Development Plan. The information presented is integrated into NNPH's strategic planning discussions to help leadership and the District Board of Health consider workforce competencies, workplace culture, and organizational investments needed to meet the community health needs. A key source of this information is the Public Health Workforce Interests and Needs Survey (PH WINS), the nation's largest survey of the governmental public health workforce, which collects data on staff engagement, training needs, workplace environment, and emerging workforce challenges across state and local health departments. NNPH uses PH WINS results to better understand employee perspectives, identify workforce strengths and gaps, and guide the development and implementation of its Workforce Development Plan, ensuring that professional development, leadership training, and organizational supports align with staff needs and national workforce trends.

**District Health Strategic Priority supported by this item:**

**This item addresses all Health District Strategic Priorities.**

**PREVIOUS ACTION**

- The Board directed staff to submit an above-base budget request of \$45,000 for FY23 to support workforce development initiatives; the request was subsequently approved as part of the FY23 budget.
- The 2022-2024 Workforce Development Plan was accepted on February 24, 2022
- The 2017 Workforce Development Plan was accepted on September 28, 2017

**BACKGROUND**

Northern Nevada Public Health (NNPH), has taken deliberate steps to strengthen its workforce capacity by developing and implementing comprehensive Workforce Development Plans aligned with the organization's Strategic Plan. Previous plans have been informed by nationally recognized workforce surveys and subsequent strategic planning discussions, where staff and leadership assessed organizational capacity, identified workforce gaps, and evaluated staff knowledge, skills, and abilities needed to advance public health priorities. These findings guided the creation of targeted workforce interventions. Workforce development planning is essential in public health because a skilled, adaptable, and well-supported workforce is the foundation for delivering effective programs, responding to emergencies, advancing health equity, and maintaining community trust. Additionally, maintaining and implementing a workforce development plan is a core requirement for national public health accreditation under Public Health Accreditation Board (PHAB) Standard 8.1.1, which emphasizes the need for health departments to build and support a skilled and diverse public health workforce to perform public health functions. In recognition of the importance of investing in its workforce, the District Board of Health demonstrated its commitment by allocating \$45,000 in FY2023 toward professional workforce development investments, reinforcing the agency's capacity to support staff growth, strengthen organizational performance, and ensure the long-term effectiveness and resilience of the public health system serving Washoe County.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY26 budget should the Board accept the 2025 PH WINS Survey Results and Workforce Insights.

### **RECOMMENDATION**

Staff recommends the District Board of Health accept the 2025 PH WINS Survey Results and Workforce Insights.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2025 PH WINS Survey Results and Workforce Insights."

**Staff Report**  
**Board Meeting Date: February 24, 2022**

**TO:** District Board of Health

**FROM:** Rayona LaVoie, Management Analyst  
775-328-2404, [rlavoie@washoecounty.gov](mailto:rlavoie@washoecounty.gov)

**SUBJECT:** Presentation and possible acceptance of the 2022-2024 Workforce Development Plan.

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**SUMMARY**

In August 2021, staff completed the 2021 Washoe County Health District Workforce Development survey. Following the survey, staff were engaged in discussions during strategic planning meetings to discuss organizational capacity, survey results, professional development, and needs of the workforce. The Washoe County Health District leadership team created goals and objectives to build organizational capacity and meet the workforce needs identified to accomplish initiatives in the FY22-24 Strategic Plan. The organizational capacity goals and workforce development goals were presented to members of the District Board of Health during the strategic plan retreat in November 2021. The FY 22-24 Strategic Plan was approved at the December DBOH meeting. Following the approval of the Strategic Plan, the complimentary Workforce Development Plan was finalized in draft form for Board acceptance.

**District Health Strategic Priorities supported by this item:**

**5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

- The 2017 Workforce Development Plan was accepted on September 28, 2017

**BACKGROUND**

This Workforce Development Plan is an outline of workforce interventions and activities to close identified workforce gaps and enable the Washoe County Health District to meet the FY 22-24 strategic goals. Fundamental to this work is identifying gaps in organizational capacity and in knowledge, skills and abilities through the assessment of both the agency and individual needs. The WFD plan addresses the gaps through six focus areas including: onboarding, core competencies, diversity, equity and inclusion, supervision and management, leadership development, and resilience and wellness. Workforce development opportunities and interventions identified in this plan are aligned to the Washoe County Health District strategic priorities as outlined in the FY 22-24 Strategic Plan.

This document is the third comprehensive workforce development plan for the Washoe County Health District. It also serves to address the documentation requirement for Public Health

Subject: ODHO District Health Officer Report  
Date: February 24, 2022  
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Accreditation Standard 8.2.1: Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.

**FISCAL IMPACT**

An above base request of \$45,000 will be presented for adoption in the FY23 budget.

**RECOMMENDATION**

Staff recommends the DBOH review and accept the 2022-2024 Workforce Development Plan as presented.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2022-2024 Workforce Development Plan as presented."

**Staff Report**  
**Board Meeting Date: March 26, 2026**

**DATE:** March 6, 2026  
**TO:** District Board of Health  
**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.gov](mailto:lgriffey@washoecounty.gov)  
**THROUGH:** Devon Reese, DBOH Chair  
**SUBJECT:** Review and Approval of Annual 360 Feedback Survey Questions, Process, List of Participants and Adjustments (addition of a second rating calculation to include a fourth (4<sup>th</sup>) group of participants) for the District Health Officer's Annual 360 Feedback Survey and Direct Staff to Conduct the Survey Utilizing the Microsoft Forms Survey Program.

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**SUMMARY**

Section 8 of the current Employment Agreement between the District Board of Health and District Health Officer Dr. Chad Kingsley requires the District Board of Health to review and evaluate the employee's performance in accordance with the provisions of the Open Meeting Law within 30 days of the anniversary date of the contract, which is May 13, 2026. This item requests the District Board of Health review the 360-feedback survey questions, process, list of proposed survey participants, and adjustments (addition of a second rating calculation to include a fourth (4<sup>th</sup>) group of participants) and approve the use of the Microsoft Forms survey platform to conduct the 360-feedback survey. Survey results are provided to the Board, and a public hearing will be held during the Board of Health meeting on April 23, 2026, so the Board can conduct the District Health Officer's performance evaluation in an open meeting.

**District Health Strategic Priorities supported by this item:**

**5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**Washoe County Strategic Objective supported by this item:** Valued, engaged employee workforce.

### **PREVIOUS ACTION**

On April 24, 2025, the District Board of Health conducted the District Health Officer's (Dr. Kingsley) annual performance evaluation in an open meeting, reviewing the results of the on-line 360-feedback survey conducted in March 2025. The Board accepted the 360 feedback survey results as presented. The District Board of Health approved a 5% merit increase for Dr. Kingsley, effective May 13, 2025.

On February 27, 2025, the District Board of Health approved the use of the electronic 360 feedback survey process to provide input for the District Health Officer's (Dr. Kingsley) 2025 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's 360 feedback survey.

On March 28, 2024, the District Board of Health selected Dr. Chad Kingsley as the District Health Officer. An Employment Agreement for Dr. Kingsley was approved by the Board on April 11, 2024, with a term beginning on May 13, 2024, and ending on May 13, 2025, with automatic renewal on the anniversary date with approval of the board.

On October 26, 2023, the District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting, reviewing the results of the on-line 360 survey conducted in September/October 2023. The Board accepted the 360 feedback survey results as presented. The District Board of Health approved a 5% merit increase for Mr. Dick retroactive to October 24, 2023.

On September 28, 2023, the District Board of Health approved the use of the electronic 360 feedback survey process to provide input for the District Health Officer's (Mr. Dick) 2023 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's 360 feedback survey.

### **BACKGROUND**

In accordance with NRS 241.033 and his Employment Agreement, the Board will conduct an annual performance evaluation of Dr. Kingsley.

During the Health Officers 2025 review process the Board approved and utilized a performance-based 360 feedback survey tool to provide input for Dr. Kingsley's evaluation. Washoe County Human Resources used the same process to review top management positions in 2024/2025 to ensure that the actions, decisions, and progress of the organization align positively with the success of the overall mission.

The original 360-feedback survey tool includes three (3) targeted groups with specific areas of input:

- Board of Health, Internal Leadership/Direct Reports and Community Stakeholders
  - Strategic Planning Outcomes weighted 50% of the final score
  - Board Relations weighted 20% of the final score
  - Internal Leadership/Direct Reports weighted 20% of the final score
  - Community Stakeholders Engagement weighted at 10% of the final score
  - Recommendations for Improvement non-weighted

- The 360 feedback survey results are graded by a rubric to assign the score for each item. The score is averaged by section, then multiplied by the category weight. Overall score assigned based on the rubric.
- Dr. Kingsley and DBOH Chair Reese agreed that the use of the same strategic objectives and 360 feedback survey processes used in 2025 would provide comparable data year over year.

Vice Chair Andriola requested we maintain the original process to provide comparable data (apples-to-apples) with Dr. Kingsley’s 2025 360 feedback survey results, but also requested we include a separate score/rating that contains a fourth (4) targeted group of participants. The additional group would be “NNPH Staff Who Supervise”.

The second (2<sup>nd</sup>) 360 feedback survey rating will include four (4) targeted groups with specific areas for input: Board of Health, Internal Leadership/Direct Reports, Community Stakeholders, and NNPH Staff Who Supervise.

- Strategic Planning Outcomes weighted 50% of the final score
- Board Relations weighted 20% of the final score
- Internal Leadership/Direct Reports weighted 10% of the final score
- Community Stakeholders Engagement weighted at 10% of the final score
- NNPH Staff Who Supervise weighted 10% of the final score
- Recommendations for Improvement non-weighted

This process will allow the first rating to be comparable to last year’s rating, while the 2<sup>nd</sup> rating will provide additional internal staff data for the board. The 2<sup>nd</sup> rating is not comparable to the 2025 results due to the addition of a new group of thirty-seven (37) additional participants.

- The survey is graded by a rubric to assign the score for each item. The score is averaged by section, then multiplied by the category weight. Overall score assigned based on the rubric.

| Rating | Description                                  |
|--------|----------------------------------------------|
| 0      | Participant has no basis for input           |
| 1      | Minimally effective; partially met objective |
| 2      | Effective: met objective                     |
| 3      | Highly Effective:                            |

The review receives an overall rating based on the weighted average scoring of all rating components.

|            |                     |
|------------|---------------------|
| 1.0 – 1.99 | Minimally effective |
| 2.0 – 2.99 | Effective           |
| 3          | Highly Effective:   |

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Following approval of the 360-feedback survey tool, questions, and the participant list, the 360-feedback survey will be distributed via Microsoft Forms to gather feedback on Dr. Kingsley's performance. The results will be provided to the Board for the April 23, 2026, meeting.

### **FISCAL IMPACT**

There is no fiscal impact from conducting the 360-feedback survey process

### **RECOMMENDATION**

Staff recommends the Board approve the District Health Officer's annual 360-feedback survey questions, process, list of participants, and adjustments (addition of a second rating calculation to include a fourth (4<sup>th</sup>) group of participants) for the District Health Officer's Annual 360 Feedback Survey as presented and direct staff to conduct the survey utilizing the Microsoft Forms survey program.

### **POSSIBLE MOTION**

**Possible motions could be "Move to approve the Annual 360-Feedback Survey Questions, Process, List of Participants, and Adjustments (addition of a second rating calculation to include a fourth (4<sup>th</sup>) group of participants) for the District Health Officer's Annual 360-Feedback Survey and Direct Staff to Conduct the Survey Utilizing the Microsoft Forms Survey Program."**

**Or**

**"Move to approve the Annual 360-Feedback Survey Questions, Process, List of Participants, and Adjustments (addition of a second rating calculation to include a fourth (4<sup>th</sup>) group of participants) for the District Health Officer's Annual 360-Feedback Survey with the proposed changes [changes proposed] and Direct Staff to Conduct the Survey Utilizing the Microsoft Forms Survey Program."**

## Email List of Participants for 2026 DHO Evaluation

| Name - DBOH Members                     | Position/Organization                                       |
|-----------------------------------------|-------------------------------------------------------------|
| 1. Devon Reese                          | Board of Health                                             |
| 2. Paul Anderson                        | Board of Health                                             |
| 3. Dr. Eloy Ituarte                     | Board of Health                                             |
| 4. Steve Driscoll                       | Board of Health                                             |
| 5. Clara Andriola                       | Board of Health                                             |
| 6. Michael Brown                        | Board of Health                                             |
| 7. Dr. Reka Danko                       | Board of Health                                             |
| Name – NNPH Leadership & Direct Reports | Position/Organization                                       |
| 8. Erin Dixon                           | Deputy District Health Officer                              |
| 9. Jack Zenteno                         | Admin Health Service Officer                                |
| 10. Robert Fyda                         | Environmental Health Services Division Director             |
| 11. Christina Sheppard                  | Community and Clinical Health Division Director             |
| 12. Nancy Diao                          | Epidemiology & Public Health Preparedness Division Director |
| 13. Francisco Vega                      | Air Quality Management Division Director                    |
| 14. Rayona LaVoie                       | Director of Programs and Projects                           |
| 15. Jacqueline Lawson                   | Administrative Secretary                                    |
| 16. Scott Oxarart                       | Public Health Communication Manager                         |
| Name – Stakeholders                     | Position/Organization                                       |
| 17. Jackie Bryant                       | Reno City Manager                                           |
| 18. JW Hodge                            | Assistant City Manager                                      |
| 19. Dion Louthan                        | Sparks City Manager                                         |
| 20. Dave Solaro                         | Washoe County Deputy Manager                                |

|                          |                                                                       |
|--------------------------|-----------------------------------------------------------------------|
| 21. Darin Balaam         | Sheriff                                                               |
| 22. Kelly Echeverria     | Washoe County Emergency Manager                                       |
| 23. Jeanne Freeman       | Director - Carson City Health & Human Services                        |
| 24. Julia Peek           | Deputy Administrator, Nevada Division of Public and Behavioral Health |
| 25. Stacie Weeks         | Director- NV Health Authority                                         |
| 26. Shannon Ernst        | Interim Director- Central NV Health District                          |
| 27. Natalie Gautereaux   | Director- Nevada Public Health Foundation                             |
| 28. Muge Akpinar-Elci    | Dean- UNR School of Public Health                                     |
| 29. Wei Yang             | Sr. Assoc. Dean- UNR School of Medicine                               |
| 30. Jim Bellamy          | Undergraduate Program Director- UNR School of Public Health           |
| 31. Oscar Delgado        | Community Health Alliance                                             |
| 32. Chris Bosse          | Chief Government Relations Officer- Renown Health                     |
| 33. Dr. John Packham     | Associate Dean- UNR & Nevada Public Health Association                |
| 34. Chris Lake           | Nevada Hospital Association                                           |
| 35. Barry Duplantis      | CEO- REMSA                                                            |
| 36. Victoria Van de Vate | Director Gov. Affairs- NACCHO                                         |
| 37. Cassius Lockett      | DHO- SNHD                                                             |
| 38. Kate Thomas          | County Manager- Washoe County                                         |
| 39. David Cochran        | Reno Fire Department                                                  |
| 40. Walt White           | Sparks Fire Department                                                |
| 41. Rick Edwards         | Truckee Meadows Fire Dept                                             |
| 42. Jordan Herget        | Regional Northern Nevada Health System                                |
| 43. Stephanie Kruse      | Founder- K3 (REMSA)                                                   |
| 44. Ryan Gustafson       | Director of Human Services- Washoe County                             |

|                                                          |                                                                       |
|----------------------------------------------------------|-----------------------------------------------------------------------|
| 45. Frank Laporì                                         | Owner- Lepori Construction Inc.                                       |
| 46. Alexis Motarex                                       | Director of Government Affairs- AGC                                   |
| 47. Vinson Guthreau                                      | Executive Director Nevada Association of Counties (NACO)              |
| 48. Amy Hyne-Sutherland, PHD                             | Health & Human Services Manager (NACO Nevada Association of Counties) |
| 49. Erica Olsen                                          | CEO@OnStrategy                                                        |
| 50. Megan Comlossy                                       | Director of Public Affairs and Policy<br>UNR School of Public Health  |
| 51. Allison Genco Herzik                                 | Chief of Staff, Nevada Health Authority                               |
| <b>Name – NNPH Supervisors &amp; Staff Who Supervise</b> | <b>Position/Organization</b>                                          |
| 52. Craig Petersen                                       | AQM Supervisor                                                        |
| 53. Joshua Restori                                       | AQM Supervisor                                                        |
| 54. Kara Roseburrough                                    | Clinic Supervisor                                                     |
| 55. Amber English                                        | EHS Supervisor                                                        |
| 56. David Kelly                                          | EHS Supervisor                                                        |
| 57. Wesley Rubio                                         | EHS Supervisor                                                        |
| 58. Kristen Palmer                                       | Fiscal Compliance Officer                                             |
| 59. Mary (Beth) Reeve                                    | Nurse Practitioner Supervisor                                         |
| 60. Deborah Nord                                         | Office Supervisor                                                     |
| 61. Carmen Ramirez                                       | Office Supervisor                                                     |
| 62. Victoria Nicolson-Hornblower                         | Public Health Nurse Supervisor                                        |
| 63. Sonya Smith                                          | Public Health Nurse Supervisor                                        |
| 64. Kelly Verling                                        | Public Health Nurse Supervisor                                        |
| 65. Kelli Goatley Seals                                  | Public Health Supervisor                                              |
| 66. Jennifer Howell                                      | Public Health Supervisor                                              |
| 67. Kelcie Atkin                                         | Registered Dietitian Nutritionist                                     |

|                             |                                               |
|-----------------------------|-----------------------------------------------|
| 68. Sunity Monga            | Registered Dietitian Nutritionist             |
| 69. Jeffrey Jeppson         | Sr. Air Quality Specialist                    |
| 70. Matthew McCarthy        | Sr. Air Quality Specialist                    |
| 71. Genine Rosa             | Sr. Air Quality Specialist                    |
| 72. Brendan Schnieder       | Sr. Air Quality Specialist                    |
| 73. Olivia Alexander-Leeder | Sr. Environmental Health Specialist           |
| 74. Byron Collins           | Sr. Environmental Health Specialist           |
| 75. Kristen deBraga         | Sr. Environmental Health Specialist           |
| 76. Latricia Lord           | Sr. Environmental Health Specialist           |
| 77. Will Lumpkin            | Sr. Environmental Health Specialist           |
| 78. Erin Myers              | Sr. Environmental Health Specialist           |
| 79. Joshua Philpott         | Sr. Environmental Health Specialist           |
| 80. Kaleigh Behrendt        | Sr. Public Health Nurse                       |
| 81. Tasha Pascal            | Sr. Public Health Nurse                       |
| 82. Kasimu Muhetaer         | Statistics and Informatics Supervisor         |
| 83. Dawn Edwards            | Administrative Assistant I (supervises staff) |
| 84. Camarina Augusto        | Community Health Coordinator                  |
| 85. Stephanie Chen          | Health Educator Coordinator                   |
| 86. Andrea Esp              | Preparedness & EMS Program Manager            |
| 87. Nicole Sooudi           | Health Educator Coordinator                   |
| 88. Kellie Watkins          | Epidemiology Program Manager                  |

## Survey Questions:

### Section 1: Strategic Planning Initiatives (weighted 50%)

| <b>Strategic Planning Initiatives</b> |                                                                                                                                                                                                                 | # of N/A No Input | # of Minimal Effective Ratings | # of Effective Ratings | # of Highly Effective Ratings | Avg of Ratings |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|------------------------|-------------------------------|----------------|
| 1                                     | Successfully implemented a structurally balanced budget for FY26 based on ACFR final report.                                                                                                                    |                   |                                |                        |                               |                |
| 2                                     | Obtained District Board of Health approval to a structurally balanced FY27 budget                                                                                                                               |                   |                                |                        |                               |                |
| 3                                     | Obtain Federal/State/Private grants and other funding to support key Strategic Plan initiatives                                                                                                                 |                   |                                |                        |                               |                |
| 4                                     | Successfully secured an increase in general fund allocations from the County to support public health efforts and achieve a balanced budget.                                                                    |                   |                                |                        |                               |                |
| 5                                     | Develop and manage annual budgets, ensuring that funding is allocated effectively to meet strategic health priorities.                                                                                          |                   |                                |                        |                               |                |
| 6                                     | Obtain DBOH acceptance of the organization's strategic plan that addresses both short-term and long-term community health needs.                                                                                |                   |                                |                        |                               |                |
| 7                                     | Achieve full compliance to maintain Public Health Accreditation by the Public Health Accreditation Board.                                                                                                       |                   |                                |                        |                               |                |
| 8                                     | Foster a positive and productive work environment by implementing strategies to improve employee satisfaction, ensuring that employee survey results meet or exceed the County's rating.                        |                   |                                |                        |                               |                |
| 9                                     | Exhibits strong leadership by utilizing data to guide decision-making that aligns with the district's Strategic Priorities                                                                                      |                   |                                |                        |                               |                |
| 10                                    | Effectively implemented a workforce optimization plan that includes restructuring programs, responsibilities, and workflows based on best practices to improve efficiency and improve overall service delivery. |                   |                                |                        |                               |                |
| 11                                    | Provided strategic leadership in convening cross-sector partners to advance the Community Health Assessment and successfully established shared community health priorities.                                    |                   |                                |                        |                               |                |

|    |                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|    |                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| 12 | Achieve review of plans to ensure compliance with established regional benchmarks.                                                                                                                                                                                                  |  |  |  |  |  |
| 13 | Advocates for public health by effectively articulating emerging public health objectives and best practices to stakeholders, ensuring informed decision-making and support for necessary policy changes to influence public health legislation.                                    |  |  |  |  |  |
| 14 | Successfully implemented NNPH's workforce development plan with measurable strategies that enhance recruitment, retention, training and leadership development, ensuring staff are well equipped to meet the district's public health goals and address emerging health challenges. |  |  |  |  |  |
| 15 | Achieved at least 70% of strategies outlined in the strategic plan to address community health needs and emerging public health threats.                                                                                                                                            |  |  |  |  |  |
| 16 | Actively addresses health disparities in underserved communities by integrating equity-focused initiatives into NNPH's Strategic Plan, ensuring that all populations have the opportunity to achieve optimal health outcomes.                                                       |  |  |  |  |  |
| 17 | Conducts regular emergency response drills and actively implements after action results with all key stakeholders to test readiness and improve response systems.                                                                                                                   |  |  |  |  |  |

Overall Average -

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**Comment Section:**

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**Section average = \_\_\_\_\_**

**Scoring: 0 = Participant has no basis for input; 1 = Minimally Effective  
2 = Effective; 3 = Highly Effective**

**Survey Questions:**  
**Section 2: Board Relations (weighted 20%)**

| <b>Board Relations</b> |                                                                                                                                                                            | # of N/A No Input | # of Minimal Effective Ratings | # of Effective Ratings | # of Highly Effective Ratings | Avg of Ratings |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|------------------------|-------------------------------|----------------|
| 1                      | Effectively implements the Board's policy directions and philosophy                                                                                                        |                   |                                |                        |                               |                |
| 2                      | Clearly articulates complete and accurate information to all Board members in a transparent and timely manner.                                                             |                   |                                |                        |                               |                |
| 3                      | Effectively communicated and began implementation of Strategic Plan Initiatives.                                                                                           |                   |                                |                        |                               |                |
| 4                      | Demonstrates a comprehensive understanding of organizational operations.                                                                                                   |                   |                                |                        |                               |                |
| 5                      | Actively updates key stakeholders by sharing data, reports and the rationale behind public health decisions and initiatives, demonstrating a commitment to accountability. |                   |                                |                        |                               |                |
| <b>Overall Rating</b>  |                                                                                                                                                                            |                   |                                |                        |                               |                |

**Comment Section:**

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**Section average = \_\_\_\_\_**

**Scoring: 0 = Participant has no basis for input; 1 = Minimally Effective  
 2 = Effective; 3 = Highly Effective**

## Survey Questions:

### Section 3: Internal Leadership-Direct Reports

(weighted 20% in Comparable score, weighted 10% in non-comparable score)

| <b>Internal Leadership</b> |                                                                                                                                                                                        | # of N/A No Input | # of Minimal Effective Ratings | # of Effective Ratings | # of Highly Effective Ratings | Avg of Ratings |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|------------------------|-------------------------------|----------------|
| 1                          | Functions as an effective leader of the organization; understanding organizational operations, gaining trust, respect and collaboration.                                               |                   |                                |                        |                               |                |
| 2                          | Fosters a culture that prioritizes data-driven decision-making using data analytics from the performance management system to assess performance and identify areas for improvement.   |                   |                                |                        |                               |                |
| 3                          | Values staff and recognizes them for their contributions                                                                                                                               |                   |                                |                        |                               |                |
| 4                          | Works to be an effective liaison between Board members and staff; allowing staff the space needed to successfully execute the Board policies.                                          |                   |                                |                        |                               |                |
| 5                          | Provides clear directions to address Strategic Plan initiatives.                                                                                                                       |                   |                                |                        |                               |                |
| 6                          | Effectively manages organizational change by establishing clear expectations, and ensuring staff are adequately supported and that changes result in improved health service delivery. |                   |                                |                        |                               |                |
| <b>Overall Average</b>     |                                                                                                                                                                                        |                   |                                |                        |                               |                |

## Comment Section:

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**Section average = \_\_\_\_\_**

**Scoring: 0 = Participant has no basis for input; 1 = Minimally Effective  
2 = Effective; 3 = Highly Effective**

**Survey Questions:**

**Section 4: Community Stakeholder Engagement (weighted 10%)**

| <b>Community Stakeholder Engagement</b> |                                                                                                                                                                                           | <b># of N/A No Input</b> | <b># of Minimal Effective Ratings</b> | <b># of Effective Ratings</b> | <b># of Highly Effective Ratings</b> | <b>Avg of Ratings</b> |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|-------------------------------|--------------------------------------|-----------------------|
| 1                                       | Practice timely and effective communication with all stakeholders on emerging public health threats within the County.                                                                    |                          |                                       |                               |                                      |                       |
| 2                                       | Accessible to leadership of other agencies, jurisdictions, and organizations; displaying appropriate diplomacy and tact.                                                                  |                          |                                       |                               |                                      |                       |
| 3                                       | Established and maintain effective communication and coordination with key stakeholders across the region and state to align health priorities, ensuring timely and collaborative action. |                          |                                       |                               |                                      |                       |
| 4                                       | Effectively communicates organizational goals, initiatives, and performance metrics to key stakeholders.                                                                                  |                          |                                       |                               |                                      |                       |
| <b>Overall Rating</b>                   |                                                                                                                                                                                           |                          |                                       |                               |                                      |                       |

**Comment Section:**

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**Section average = \_\_\_\_\_**

**Scoring: 0 = Participant has no basis for input; 1 = Minimally Effective  
2 = Effective; 3 = Highly Effective**

**Survey Questions:** Only included in the 2<sup>nd</sup> scoring results

**Section 5: NNPH Staff Who Supervise (weighted 10%)**

| <b>NNPH Staff Who Supervise</b> |                                                                                                                                                                                        | # of N/A No Input | # of Minimal Effective Ratings | # of Effective Ratings | # of Highly Effective Ratings | Avg of Ratings |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|------------------------|-------------------------------|----------------|
| 1                               | Functions as an effective leader of the organization; understanding organizational operations, gaining trust, respect and collaboration.                                               |                   |                                |                        |                               |                |
| 2                               | Fosters a culture that prioritizes data-driven decision-making using data analytics from the performance management system to assess performance and identify areas for improvement.   |                   |                                |                        |                               |                |
| 3                               | Values staff and recognizes them for their contributions                                                                                                                               |                   |                                |                        |                               |                |
| 4                               | Works to be an effective liaison between Board members and staff; allowing staff the space needed to successfully execute the Board policies.                                          |                   |                                |                        |                               |                |
| 5                               | Provides clear directions to address Strategic Plan initiatives.                                                                                                                       |                   |                                |                        |                               |                |
| 6                               | Effectively manages organizational change by establishing clear expectations, and ensuring staff are adequately supported and that changes result in improved health service delivery. |                   |                                |                        |                               |                |
| <b>Overall Average</b>          |                                                                                                                                                                                        |                   |                                |                        |                               |                |

**Comment Section:**

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**Section average = \_\_\_\_\_**

**Scoring: 0 = Participant has no basis for input; 1 = Minimally Effective**

**2 = Effective; 3 = Highly Effective**

**Air Quality Management Division  
Division Director Staff Report  
Board Meeting Date: March 26, 2026**

**DATE:** March 6, 2026

**TO:** District Board of Health

**FROM:** Francisco Vega, P.E., Division Director  
775-784-7211; [fvega@nnph.org](mailto:fvega@nnph.org)

**SUBJECT:** **Air Quality Management** – EPA Repeals Endangerment Finding and Vehicle GHG Requirements, New Study Finds That No Amount of Wildfire Smoke is Safe, September 2025 EPA Small Business Newsletter, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

**1. Program Update**

**a. EPA Repeals Endangerment Finding and Vehicle GHG Requirements**

On February 12, 2026, the Environmental Protection Agency (EPA) finalized a rule to rescind the 2009 Greenhouse Gas (GHG) Endangerment Finding and repeal associated emission standards for motor vehicles. The decision, published in the Federal Register on February 18, 2026, is scheduled to take effect on April 20, 2026.

The following data and legal determinations characterize the final rule:

**Regulatory Scope and Impact**

- **Repeal of Standards.** The rule rescinds the 2009 "Endangerment Finding" and "Cause or Contribute Finding." It repeals federal GHG emission standards for light-, medium-, and heavy-duty on-highway vehicles and engines for model years 2012 and beyond.
- **Compliance Requirements.** The action terminates all requirements for manufacturers to measure, control, and report GHG emissions. It eliminates "off-cycle" credits and incentives for specific vehicle technologies, such as start-stop systems.
- **Economic Estimates.** The EPA's Regulatory Impact Analysis (RIA) projects a net savings of approximately \$1.3 trillion in compliance and vehicle costs. According to GAO reports, estimated net savings range from \$89 billion to \$680 billion at a 7% discount rate, and up to \$920 billion at a 3% discount rate.
- **Unaffected Regulations.** The decision does not modify standards for "criteria pollutants" (e.g., NOx, particulate matter), air toxics, fuel economy testing (CAFE), or fuel economy labeling requirements.



### Legal and Statutory Basis

- Interpretation of Section 202(a). The EPA concluded that Section 202(a) of the Clean Air Act (CAA) does not authorize the regulation of emissions for the purpose of addressing global climate change. The agency redefined "air pollution" under the CAA to apply only to pollutants with local or regional health and welfare effects.
- Major Questions Doctrine. The agency invoked this legal doctrine, asserting that regulating GHG emissions is a matter of "vast economic and political significance" that requires explicit congressional authorization, which the agency determines is absent in the current statute.
- Judicial Precedent. The ruling cites recent Supreme Court decisions, including *West Virginia v. EPA* (2022) and *Loper Bright Enterprises v. Raimondo* (2024), the latter of which ended "Chevron deference", as the basis for seeking the "single, best reading" of the CAA.
- Preemption. The final rule asserts that the CAA continues to preempt state-level emission standards for new motor vehicles and state common-law claims regarding out-of-state emissions, even in the absence of federal GHG standards.

### Functional Findings

- Futility Determination. The EPA determined that the elimination of all U.S. motor vehicle GHG emissions would result in a "de minimis" impact on global climate indicators through the year 2100. The agency concluded that the previous regulations were therefore "costly and futile" in achieving their stated environmental goals.

For additional information, please visit the webpage below.

<https://www.epa.gov/regulations-emissions-vehicles-and-engines/final-rule-rescission-greenhouse-gas-endangerment>

#### b. New Study Finds That No Amount of Wildfire Smoke is Safe

A study published in the journal *Science Advances* reveals that long-term exposure to wildfire smoke is far more dangerous to human health than previously thought, causing about 24,100 deaths every year across the United States. By looking at data over a fourteen (14) year period, researchers found that even small increases in smoke pollution led to a higher risk of death. Unlike some pollutants that might only be harmful at high levels, the researchers discovered there is no "safe" amount of smoke; as the air gets smokier, the number of deaths rises steadily.



While wildfire smoke affects many parts of the body, the study found it is particularly damaging to the brain and heart. Deaths related to neurological conditions (like Alzheimer's or stroke) and heart disease saw the biggest spikes when smoke levels were high. The researchers even compared smoke-related deaths to unrelated accidents to prove that wildfire smoke itself, not just

general environmental changes, was the direct cause. Ultimately, the study warns that as climate change makes wildfires more frequent, the health risks to everyone living downwind will continue to grow.

Washoe County residents are at heightened risk because the region has recently recorded some of the nation's most dangerous air quality, including a 2024 ranking as the 6th worst in the U.S. for short-term particle pollution due to Western wildfires. This study's finding that there is no "safe" level of smoke is particularly alarming for the Truckee Meadows, where smoke often becomes trapped in the valley for weeks, exposing the community to the exact chronic health risks, including neurological and heart disease, detailed in the research.

**c. September 2025 EPA Small Business Newsletter**

Please visit the link below to view the September 2025 EPA small business monthly newsletter which highlights environmental regulation, compliance assistance, resources, and upcoming events. Contact [asbo@epa.gov](mailto:asbo@epa.gov) to subscribe to the newsletter. For more information about small business resources and Small Business Environmental Assistance Programs (SBEAPs), visit <https://www.epa.gov/resources-small-businesses>.



EPA's Asbestos and Small Business Ombudsman Program

A MONTHLY NEWSLETTER FOR THE REGULATED SMALL BUSINESS COMMUNITY

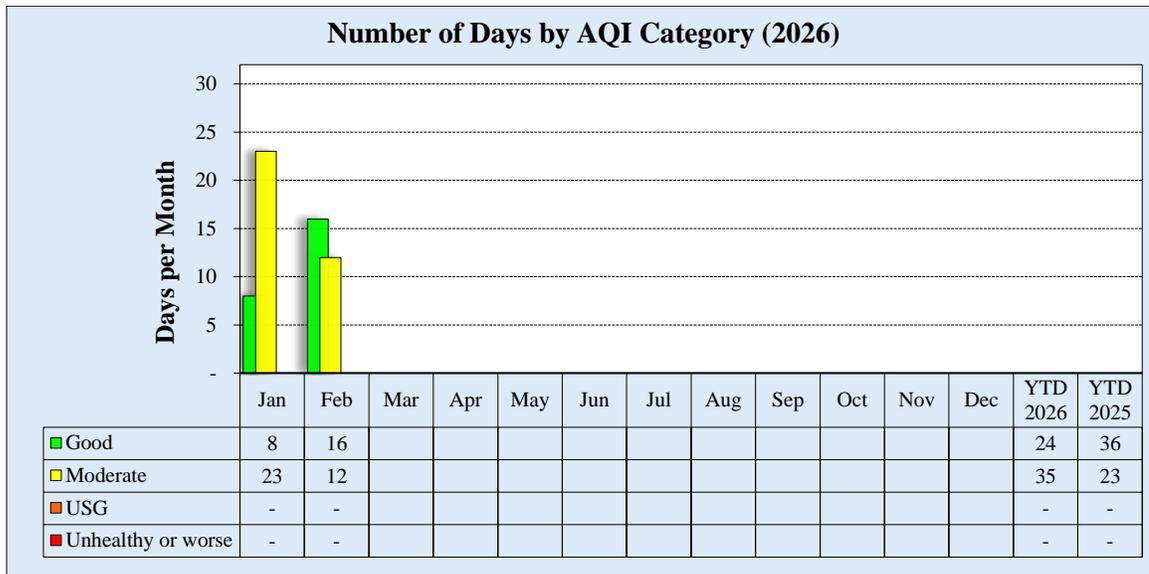
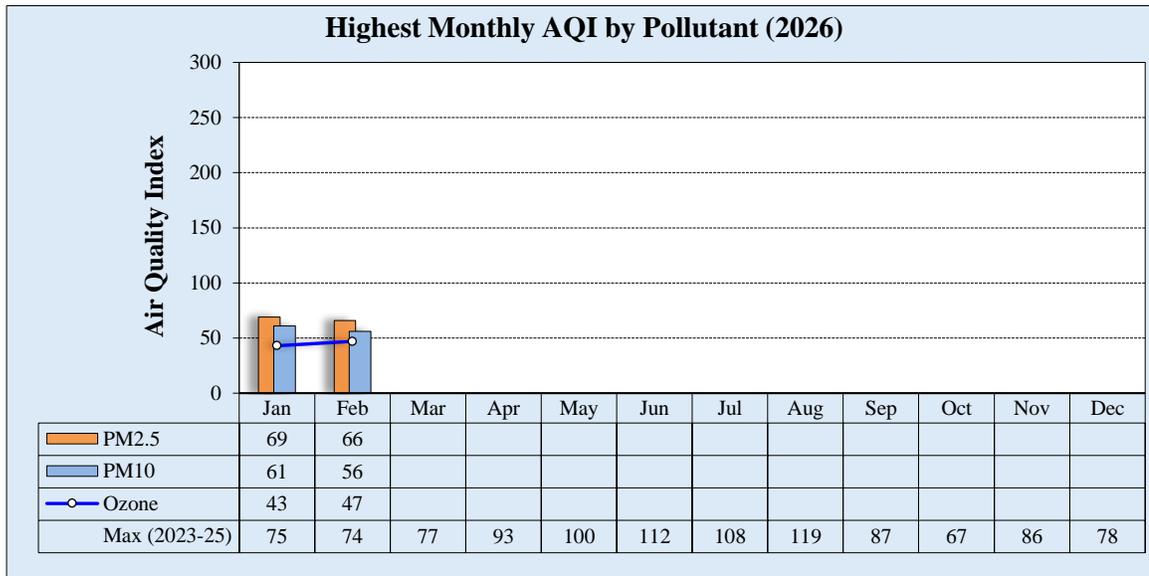
September 2025 Newsletter

<https://www.epa.gov/system/files/documents/2025-09/smallbizepa-september-2025.pdf>

Francisco Vega, P.E., MBA  
Division Director

**Divisional Update**

- a. Below are two charts detailing the most recent ambient air monitoring data. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table, for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Ambient air monitoring data in these charts represent midnight to midnight concentrations to illustrate comparisons to the NAAQS. These data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision.

## 2. Program Reports

### a. Monitoring and Planning

February Air Quality: There were no exceedances of the ozone, PM<sub>10</sub>, or PM<sub>2.5</sub> National Ambient Air Quality Standards (NAAQS). The highest ozone, PM<sub>2.5</sub>, and PM<sub>10</sub> concentrations for the month are listed in the table below.

| Pollutant                   | Concentration          | Date(s) | Site(s)         | Notes |
|-----------------------------|------------------------|---------|-----------------|-------|
| Ozone (8-hour)              | 0.051 ppm              | 2/15    | Incline Village | -     |
| PM <sub>2.5</sub> (24-hour) | 17.3 µg/m <sup>3</sup> | 2/22    | Sparks          | -     |
| PM <sub>10</sub> (24-hour)  | 65 µg/m <sup>3</sup>   | 2/3     | Sparks          | -     |

#### 2025-2026 Burn Code Season:

The most recent season is summarized in the calendar to the right. In total, 120 Green, zero Yellow, and zero Red Burn Codes were issued during the 2025-2026 season. This is the third season on record that zero Yellow or Red Burn Codes were issued. This season continued the streak of zero Red Burn Codes since December 30, 2017, when the last Red was issued. It also continues our long streak without any wintertime exceedances. The last wintertime exceedance was recorded on December 31,



2013, at the Sparks monitoring station. AQMD regulations, New Source Performance Standards for wood stoves, and high compliance rates with the Burn Code have led to these clean wintertime conditions. Burn Code and air quality data will be compiled in the Air Quality Trends report which is scheduled to be accepted at the June DBOH meeting.

Craig A. Petersen  
 Supervisor, Monitoring and Planning

**b. Permitting and Compliance**

**January Permitting Activity**

In January 2026, staff reviewed forty-four (44) sets of plans submitted to the Reno, Sparks, and Washoe County Building Departments to ensure compliance with Air Quality requirements. All forty-four (44) plan reviews assigned during January were completed within the applicable jurisdictional timeframes. Year-to-date, staff have reviewed forty-four (44) plans in calendar year 2026, with one hundred (100) percent completed within the required timeframes.

| <b>AQMD 2026 Plan Review</b> |                       |                              |                                   |                         |
|------------------------------|-----------------------|------------------------------|-----------------------------------|-------------------------|
| <b>Month</b>                 | <b>Plans Received</b> | <b>Avg. Days to Complete</b> | <b>Percent Timely Completions</b> | <b>Untimely Reviews</b> |
| <b>January</b>               | 44                    | 3.2                          | 100%                              | 0                       |
| <b>February</b>              | -                     | -                            | -                                 | -                       |
| <b>March</b>                 | -                     | -                            | -                                 | -                       |
| <b>April</b>                 | -                     | -                            | -                                 | -                       |
| <b>May</b>                   | -                     | -                            | -                                 | -                       |
| <b>June</b>                  | -                     | -                            | -                                 | -                       |
| <b>July</b>                  | -                     | -                            | -                                 | -                       |
| <b>August</b>                | -                     | -                            | -                                 | -                       |
| <b>September</b>             | -                     | -                            | -                                 | -                       |
| <b>October</b>               | -                     | -                            | -                                 | -                       |
| <b>November</b>              | -                     | -                            | -                                 | -                       |
| <b>January</b>               | -                     | -                            | -                                 | -                       |
| <b>Total</b>                 | <b>44</b>             | <b>3.2</b>                   | <b>100%</b>                       | <b>0</b>                |

In January 2026, staff issued five (5) Permit to Operate (PTO) renewals for existing stationary source facilities in Washoe County. All renewals were processed within the required 180-day timeframe following receipt of complete applications. Two (2) PTOs were due to expire on January 1, and both facilities submitted timely renewal applications between 270 and 180 days prior to expiration. Staff also issued two (2) Permits to Construct (PTCs) for new facilities or modifications, and all were completed within the required 180-day review period.

During the month, twelve (12) Dust Control Permits were issued, authorizing an additional forty-seven (47) acres of soil disturbance.

Staff processed a total of five hundred eight (508) registrations associated with the Wood-burning Device Program, including Certificates of Compliance, Dealers Affidavits of Sale, and Notices of Exemption. Processing these registrations resulted in the removal of three (3) uncertified wood-burning devices from properties and the replacement of three (3) uncertified wood-burning devices with cleaner-burning units.

To meet the requirements of the Asbestos Program, staff reviewed applications and surveys for the issuance of fifty-four (54) Acknowledgements of Asbestos Assessment for construction projects across Washoe County. Staff also reviewed and issued twelve (12) Asbestos Demolition and Renovation notifications.

| Permits and Registrations Processed | 2026                  |                       | 2025                  |                         |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-------------------------|
|                                     | January               | YTD                   | January               | Annual Total            |
| <b>PTO Renewal Issued</b>           | 5                     | 5                     | No Data               | No Data                 |
| <b>PTC Issued</b>                   | 2                     | 2                     | 3                     | 48                      |
| <b>Dust Control Permit</b>          | 12<br>(47 acres)      | 12<br>(47 acres)      | 14<br>(182 acres)     | 196<br>(2,969 acres)    |
| <b>Wood-burning COC</b>             | 20<br>(3 removals)    | 20<br>(3 removals)    | 22                    | 271                     |
| <b>Wood-burning DAS</b>             | 3<br>(3 replacements) | 3<br>(3 replacements) | 8<br>(2 replacements) | 83<br>(47 replacements) |
| <b>Wood-burning NOE</b>             | 485<br>(0 removals)   | 485<br>(0 removals)   | 464<br>(3 removals)   | 7,618                   |
| <b>Asbestos Assessments</b>         | 54                    | 54                    | 39                    | 658                     |
| <b>Asbestos Notifications</b>       | 12                    | 12                    | 12                    | 141                     |

**January Compliance Activity**

In January 2026, staff conducted twenty-eight (28) assigned PTO inspections and one (1) PTC approval inspection at stationary source facilities. Staff were assigned eleven (11) new asbestos abatement projects, involving the removal of approximately three hundred sixty-seven thousand seventeen (367,017) square feet and one thousand seven hundred fifty-six (1,756) cubic feet of asbestos-containing materials. In addition, staff received one (1) facility demolition project to monitor. During the month, staff documented forty-one (41) Dust Control Permit inspections.

| Compliance Inspections       | 2026    |     | 2025    |              |
|------------------------------|---------|-----|---------|--------------|
|                              | January | YTD | January | Annual Total |
| <b>Permit to Operate</b>     | 28      | 28  | 20      | 445          |
| <b>Permit to Construct</b>   | 1       | 1   | 3       | 30           |
| <b>Dust Control Permit</b>   | 41      | 41  | 55      | 542          |
| <b>Wood-burning Device</b>   | 0       | 0   | 3       | 47           |
| <b>Asbestos Notification</b> | 15      | 15  | 26      | 285          |

In January, staff responded to seventeen (17) complaints filed with the AQMD.

| Complaints           | 2026      |           | 2025      |              |
|----------------------|-----------|-----------|-----------|--------------|
|                      | January   | YTD       | January   | Annual Total |
| Asbestos             | 0         | 0         | 0         | 13           |
| Diesel Idling        | 0         | 0         | 0         | 0            |
| Dust                 | 1         | 1         | 4         | 89           |
| Nuisance Odor        | 5         | 5         | 2         | 23           |
| Permit to Operate    | 0         | 0         | 2         | 4            |
| Burn Code            | 4         | 4         | 0         | 3            |
| General              | 7         | 7         | 8         | 67           |
| <b>TOTAL</b>         | <b>17</b> | <b>17</b> | <b>16</b> | <b>199</b>   |
| Enforcement          | January   | YTD       | January   | Annual Total |
| Warnings             | 1         | 1         | 5         | 39           |
| Notice of Violations | 2         | 2         | 1         | 20           |
| <b>TOTAL</b>         | <b>3</b>  | <b>3</b>  | <b>6</b>  | <b>59</b>    |

**February Permitting Activity**

In February 2026, staff reviewed forty-eight (48) sets of plans submitted to the Reno, Sparks, and Washoe County Building Departments to ensure compliance with Air Quality requirements. Forty-seven (47) plan reviews assigned during February were completed within the applicable jurisdictional timeframes. Year-to-date, staff have reviewed ninety-two (92) plans in calendar year 2026, with ninety-nine (99) percent completed within the required timeframes.

| <b>AQMD 2026 Plan Review</b> |                       |                              |                                   |                         |
|------------------------------|-----------------------|------------------------------|-----------------------------------|-------------------------|
| <b>Month</b>                 | <b>Plans Received</b> | <b>Avg. Days to Complete</b> | <b>Percent Timely Completions</b> | <b>Untimely Reviews</b> |
| <b>January</b>               | 44                    | 3.2                          | 100%                              | 0                       |
| <b>February</b>              | 48                    | 3.125                        | 98%                               | 1                       |
| <b>March</b>                 | -                     | -                            | -                                 | -                       |
| <b>April</b>                 | -                     | -                            | -                                 | -                       |
| <b>May</b>                   | -                     | -                            | -                                 | -                       |
| <b>June</b>                  | -                     | -                            | -                                 | -                       |
| <b>July</b>                  | -                     | -                            | -                                 | -                       |
| <b>August</b>                | -                     | -                            | -                                 | -                       |
| <b>September</b>             | -                     | -                            | -                                 | -                       |
| <b>October</b>               | -                     | -                            | -                                 | -                       |
| <b>November</b>              | -                     | -                            | -                                 | -                       |
| <b>January</b>               | -                     | -                            | -                                 | -                       |
| <b>Total</b>                 | <b>92</b>             | <b>3.2</b>                   | <b>99%</b>                        | <b>1</b>                |

In February 2026, staff issued zero (0) Permit to Operate (PTO) renewals for existing stationary source facilities in Washoe County. Two (2) PTOs were scheduled to expire on February 1, and both facilities submitted timely renewal applications between 270 and 180 days prior to expiration. Staff also issued five (5) Permits to Construct (PTCs) for new facilities or modifications, and four (4) were completed within the required 180-day review period.

During the month, twelve (12) Dust Control Permits were issued, authorizing an additional two hundred sixty-eight (268) acres of soil disturbance.

Staff processed a total of five hundred twenty-two (522) registrations associated with the Wood-burning Device Program, including Certificates of Compliance, Dealers Affidavits of Sale, and Notices of Exemption. Processing these registrations resulted in the removal of six (6) uncertified wood-burning devices from properties.

To meet the requirements of the Asbestos Program, staff reviewed applications and surveys for the issuance of forty-seven (47) Acknowledgements of Asbestos Assessment for

construction projects across Washoe County. Staff also reviewed and issued nine (9) Asbestos Demolition and Renovation notifications.

| Permits and Registrations Processed | 2026                  |                       | 2025                  |                         |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-------------------------|
|                                     | February              | YTD                   | February              | Annual Total            |
| PTO Renewal Issued                  | 0                     | 5                     | No Data               | No Data                 |
| PTC Issued                          | 5                     | 7                     | 5                     | 48                      |
| Dust Control Permit                 | 12<br>(268 acres)     | 24<br>(315 acres)     | 19<br>(641 acres)     | 196<br>(2,969 acres)    |
| Wood-burning COC                    | 21<br>(3 removals)    | 41<br>(9 removals)    | 21                    | 271                     |
| Wood-burning DAS                    | 4<br>(0 replacements) | 7<br>(3 replacements) | 7<br>(2 replacements) | 83<br>(47 replacements) |
| Wood-burning NOE                    | 479<br>(0 removals)   | 964<br>(0 removals)   | 502<br>(2 removals)   | 7,618                   |
| Asbestos Assessments                | 47                    | 101                   | 35                    | 658                     |
| Asbestos Notifications              | 9                     | 21                    | 10                    | 141                     |

**February Compliance Activity**

In February 2026, staff conducted thirty-five (35) assigned PTO inspections and four (4) PTC approval inspections at stationary source facilities. Staff were assigned three (3) new asbestos abatement projects, involving the removal of approximately three thousand thirty-four (3,034) square feet of asbestos-containing materials. In addition, staff received one (6) facility demolition projects to monitor. During the month, staff documented thirty-eight (38) Dust Control Permit inspections.

| Compliance Inspections | 2026     |     | 2025     |              |
|------------------------|----------|-----|----------|--------------|
|                        | February | YTD | February | Annual Total |
| Permit to Operate      | 35       | 63  | 35       | 445          |
| Permit to Construct    | 4        | 5   | 3        | 30           |
| Dust Control Permit    | 38       | 79  | 40       | 542          |
| Wood-burning Device    | 0        | 0   | 2        | 47           |
| Asbestos Notification  | 11       | 26  | 36       | 285          |

During the month, staff responded to twenty-three (23) complaints filed with the AQMD.

| Complaints           | 2026      |           | 2025     |              |
|----------------------|-----------|-----------|----------|--------------|
|                      | February  | YTD       | February | Annual Total |
| Asbestos             | 0         | 0         | 0        | 13           |
| Diesel Idling        | 1         | 1         | 0        | 0            |
| Dust                 | 7         | 8         | 1        | 89           |
| Nuisance Odor        | 3         | 8         | 0        | 23           |
| Permit to Operate    | 2         | 2         | 0        | 4            |
| Burn Code            | 1         | 5         | 0        | 3            |
| General              | 9         | 16        | 4        | 67           |
| <b>TOTAL</b>         | <b>23</b> | <b>40</b> | <b>5</b> | <b>199</b>   |
| Enforcement          | February  | YTD       | February | Annual Total |
| Warnings             | 3         | 4         | 3        | 39           |
| Notice of Violations | 0         | 2         | 2        | 20           |
| <b>TOTAL</b>         | <b>3</b>  | <b>6</b>  | <b>5</b> | <b>59</b>    |

Joshua C. Restori  
 Supervisor, Permitting & Compliance

**Community and Clinical Health Services  
Division Director Staff Report  
Board Meeting Date: March 26, 2026**

**DATE:** March 6, 2026

**TO:** District Board of Health

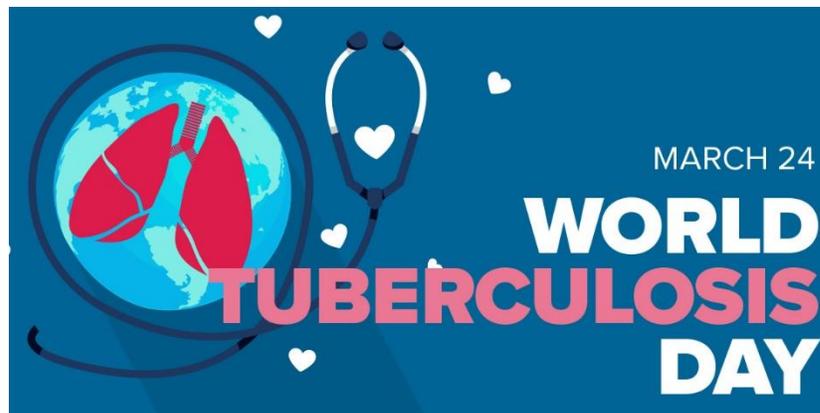
**FROM:** Christina Sheppard, APRN  
775-328-2477; [csheppard@nmpH.org](mailto:csheppard@nmpH.org)

**SUBJECT:** Community and Clinical Health Services – Divisional Update – 2026 World TB Day; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers

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**1. Divisional Update**

**2026 World TB Day - Northern Nevada Public Health Tuberculosis  
Prevention and Control Program Report**



Tuberculosis (TB) remains a significant public health challenge worldwide, and our community is not exempt from its impact. NNPH TB Clinic plays an indispensable role in controlling the spread of TB, providing essential healthcare services, and safeguarding public health.

Despite advances in medicine, tuberculosis continues to pose a serious health threat. TB can spread easily through the air, affecting individuals regardless of age, socioeconomic status, or lifestyle. Washoe County has seen a steady number of TB cases annually, necessitating vigilant public health measures.

AGENDA ITEM NO. 17.B.

**NNPH TB Clinic role in the community:**

1. **Screening and Diagnosis of Latent TB Infection (LTBI (non-infectious)) and TB Disease (infectious form of TB):** Early detection is crucial in preventing the spread of TB. The clinic provides comprehensive screening and diagnostic services for high risk and uninsured individuals.
2. **Treatment and Medication:** The clinic ensures patients receive the necessary medications and monitoring throughout the lengthy treatment process, which typically lasts six to nine months but can be up take up to twelve months. This is done by Directly Observed Therapy (DOT) in which nurses watch the patients take their medication every day to ensure adherence to the treatment which helps to prevent drug resistance. It also allows for better patient care and outcomes by monitoring for side effects.
3. **Education and Counseling:** Educating patients and the community about TB transmission, prevention, and treatment adherence is essential to control the disease's spread. Northern Nevada Public Health TB clinic provides education and support to community providers and hospitals, informing them about symptoms, prevention, and the importance of seeking timely care for their patients.
4. **Contact Tracing and Community Outreach:** The clinic conducts contact tracing to identify and evaluate individuals who may have been exposed to TB, helping prevent further transmission within the community.

**IS THE NNPH TB CLINIC MEETING THESE GOALS:**

Let’s look at Washoe County when compared with the National Tuberculosis Indicators Project (NTIP), program objectives & performance targets.

**Goals for Reducing TB Incidence:**

| Goal                                                            | Target            | National 2024      | Washoe County 2024 | Washoe County 2025 |
|-----------------------------------------------------------------|-------------------|--------------------|--------------------|--------------------|
| Reduce the incidence of TB disease.                             | 1.5 cases/100,000 | 2.5 cases/100,000  | 2.2 cases/100,000  | 2.2 cases/100,000  |
| Decrease the incidence of TB disease among U.S. born persons.   | 0.4 cases/100,000 | 0.8 cases/100,000  | 0.4 cases/100,000  | 0.2 cases/100,000  |
| Decrease the incidence of TB disease among non-US born persons. | 1.1 cases/100,000 | 12.8 cases/100,000 | 2.0 cases/100,000  | 2.0 cases/100,000  |

|                                                                                               |                       |                        |                       |                       |
|-----------------------------------------------------------------------------------------------|-----------------------|------------------------|-----------------------|-----------------------|
| Decrease the incidence of TB disease among U.S. born non-Hispanic black or African Americans. | 1.0 cases/<br>100,000 | 13.7 cases/<br>100,000 | No cases              | No cases              |
| Decrease the incidence of TB disease among children younger than 5 years of age.              | 0.4 cases/<br>100,000 | 1.1 cases/<br>100,000  | 0.4 cases/<br>100,000 | 0.2 cases/<br>100,000 |

**Contact Investigations Goals:**

Contact Investigation Goals include contact tracing, testing, and treatment which are essential for controlling and preventing tuberculosis (TB).

Contact tracing helps identify individuals who have been exposed to an infected person, allowing for early intervention to stop the spread.

Testing plays a crucial role in detecting both latent and active TB, ensuring that infected individuals receive appropriate care before the disease worsens or spreads to others. Early detection through testing increases the chances of successful treatment and prevents complications associated with undiagnosed TB.

Treatment is vital in both latent and active TB cases. Treating latent TB reduces the risk of it developing into active disease, while proper treatment of active TB helps prevent further transmission. Patients who receive timely and complete treatment become non-infectious usually within weeks, significantly reducing community spread. Additionally, ensuring adherence to TB treatment prevents the development of drug-resistant strains, which pose a major public health challenge.

Together, these three strategies - contact tracing, testing, and treatment - are key to reducing TB transmission and improving public health outcomes.

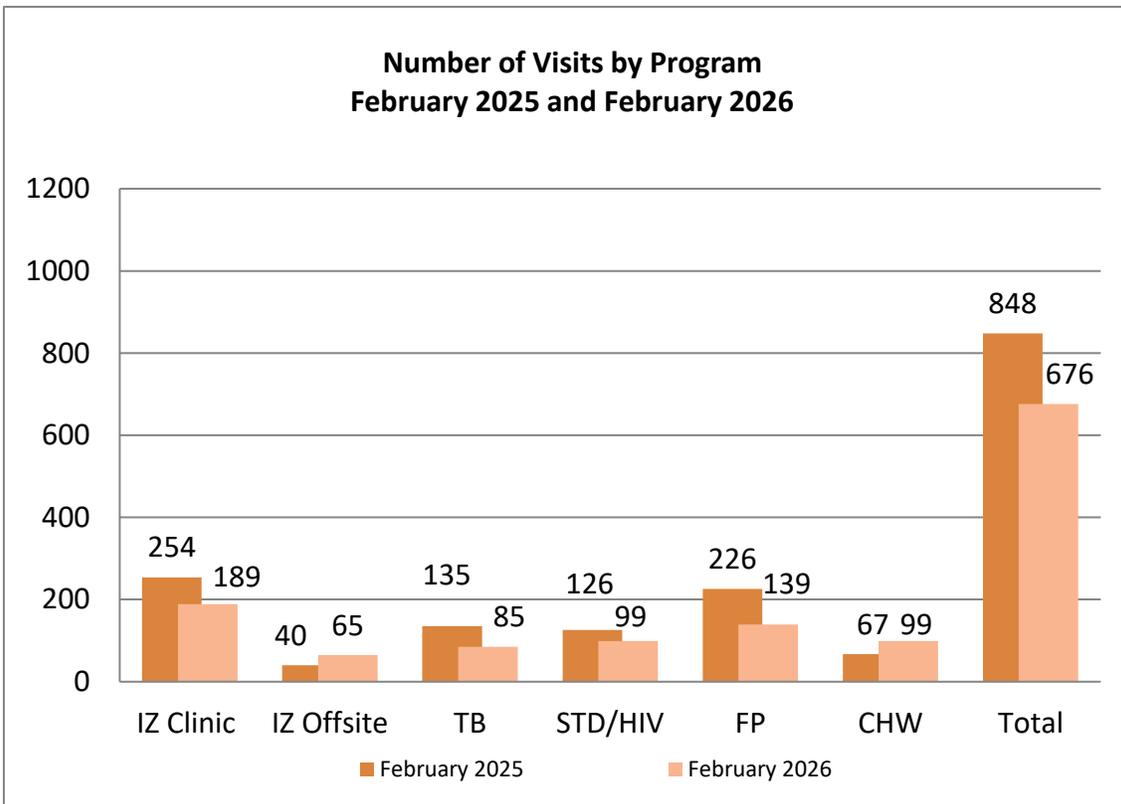
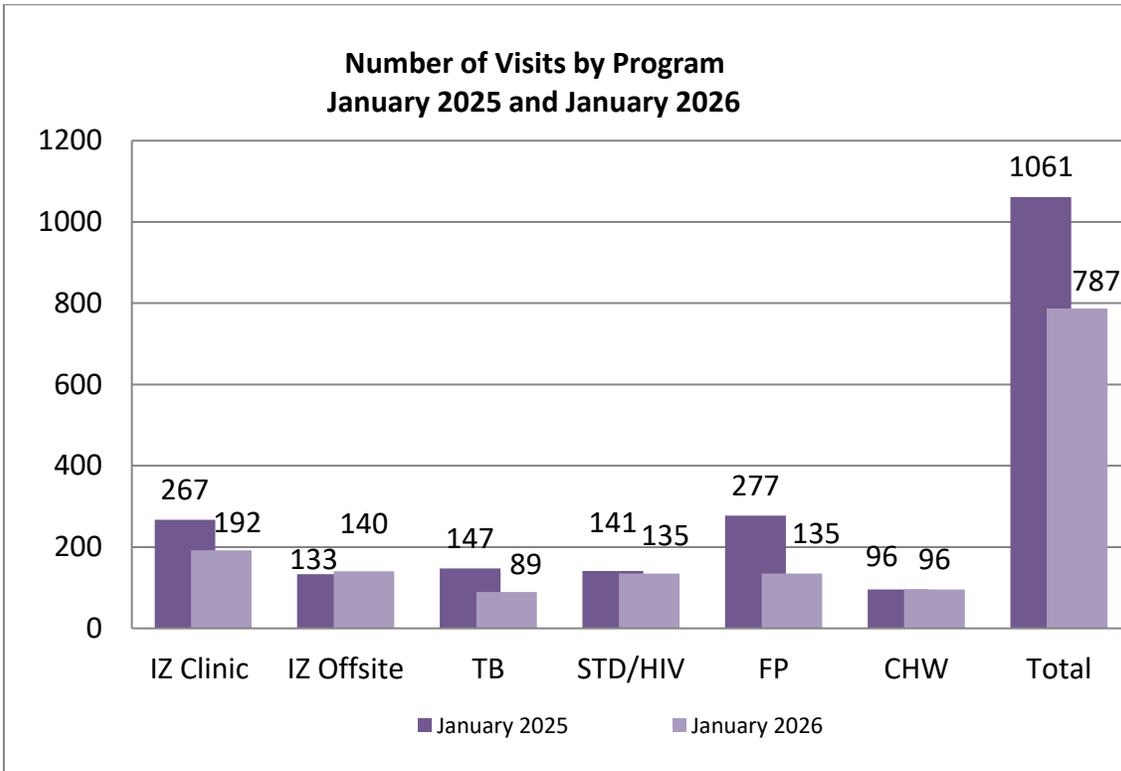
| Goal                                                                                                                                    | Target | Washoe County 2024 | Washoe County 2025 |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------|--------------------|
| For TB patients w/positive AFB sputum smear results, increase the proportion who have contacts elicited                                 | 100%   | 100%               | 100%               |
| For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.                 | 94%    | 100%               | 83%                |
| For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.                    | 92%    | 100%               | 100%               |
| For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment. | 93%    | 100%               | 100%               |

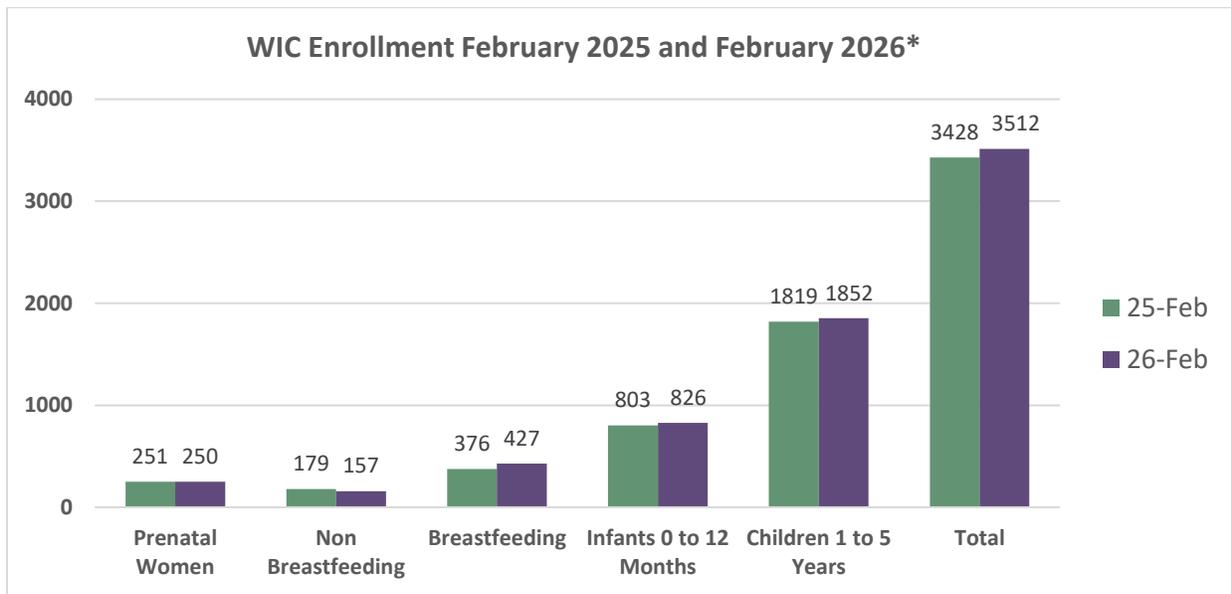
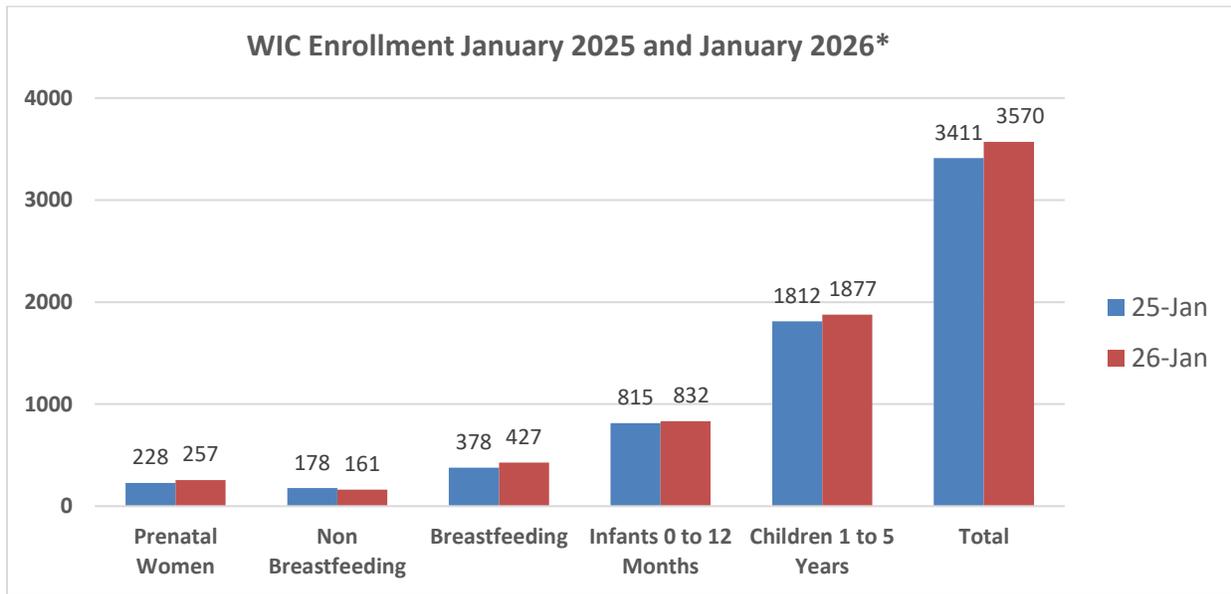
**Examination of Immigrants:**

Immigrants arriving from countries with high TB prevalence are at greater risk of carrying the TB bacteria and have a higher risk of progressing to infectious TB. Proper evaluation and screening of immigrants are crucial in preventing the introduction and spread of TB within the community. Early identification through medical examinations and testing ensures that affected individuals receive timely treatment, thereby reducing transmission risks. Additionally, integrating TB screening into immigration health assessments improves public health and promotes the overall well-being of the individual.

|                                                                                                                                                                     | Washoe County 2023 | Washoe County 2024 | Washoe County 2025 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|
| Number of individuals screened for TB that were newly immigrated to Washoe County                                                                                   | 59                 | 91                 | 64                 |
| Goal                                                                                                                                                                | Target             | Washoe County 2024 | Washoe County 2025 |
| For immigrants w/abnormal chest x-rays read overseas as consistent w/TB, increase the proportion who initiate a medical examination w/in 30 days of notification.   | 72%                | 86%                | 75%                |
| For immigrants w/abnormal CXR read overseas as consistent w/TB, increase the proportion who complete a medical examination w/in 120 days of notification.           | 78%                | 86%                | 81%                |
| For immigrants with abnormal CXR... diagnosed w/ LTBI or have radiographic findings consistent w/prior pulmonary TB... increase the proportion who start treatment. | 87%                | 94%                | 92%                |
| For immigrants w/ abnormal CXR... who have started tx, increase the proportion who complete treatment.                                                              | 87%                | 91%                | 89%                |

a. **Data/Metrics**





\*Changes in data can be attributed to several factors including fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables

| WIC Participation Numbers in the Past Year |            |                              |
|--------------------------------------------|------------|------------------------------|
| Month                                      | Enrollment | Participation w/<br>Benefits |
| January 2025                               | 3411       | 3114                         |
| Feb 2025                                   | 3428       | 3107                         |
| March 2025                                 | 3454       | 3101                         |
| April 2025                                 | 3461       | 3144                         |
| May 2025                                   | 3461       | 3150                         |
| June 2025                                  | 3466       | 3125                         |
| July 2025                                  | 3543       | 3172                         |
| Aug 2025                                   | 3546       | 3181                         |
| Sept 2025                                  | 3580       | 3218                         |
| Oct 2025                                   | 3606       | 3265                         |
| Nov 2025                                   | 3551       | 3172                         |
| Dec 2025                                   | 3570       | 3170                         |
| January 2026                               | 3554       | 3178                         |
| Feb 2026                                   | 3512       | 3145                         |
| Monthly avg                                | 3518       | 3164                         |
| % change Feb 2025 /<br>Feb 2026            | 2.45%      | 1.22%                        |

**WIC participation numbers**  
Enrollment: All those enrolled in WIC: (women who are pregnant, breastfeeding, or post-partum; infants; and children up through age 5)  
Participation with Benefits: All enrolled WIC participants receive food benefits except  
 - Infants that are exclusively breastfed  
 - Breastfeeding mothers whose infants receive more than 4 cans of formula per month

## 2. Program Reports – Outcomes and Activities

- a. **Immunizations** – The NNPH Immunization (IZ) Program provides services to individuals of all ages throughout the community. In both clinic and outreach settings, the IZ Program primarily serves children who are eligible for the Vaccines for Children (VFC) program, as well as adults who are uninsured or underinsured. The program also serves a significant number of insured individuals, both adults and children. The team is maintaining fluency with federal and state vaccine updates.

Walk-ins and same day appointments are accepted daily in the onsite clinic in addition to scheduled appointments. In January, clinical staff vaccinated a total of 187 clients with 463 vaccination doses. In February, clinical staff vaccinated a total of 183 clients with 486 vaccination doses.

NNPH will continue to provide RSV to infants through March and Flu Vaccinations for all ages 6 months and older through June. There is a continued need to provide COVID-19 vaccine as fewer providers in the area are offering COVID-19 vaccines - particularly for individuals without access through a primary care provider or those below pharmacy age limits - the program continues to assess the need of individuals seeking vaccination who have no other options. The program

continues to provide Moderna's Spikevax product for ages 6 months through 11 years old in VFC and Private Pay funding sources as well as Pfizer's Comirnaty for individuals 12 years and older. The State funded adult 317 COVID vaccine allotment was extremely limited and NNPH has used up all the doses provided. In January, NNPH provided 83 flu, 1 RSV for infants, and 27 doses in the clinic. In February, NNPH provided 57 flu, 3 RSV for infants, and 6 COVID doses in the clinic.

In addition to clinic vaccine administration, staff continue to headline limited community outreach events. In January, staff hosted two free events at NNPH to provide influenza and COVID vaccines to 140 clients. In February, staff provided free influenza vaccine to 65 Washoe County Jail inmates. In March, staff will partner with the Food Bank to provide vaccination "look-up" and scheduling services at a spring health fair.

NNPH Immunization team continues to provide State Opioid Response (SOR) vaccines. This funding source is a supplement to existing the 317 vaccine resources, enhancing the availability of vaccines for uninsured and underinsured adults. Staff anticipates this additional funding source will continue to help adults in the community by providing an expanded number of free vaccines for those who do not have insurance or pay out of pocket costs for vaccines.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP). Staff continue to uphold the NSIP required VFC Compliance, Annual Training, and follow-up visits with area practices. Staff are also actively implementing the 2025-2026 VFC program plan for Washoe County which includes 17 compliance visits, 14 IQIP (quality improvement) with prominent multi-site providers, and numerous follow-up visits to date. The team has facilitated VFC vaccine transfers of over 3,600 vaccine doses to accommodate provider orders and to supplement delays in receipt of VFC influenza in the community.

Additional planning for spring school vaccination events, and summer back to school clinics have begun, as well as planned participation in three Family Health Festivals has been scheduled.

- b. **Tuberculosis Prevention and Control Program** – The Tuberculosis Prevention and Control Program (TBPCP) continues to operate in alignment with state and federal requirements, with a mission to prevent and control tuberculosis (TB) in Washoe County by reducing morbidity, disability, and premature death due to TB.

Active TB Disease Activities - The TBPCP is managing 4 active TB cases, 2 pulmonary, one pulmonary/miliary and one miliary. All active cases are managed in close consultation with the program's designated medical consultant to ensure adherence to evidence-based treatment protocols and to support clinical decision-making for complex cases. Directly Observed Therapy (DOT) is provided for all active TB cases. In January/February 2026, 141 DOT sessions were conducted.

Latent TB Infection (LTBI) Activities - The TB program prioritizes high-risk populations for LTBI screening and treatment, including recent contacts of active TB cases, individuals with immunosuppression, and those from high TB-endemic countries. The TBPCP is currently managing and/or evaluating approximately 21 clients for latent TB infection (LTBI). In January 2026, five LTBI evaluations were completed, and three clients initiated LTBI treatment. In February of 2026, 3 LTBI evaluations were completed, and 4 clients initiated LTBI treatment.

Program Coordinator Activities – The program maintains a robust system for documentation and reporting, utilizing the CDC's Report of Verified Case of Tuberculosis (RVCT) and the state's EPITRAX system, with all new cases reported within two weeks of notification. Over the last year, the TB Program Coordinator role has expanded to include a greater focus on LTBI data collection and analysis. In 2026, 108 positive lab reports have been reported.

NNPH TB Program staff are scheduled to move into the new TB Clinic located at 1240 E. 9th Street on March 10<sup>th</sup>.

- c. **Reproductive and Sexual Health Services** — The Family Planning Sexual Health Program (FPSHP) continues to provide high-quality, accessible reproductive and sexual health services to the community. The new budget period for the Title X program begins April 1, 2026. The FPSHP continues to await guidance from Title X regarding submission of the Non-Competing Continuation Application covering the final budget period (April 1, 2026–March 31, 2027) of the current five-year grant. The program received notification of approval for an amendment adding additional staff members to the Title X grant. The program successfully submitted FPAR data for the 2025 calendar year.

The FPSHP welcomed Kathy Patterson, APRN to the team on February 23, 2026. Prior to coming to NNPH, Kathy was the APRN for Central Nevada Health District. Kathy had 9 years of experience as an APRN and had worked in the public health and primary care setting. An intermittent hourly Office Specialist was also hired in January to perform Title X–specific duties.

In January it was announced that Organon received U.S. FDA approval to extend the use of its Nexplanon contraceptive implant from three to five years. The approval was based on clinical trial data showing no pregnancies during years four and five among 399 participants, including women across a wide range of body mass index (BMI) levels, with over one-third having a BMI above 30. Nexplanon prevents pregnancy by releasing the hormone etonogestrel, which suppresses ovulation, thickens cervical mucus, and thins the uterine lining. Organon leaders highlighted the approval as a milestone for access to long-acting reversible contraception. Use of LARC methods

continues to rise in the U.S., particularly among adolescents. The approval aligns with Organon's strategy to focus on women's health, following recent divestments and leadership changes.

This announcement benefits women's health in several important ways:

- **Longer protection with fewer procedures:** Extending Nexplanon's effectiveness from three to five years means fewer insertions and removals. This reduces discomfort, procedural risks, time off work or school, and overall burden on patients.
- **Improved access and continuity of care:** Longer duration is especially helpful for women who face barriers to regular healthcare access, including cost, transportation, insurance gaps, or clinic availability. One visit now provides protection for a longer period.
- **Cost-effectiveness:** A five-year lifespan lowers the cost per year of contraception for both patients and health systems, making highly effective birth control more affordable and sustainable.
- **Inclusive effectiveness across body sizes:** The trial included women with a wide range of BMIs, including those with obesity, supporting confidence that Nexplanon remains effective for diverse populations who are often underrepresented in research.
- **Highly effective pregnancy prevention:** With no pregnancies reported in years four and five, the data reinforce Nexplanon as one of the most reliable contraceptive options, helping reduce unintended pregnancies and associated health risks.
- **Supports adolescent and young adult health:** As LARC use rises among teens, extended-duration options provide stable, low-maintenance contraception during critical years for education, personal development, and health planning.
- **Greater reproductive autonomy:** Longer-lasting, reversible contraception gives women more control over if and when they become pregnant, which is closely linked to improved health, economic stability, and life outcomes.

Overall, the approval strengthens access to safe, effective, and equitable reproductive healthcare while reducing barriers and improving long-term outcomes for women.

- d. **Maternal, Child and Adolescent Health (MCAH)** – The Maternal, Child, and Adolescent Health (MCAH) activities encompass several key initiatives, including Lead Screening, Newborn Screening, Cribs for Kids, and the Fetal and Infant Mortality Review (FIMR).

The NNPH Childhood Lead Poisoning team is currently managing 41 open cases involving children under the age of six. These activities are funded through a grant from the CDC, administered by the University of Nevada, Las Vegas.

Public Health Nurses, with the assistance of Community Health Workers (CHWs), continue to follow up and provide coordination, education, and resources to those referred from the Nevada Newborn Screening Program to ensure all infants receive the required second newborn screening.

In January and February, NNPH CHWs assisted ten individuals through the Cribs for Kids program. CHWs continue to promote initiatives such as the Pregnancy Risk Assessment Monitoring System (PRAMS) and Nevada 211 in their interactions with clients at the classes and other outreach events.

The Fetal and Infant Mortality Review (FIMR) team convenes monthly, excluding the months of June and December. Each meeting typically includes the review of an average of four cases. The team most recently met February 19, 2026. The program is currently awaiting approval from the state for the 2022-2023 Multiyear Summary report.

In January, staff attended the National Center for Fatality Review and Prevention (NCFRP) FIMR Coordinator meeting which focused on selecting deaths for review and strategies to increase maternal interviews. FIMR staff continue to support the Northern Nevada Maternal Child Health Coalition with meeting participation and NNPH staff acting in key leadership positions. Key staff attended the 2026 Community Health Assessment Forum which is in partnership with Renown Health representing Maternal Child Health programs at NNPH. The forum discussions will help shape NNPHs 2026-2028 Community Health Improvement Plan (CHIP) and Renown Health's Community Implementation Plan, providing a shared foundation for aligning strategies and resources and investments across sectors.

Additionally, NNPH staff continue to support the Washoe County Community Child Death Review process by providing updates on fetal and infant deaths when requested. The team attended the last meeting on Wednesday, February 4.

- e. **Women, Infants and Children (WIC)** – Updates include highlights from January and February 2026. WIC leadership is coordinating with the NNPH Communications Team and ODHO staff to increase outreach and messaging for WIC. Efforts include:
- Plans to increase recruitment of new clients to offset potential impacts of the Moana office closure – communications strategies and outreach to providers that refer clients to WIC.
  - Plans to retain current clients, particularly those being served at the Moana WIC location, through comprehensive notifications about the move/closure of the office and providing assistance to any clients needing extra help accessing the new location.

WIC had a success story when a participant was referred to the CHW to receive assistance with redeeming WIC food benefits through a grocery store tour. A tour was provided to the mother of a two-year-old, who was able to successfully use their full benefits after years of not understanding how to access their benefits fully. During the one-on-one tour, the CHW helped the Mom learn how to use the WIC app and choose WIC-approved foods.



When asked about her experience with the grocery store tour, she said:  
“Me sentí muy feliz porque nunca lo había podido usarlos.”  
*(“I felt very happy because I was never able to use them [the WIC benefits].”)*

Staff prepared for the changes in the WIC food package that takes effect March 1, 2026. The main food categories stayed the same, but within some categories, changes were made by the State WIC Program to allow WIC participants to make more choices in their purchases with WIC benefits.

- WIC foods include: milk and milk alternatives, 100% juice, eggs, hot/cold cereals, fruits and vegetables, whole grains, legumes, canned fish, and infant foods and formula.
- Changes include those made to the milk benefit to expand choices to items like cultured buttermilk, evaporated milk, and plant-based milk
- Changes to amounts and flexibility of food groups, for example:
  - Choices between milk, yogurt, cheese and tofu, i.e. participant can choose to get less milk and more yogurt, cheese or tofu.
  - Choices between fruit juice and cash value benefit towards fruits and vegetables
  - Choices between eggs and peanut butter and beans
  - Choices between infant jarred fruits and veggies and cash value benefit towards fruits and vegetables

In February, the WIC program hosted three Dietetic Interns from the VA Dietetic Internship program. The interns each spent one week with the WIC program, which represents one of the few opportunities for pediatric dietetics within their internship. They observed visits with clients, spent time with the WIC Registered Dietitians, and were given appropriate tasks within the program.

**f. Community Health Workers (CHWs)**

**Client Navigation Services** – In January 2026, CHWs assisted 96 clients with navigation services, including support for health insurance, primary care, PrEP (pre-exposure prophylaxis for HIV prevention), housing, transportation, and food.

**Key Outreach Events - January 2026**

In January 2026, CHWs conducted three outreach events focused on serving diverse community groups. On January 6, they supported 56 low-income families at Mobile Harvest at NNPH by providing nutritious food along with CCHS brochures. On January 10, they engaged 16 members of the LGBTQIA+ community at the Universalist Unitarian Fellowship of Northern Nevada, sharing information about CCHS services and distributing materials such as brochures, NNPH bags, condoms, and 988 resources. To close the month, on January 20 they met with five pregnant individuals during a Centering Families session, offering a WIC presentation and providing information on WIC and Cribs for Kids (C4K).

**Client Navigation Services** - In February 2026, CHWs assisted 99 clients with navigation services, including support for health insurance, primary care, PrEP (pre-exposure prophylaxis for HIV prevention), housing, transportation, and food.

**Key Outreach Events - February 2026**

In February 2026, CHWs conducted one outreach event, held on February 3 at the Mobile Harvest at NNPH site, where they served 78 low-income families by providing access to nutritious food. In addition to food distribution, CHWs shared CCHS brochures to ensure families received information about available community health resources.

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: March 26, 2026**

**DATE:** March 12, 2026

**TO:** District Board of Health

**FROM:** Robert Fyda, Director  
775-328-2644; [rfyda@nph.org](mailto:rfyda@nph.org)

**SUBJECT:** **Environmental Health Services Program Activities for: Consumer Protection** (Food Safety Plan Review & Operations, Commercial Plan Review, Foodborne Illness, Special Events, Permitted Facilities); **Environmental Protection** (Land Development, Safe Drinking Water, Vector-borne Disease Surveillance, Waste Management / Underground Storage Tanks).

**Environmental Health Program Activities:**

**Consumer Protection Programs**

Food Safety Plan Review & Operations

*Special Processes & Program Standards Team*

- The team participated in a Psychological Safety training presented by Washoe County.
- Staff participated in beef and meat identification training with the owner of the local butcher shop.
- Staff received training in adult education principles and planned and scheduled existing and new educational initiatives in food safety for industry professionals.
- Staff reviewed four HACCP plans and five operational plans throughout January and February.
- Staff hosted three Active Managerial Control (AMC) program courses in January and February with combined attendance of 42 facilities.
- Staff member, Sarah Velto, completed standardization exercises in February.
- Staff hosted two public information sessions on February 18<sup>th</sup> and 23<sup>rd</sup> to provide information regarding the pilot announced inspection program.
- The announced inspection pilot program began on February 15<sup>th</sup>.
- Staff members conducted an environmental assessment at a local food establishment in response to receiving both a complaint and a confirmed illness referral for the facility. While several food safety violations were noted at the facility, the noncompliant food handling practices were not associated with risk factors of the etiology of disease.

*Food Safety Plan Review*

- A final construction inspection was conducted for the commercial kitchen at Liberty Dogs, the veteran service animal facility located in Downtown Damonte. All construction was completed and staff are waiting on the facility to submit their HACCP plan.
- The team has met with a potential operator that wants to develop the closed Scolari's building in Sun Valley. The operator wants to turn it into a meat, grocery, taco shop, and a commissary

AGENDA ITEM NO. 17.C.

kitchen for mobiles, portables, and carts. Items discussed were requirements to build kitchen, grease interceptor, and potential dump station to be used by all operators who will need to dump grey water.

*Temp Foods / Special Events / Mobile Foods*

- Western Lights Festival, a large event encompassing several blocks of downtown Reno with high volume attendance (tens of thousands), had over 20 food/beverage vendors. EHS staff were onsite conducting inspections during and after the snowstorm during the week of the event and ran into some unique, weather-related challenges, including a 3-compartment sink that was brought in for vendors to use that was completely frozen.
- Staff had a productive follow-up meeting with the City of Reno to discuss streamlining the event permitting process to make the application process easier for the public and more efficient for both City of Reno and Health District staff.

Foodborne Disease Program

| Epidemiology                     | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | YTD | 2025 |
|----------------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|-----|------|
| Foodborne Disease Complaints     | 15  | 6   |     |     |     |      |      |     |      |     |     |     | 21  | 99   |
| Foodborne Disease Interviews     | 10  | 3   |     |     |     |      |      |     |      | 3   |     |     | 13  | 65   |
| Foodborne Disease Investigations | 0   | 1   |     |     |     |      |      |     |      |     |     |     | 1   | 5    |
| CD Referrals Reviewed            | 8   | 9   |     |     |     |      |      |     |      |     |     |     | 17  | 104  |
| Product Recalls Reviewed         | 12  | 14  |     |     |     |      |      |     |      |     |     |     | 26  | 198  |

Food Operations Enforcement and Investigations:

**Permit Suspensions**

Ongoing enforcement activities related to continued non-permitted food operations throughout Reno, Sparks and unincorporated Washoe County. Staff continue to partner with other agencies regarding these complaints.

A. *Jimboys Tacos, H19-1313FOOD, 3280 S Virginia St, Reno, NV*

NNPH visited the facility on 1/9/2026 to conduct a routine inspection found five (5) critical violations for: improper storage of raw animal products, inadequate sanitization of food contact surfaces, and improper cooling. Additionally, staff found the walk-in unit was not functioning adequately. The facility permit was suspended due to lack of inadequate refrigeration. Staff verified that the operator corrected the issue same day and reinstated the permit.

B. *King Buffet, H19-0595FOOD, 3650 Kietzke Ln, Reno, NV*

The health permit was suspended on 1/14/2026 for repeat consecutive critical violations as well as number of critical violations (6) for date marking, cold holding, and time as a public health control. The operator was required to write AMC policies and attend an office hearing prior to permit reinstatement to explain how critical risk factors will be kept in compliance. On 1/15/2026, the office hearing was held and the AMC policies were approved, and the permit was reinstated. The operator will receive a subsequent reinspection to verify the policies are in place.

C. *168 Asian Supermarket, H19-0948FOOD, 3090 S Virginia St, Reno, NV*

The health permit was suspended for seven (7) critical violations for: serving food from an unapproved source (meat and fish products) and improper cooling and date marking. Staff found the facility repacking meat and fish product on site (3<sup>rd</sup> visit where this was observed), operator was required to apply for a manufacturing permit subject to USDA verification if they wish to continue the process. Operator was reinspected on 1/22/26 and received a conditional pass.

D. *Hong Kong Diner, H20-0418FOOD, 180 W Peckham Ln, Reno, NV*

The health permit was suspended on 1/27/2026 for multiple critical violations for three consecutive inspections cycles as well as number of critical violations (6) for handwashing, raw food storage, cooling and date marking. The operator was required to write AMC policies and attend an office hearing prior to permit reinstatement to explain how critical risk factors will be kept in compliance. On 1/28/2026, the office hearing was held and the AMC policies were approved, and the permit was reinstated. The facility received a conditional pass on subsequent reinspection on 2/6/26.

E. *Viet Pho of Reno Corp, H20-0827FOOD, 315 E Moana Ln, Reno, NV*

The health permit was suspended on 1/29/2026 for a 3<sup>rd</sup> consecutive inspection with a cold holding and violation and five (5) critical violations. The operator was required to repair cold holding units as applicable. On 1/30/2026, the office hearing was held and the permit was reinstated and an AMC policy for cold holding with required temperature logs. The facility will receive a reinspection to verify cold holding and temperature logs.

F. *Jia's Wok, H20-0977FOOD, 477 E Plumb Ln, Reno, NV*

The health permit was suspended on 2/4/2026 for nine (9) critical violations and two (2) repeat critical violations observed for the 3<sup>rd</sup> consecutive inspection for: improper handwashing, bare hand contact with ready-to-eat food, improper cooling and date marking. The operator was required to write AMC policies and attend an office hearing prior to permit reinstatement to explain how critical risk factors will be kept in compliance. On 2/6/2026, the office hearing was held and the AMC policies were approved, and the permit was reinstated.

G. *King Sushi, H20-0615FOOD, 180 E 1<sup>st</sup> St, Reno, NV*

The health permit was suspended on 2/5/2026 for eight (8) critical violations and potentially operating without permits due to change of ownership occurring. The operator attended an office hearing with current ownership prior to permit reinstatement to explain how critical risk factors will be kept in compliance. On 2/10/2026, the office hearing was held and the facility agreed to a reduced menu of sushi, mariscos, and teriyaki chicken bowls. The permit was reinstated with restrictions on 2/12/26.

H. *Xola the Food Truck, H24-0519FOOD, Reno, NV*

The health permit was suspended on 2/13/2026 for operating without a current permit and lack of running water while in operation. Staff are waiting for the operator to correct the issues prior to reinspection.

I. *Los Chilaquiles Mexican Breakfast, H21-0458FOOD, 3380 S McCarran Blvd, Reno, NV*

The health permit was suspended on 2/24/2026 with five (5) critical violations and for repeat critical violations annually of cold holding and cooling since 2023. The permit was suspended until they attend an office hearing and address the equipment issues. On 2/26/2026, the office hearing was held and the documentation and policies provided to address the cooling issues were approved, the permit was reinstated same day with operator follow required to ensure cooling equipment is adequate and properly executed.

- J. *La Posada Real, H20-0983FOOD, 5270 Longley Ln #100, Reno, NV*  
At time of inspection on 2/23/2026, a floor drain in the kitchen was overflowing with sewage water. Due to the presence of wastewater, the permit is temporarily suspended. The facility may not operate or preparation food until repairs are completed to address all issues.
- K. *Shanghai Restaurant, H21-0441FOOD, 1269 Baring Blvd, Sparks, NV*  
The health permit was suspended on 2/25/2026 for failing to pass the inspection along with a history of violations and permit suspensions dating back to 2021. The facility was required to attend another office hearing regarding the repeat critical violations found. On 2/26/2026, the facility met with staff and discussed the extensive history of non-compliance. The operator was given a 90 day probation period to address issues where failure to complete the 90 day probation may result in permit revocation.
- L. *Extra Mile #4216, H22-0602FOOD, 3205 Eastlake Blvd, Washoe Valley, NV*  
At time of inspection on 2/25/2026, inspector found that facility lacked the ability to sanitize dishes, the permit was temporarily suspended. The facility was allowed to continue operation of their grocery permit by no preparation of food allowed until repairs are completed. Facility was reinspected on 3/2/2026 and received a passing score.
- M. *Sand & Sage Grill, H20-1121FOOD, 3255 Eastlake Blvd, Washoe Valley, NV*  
At time of inspection on 2/25/2026, inspector found that facility lacked the ability to sanitize dishes due to a faulty dishwasher, so the permit was temporarily suspended. Facility was able to repair the faulty equipment and was reinspected same day.
- N. *El Shrimp Bichi, H24-0394FOOD, 2201 Prater Way, Sparks, NV*  
The permit was suspended as the mobile truck was not utilizing their servicing area. The facility may not operate or preparation food until a servicing area is found and documentation provided.

## **Permitted Facilities**

### Commercial Plans / Development Reviews

- Commercial Plans are trending up over this same time period last year.
- EHS received 132 Commercial Plans to review for the month of November which is 22% more than this same time period last calendar year.
- 94% of all plans received in February 2026 were reviewed within the regional goal of 14 days.

### Program Highlights

- The program spent the last month focusing on school inspections to ensure inspections are on target for upcoming school breaks.
- Childcare regulations are pending completion of formatting. Childcare regulations are being modified and some sections adjusted to meet State of Nevada requirements in NAC and NRS.

| Commercial Plans & Development Reviews    |               | JAN 2026 | FEB 2026 | MAR 2026 | APR 2026 | MAY 2026 | JUN 2026 | JUL 2026 | AUG 2026 | SEP 2026 | OCT 2026 | NOV 2026 | DEC 2026 | YTD 2026 | 2025  | 2024  | 2023  |
|-------------------------------------------|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|-------|-------|
| Development Reviews                       |               | 38       | 29       |          |          |          |          |          |          |          |          |          |          | 67       | 374   | 349   | 461   |
| Commercial Plan Review Submittals         |               | 123      | 132      |          |          |          |          |          |          |          |          |          |          | 255      | 1,704 | 1,729 | 1,814 |
| Total Reviews Conducted                   |               | 189      | 205      |          |          |          |          |          |          |          |          |          |          | 345      | 2,479 | 2,469 | 2,270 |
| Revision Resubmittal Rate                 |               | 60%      | 52%      |          |          |          |          |          |          |          |          |          |          | 56%      | 48%   | 52%   |       |
| # Plan Reviews exceeding 14 calendar days |               | 12       | 13       |          |          |          |          |          |          |          |          |          |          | 25       | 140   | 438   |       |
| % Plan Review meeting Regional Goal       |               | 90%      | 90%      |          |          |          |          |          |          |          |          |          |          | 90%      | 92%   | 75%   |       |
| Review Type Breakdown                     | Engineering   | 85       | 94       |          |          |          |          |          |          |          |          |          |          | 179      | 1,323 | 1,270 | 1,568 |
|                                           | Food          | 37       | 36       |          |          |          |          |          |          |          |          |          |          | 73       | 369   | 452   | 400   |
|                                           | Pool/Spa      | 5        | 9        |          |          |          |          |          |          |          |          |          |          | 14       | 55    | 96    | 84    |
|                                           | Vector        | 25       | 46       |          |          |          |          |          |          |          |          |          |          | 71       | 627   | 583   | 278   |
|                                           | Hotel/Motel   | 4        | 0        |          |          |          |          |          |          |          |          |          |          | 4        | 44    | 25    | 19    |
|                                           | Environmental | 1        | 0        |          |          |          |          |          |          |          |          |          |          | 1        | 44    | 41    | 78    |
|                                           | UST / WM      | 1        | 2        |          |          |          |          |          |          |          |          |          |          | 3        | 17    | 34    | 7     |

| Commercial Plan Review Detail        | JAN 2026 | FEB 2026 | MAR 2026 | APR 2026 | MAY 2026 | JUN 2026 | JUL 2026 | AUG 2026 | SEP 2026 | OCT 2026 | NOV 2026 | DEC 2026 | YTD 2026 | 2025 | 2024 |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------|------|
| New Reviews Submitted (1st Review)   | 48       | 64       |          |          |          |          |          |          |          |          |          |          | 112      | 874  | 826  |
| Reno                                 | 29       | 48       |          |          |          |          |          |          |          |          |          |          | 77       | 598  | 519  |
| Sparks                               | 7        | 7        |          |          |          |          |          |          |          |          |          |          | 14       | 144  | 171  |
| Washoe                               | 12       | 9        |          |          |          |          |          |          |          |          |          |          | 21       | 132  | 136  |
| Average days in review (1st Reviews) | 8        | 5        |          |          |          |          |          |          |          |          |          |          | 6        | 6    | 10   |
| Revisions Submitted (2nd Review +)   | 75       | 68       |          |          |          |          |          |          |          |          |          |          | 143      | 810  | 903  |
| Reno                                 | 53       | 48       |          |          |          |          |          |          |          |          |          |          | 101      | 560  | 619  |
| Sparks                               | 13       | 10       |          |          |          |          |          |          |          |          |          |          | 23       | 138  | 192  |
| Washoe County                        | 9        | 10       |          |          |          |          |          |          |          |          |          |          | 19       | 112  | 92   |
| Average days in review (Revisions)   | 7        | 5        |          |          |          |          |          |          |          |          |          |          | 6        | 6    | 12   |

Vector-Borne Disease Program

| Vector                          | JAN 2026 | FEB 2026 | MAR 2026 | APR 2026 | MAY 2026 | JUN 2026 | JUL 2026 | AUG 2026 | SEP 2026 | OCT 2026 | NOV 2026 | DEC 2026 | YTD 2026 | 2025 | 2024 | 2023 |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------|------|------|
| Total Service Requests          | 1        | 0        |          |          |          |          |          |          |          |          |          |          | 1        | 107  | 51   | 99   |
| Mosquito Pools Tested           | 0        | 0        |          |          |          |          |          |          |          |          |          |          | 0        | 602  | 403  | 948  |
| Mosquito Surveys and Treatments | 0        | 0        |          |          |          |          |          |          |          |          |          |          | 0        | 651  | 151  | 242  |

**Environmental Protection**

Residential Septic & Well Plan Reviews

- A total of 72 plans were taken in in January, 42 of which were new submittals. This is almost exactly in line with January 2025. February saw a 33% increase in plan submittals as compared to February 2025, but inspection numbers saw a slight decrease, likely due to the winter storms.
- Team leadership continued to work with Technology Services throughout January and February to refine and improve the well and septic record types in Accela. This has included testing a new checklist for test trench inspections in the septic record and refining the permit card for septic records to be consistent with the well permit card. One team member has been very interested in learning how these updates can be processed via the Accela Mobile app and how they can help streamline the inspection process and final record. That team member also demonstrated the capabilities of the Mobile app for the rest of the team.
- On January 12<sup>th</sup>, the team held another session of our relator outreach class “What Real Estate Professionals Need to know about Properties Served by Septic or Well in Washoe County”. Seventeen people attended the course, and all seemed appreciative of the information presented in the session.

Team leadership is exploring the requirements for this course to be approved for Continuing Education by the Nevada Real Estate Division.

- Revisions to the Regulations Governing Sewage, Wastewater and Sanitation went to the Board of Health in January and were approved. The regulations will then go to the State Board of Health for approval in March.
- Throughout January and February, the team updated forms and documents as they pertain to the revisions in the Sewage, Wastewater and Sanitation regulations. Staff from Office of the District Health Officer are also assisting with updates to the Spanish translations of these documents.

| <b>Land Development</b>             | <b>JAN 2026</b> | <b>FEB 2026</b> | <b>MAR 2026</b> | <b>APR 2026</b> | <b>MAY 2026</b> | <b>JUN 2026</b> | <b>JUL 2026</b> | <b>AUG 2026</b> | <b>SEP 2026</b> | <b>OCT 2026</b> | <b>NOV 2026</b> | <b>DEC 2026</b> | <b>YTD 2026</b> | <b>2025</b> | <b>2024</b> | <b>2023</b> |
|-------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|-------------|-------------|
| Plans Received (Residential/Septic) | 61              | 64              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 125             | 784         | 885         | 828         |
| Residential Septic/Well Inspections | 72              | 46              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 118             | 884         | 1,001       | 1,004       |
| Well Permits                        | 12              | 5               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 17              | 86          | 115         | 90          |

Safe Drinking Water

- No sanitary surveys were completed in the month of January, and one sanitary survey was completed in February. Twenty-four sanitary surveys and five water hauler inspections remain to be completed in 2026.
- During January, the team worked with Grandview Terrace Water District to finalize their Lead Service Line Inventory (LSLI). The LSLI was initially due in October 2024 and Grandview Terrace Public Water System was the only system regulated by NNPH that did not complete it at that time. During February team leadership met with Grandview Terrace and NDEP staff to help the water system explore all possible funding options to address a manganese exceedance at their backup well. This PWS has undergone a complete management change in the last year, and EHS staff have worked to connect the new management team with partner agencies for a variety of issues. The new management is working hard to address outstanding violations.
- Team leadership has continued to process water projects via NDEP’s Planner program. Many of the water projects are currently in the construction phase and some of them have already been constructed and completed. This project has long been a goal of the water team to handle tasks consistently with the State utilizing their system and it keeps the drinking water database updated and accurate. This project also provides NDEP with all water project documents so they can be properly retained in the state archives system. Once leadership is comfortable with the process, staff assigned to the program will be trained as well.
- In February, NDEP staff requested to meet with team leadership to discuss the outstanding violations and deficiencies associated with Rosemount Water Company. This PWS filed for bankruptcy in 2025, and the Nevada Public Utilities Commission is in the process of appointing a receiver. During the meeting a list of outstanding violations and deficiencies was developed and reviewed by NNPH staff for accuracy.
- Throughout February, the team worked through a list provided by BSDW of numerous water systems with missing water quality results. The missing results were due to be sampled during 2025 and for a variety of reasons were not received by NDEP for data entry. Many of the missing results were able to be provided by the water systems, some are still being processed by the Nevada State Health Lab. Work on this project will continue into March until all sample results are received or the appropriate monitoring violations have been issued.
- The 2026 Spring Monitoring Reminders were emailed to all Washoe County Public Water Systems by Office Support staff in February. These reminders list all water quality requirements for 2026 for

each water system regulated by NNPH. They are collated and emailed in the spring and fall each year to help ensure each water system is fully aware of their monitoring requirements for the year.

- Team leadership met with NDEP staff to discuss which water systems that NDEP may be able to assist NNPH staff with when it comes to official enforcement activities.
- Team leadership met with NDEP staff regarding how Consumer Confidence Reports will be handled by NDEP and how it impacts NNPH. The meeting resulted in plans for collaborating on the compliance activities for 2026 to help improve consistency across NDEP and NNPH.

| Safe Drinking Water     | JAN 2026 | FEB 2026 | MAR 2026 | APR 2026 | MAY 2026 | JUN 2026 | JUL 2026 | AUG 2026 | SEP 2026 | OCT 2026 | NOV 2026 | DEC 2026 | YTD 2026 | 2025 | 2024 |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------|------|
| Sanitary Survey         | 0        | 1        |          |          |          |          |          |          |          |          |          |          | 1        | 20   | 23   |
| Level 1 Assessments     | 0        | 0        |          |          |          |          |          |          |          |          |          |          | 0        | 2    | 6    |
| Level 2 Assessments     | 0        | 0        |          |          |          |          |          |          |          |          |          |          | 0        | 4    | 2    |
| Water Projects Received | 0        | 0        |          |          |          |          |          |          |          |          |          |          | 0        | 2    | 23   |

Waste Management / Underground Storage Tanks (USTs)

- UST staff inspected 14 fuel sites, one on-site reinspection and 7 compliance document review re-inspections in January. Two decommissioning inspections were conducted and one site permanently closed. In February, UST staff inspected 19 fuel sites, one on-site reinspection and 3 compliance document review re-inspections.
- Staff received 30 complaints for the month of January and conducted 55 on-site inspections. In February, the team received 11 complaints and conducted 40 on-site inspections.
- Solid Waste Management staff inspected 27 permitted waste management facilities / liquid waste trucks and conducted two (2) re-inspections. Three new liquid waste trucks were opened and two opening inspections on waste management permits occurred during the month. In February, 23 permitted waste management facilities/liquid waste trucks and conducted three (3) re-inspections. One new permitted waste management facility and one new liquid waste truck were opened.
- The team resolved several high-profile situations with apartment complexes having issues with trash. Several occurred when the complexes changed ownership and had problems with their WM accounts, there were heavier accumulations due to the holidays, and general management problems. Staff worked through all of the issues and coordinated with WM when necessary. As of the beginning of March, all were resolved.
- A new senior EHS was onboarded on February 16<sup>th</sup> with training to occur over the next two months.
- Staff attended a virtual fentanyl clean up training.
- Staff met with Chronic Disease and Injury Prevention staff on the topic of a pilot program for vape waste. KTMB did a study in 2025 in collaboration with the group and now they are exploring ways to facilitate proper disposal within the school district.
- Staff met with WM for their quarterly meeting where topics of discussion included: apartment complexes with waste issues, sharps chain of custody, and discussion of possibly charging dumpster cost back to customers that did not utilize NNPH provided dumpsters for clean ups.

| <b>EHS Inspections</b>         | <b>JAN 2026</b> | <b>FEB 2026</b> | <b>MAR 2026</b> | <b>APR 2026</b> | <b>MAY 2026</b> | <b>JUN 2026</b> | <b>JUL 2026</b> | <b>AUG 2026</b> | <b>SEP 2026</b> | <b>OCT 2026</b> | <b>NOV 2026</b> | <b>DEC 2026</b> | <b>YTD 2026</b> | <b>2025</b>  | <b>2024</b>  | <b>2023</b>  |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------|--------------|--------------|
| Child Care                     | 9               | 14              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 23              | 133          | 119          | 133          |
| Food/Exempt Food               | 282             | 281             |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 563             | 4,434        | 3,803        | 3,576        |
| Schools/Institutions           | 45              | 59              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 104             | 301          | 276          | 300          |
| Tattoo/Permanent Make-Up       | 13              | 18              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 31              | 128          | 285          | 110          |
| Temporary IBD Events           | 2               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 2               | 122          | 147          | 36           |
| Liquid Waste Trucks            | 13              | 7               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 20              | 170          | 161          | 113          |
| Mobile Home/RV Parks           | 15              | 1               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 16              | 103          | 97           | 108          |
| Public Accommodations          | 3               | 1               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 4               | 88           | 126          | 68           |
| Aquatic Facilities/Pool/Spas   | 13              | 22              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 35              | 836          | 847          | 739          |
| RV Dump Station                | 2               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 2               | 23           | 2            | 14           |
| Underground Storage Tanks      | 22              | 21              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 43              | 234          | 210          | 202          |
| Waste Management               | 23              | 21              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 44              | 194          | 139          | 166          |
| Temporary Foods/Special Events | 15              | 44              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 59              | 1,452        | 1,342        | 1,358        |
| Complaints                     | 58              | 60              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 118             | 895          | 654          | 760          |
| <b>TOTAL</b>                   | <b>515</b>      | <b>549</b>      |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | <b>1,064</b>    | <b>9,113</b> | <b>8,208</b> | <b>7,683</b> |
| EHS Public Record Requests     | 234             | 251             |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 485             | 2,186        | 3,361        | 4,962        |

| <b>Complaint Breakdown</b>     | <b>JAN 2026</b> | <b>FEB 2026</b> | <b>MAR 2026</b> | <b>APR 2026</b> | <b>MAY 2026</b> | <b>JUN 2026</b> | <b>JUL 2026</b> | <b>AUG 2026</b> | <b>SEP 2026</b> | <b>OCT 2026</b> | <b>NOV 2026</b> | <b>DEC 2026</b> | <b>YTD 2026</b> | <b>2025</b> | <b>2024</b> | <b>2023</b> |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|-------------|-------------|
| EHS - Invasive Body Decoration | 0               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0               | 5           | 4           | 1           |
| EHS - Food                     | 22              | 33              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 55              | 408         | 276         | 248         |
| EHS - General                  | 1               | 1               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 2               | 6           | 4           | 4           |
| EHS - Hotels/Motels            | 2               | 2               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 4               | 28          | 23          | 20          |
| EHS - Liquid Waste             | 9               | 4               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 13              | 74          | 64          | 62          |
| EHS - Mobile Home/RV Park      | 1               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 1               | 7           | 6           | 9           |
| EHS - Pools/Spas               | 0               | 2               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 2               | 25          | 16          | 3           |
| EHS - Schools                  | 0               | 1               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 1               | 8           | 33          | 3           |
| EHS - Solid Waste              | 22              | 15              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 37              | 220         | 157         | 177         |
| EHS - Vector                   | 0               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0               | 100         | 59          | 98          |
| EHS - Waste Mgt                | 1               | 2               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 3               | 11          | 12          | 3           |
| EHS - Wells                    | 0               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0               | 3           | 4           | 0           |

| <b>New Openings</b>            | <b>JAN 2026</b> | <b>FEB 2026</b> | <b>MAR 2026</b> | <b>APR 2026</b> | <b>MAY 2026</b> | <b>JUN 2026</b> | <b>JUL 2026</b> | <b>AUG 2026</b> | <b>SEP 2026</b> | <b>OCT 2026</b> | <b>NOV 2026</b> | <b>DEC 2026</b> | <b>YTD 2026</b> | <b>2025</b> | <b>2024</b> | <b>2023</b> |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|-------------|-------------|
| Child Care                     | 0               | 3               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 3               | 15          | 10          | 8           |
| Food/Exempt Food               | 17              | 17              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 34              | 380         | 428         | 524         |
| Schools/Institutions           | 0               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0               | 4           | 3           | 3           |
| Tattoo/Permanent Make-Up (IBD) | 0               | 1               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 1               | 39          | 32          | 38          |
| Liquid Waste Trucks            | 3               | 1               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 4               | 24          | 41          | 21          |
| Mobile Home/RV Parks           | 2               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 2               | 6           | 6           | 42          |
| Public Accommodations          | 0               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0               | 3           | 4           | 19          |
| Aquatic Facilities/Pool/Spas   | 0               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0               | 71          | 26          | 48          |
| RV Dump Station                | 1               | 0               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 1               | 4           | 0           | 0           |
| Waste Management               | 2               | 1               |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | 3               | 13          | 9           | 13          |
| <b>TOTAL</b>                   | <b>25</b>       | <b>23</b>       |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 | <b>48</b>       | <b>559</b>  | <b>559</b>  | <b>716</b>  |

**Population Health Division  
Division Director Staff Report  
Board Meeting Date: March 26, 2026**

**DATE:** March 12, 2026

**TO:** District Board of Health

**FROM:** Nancy Diao, ScD, PHD Director  
775-328-2443; [ndiao@nph.org](mailto:ndiao@nph.org)

**SUBJECT:** **Population Health** – Epidemiology, Statistics and Informatics, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention

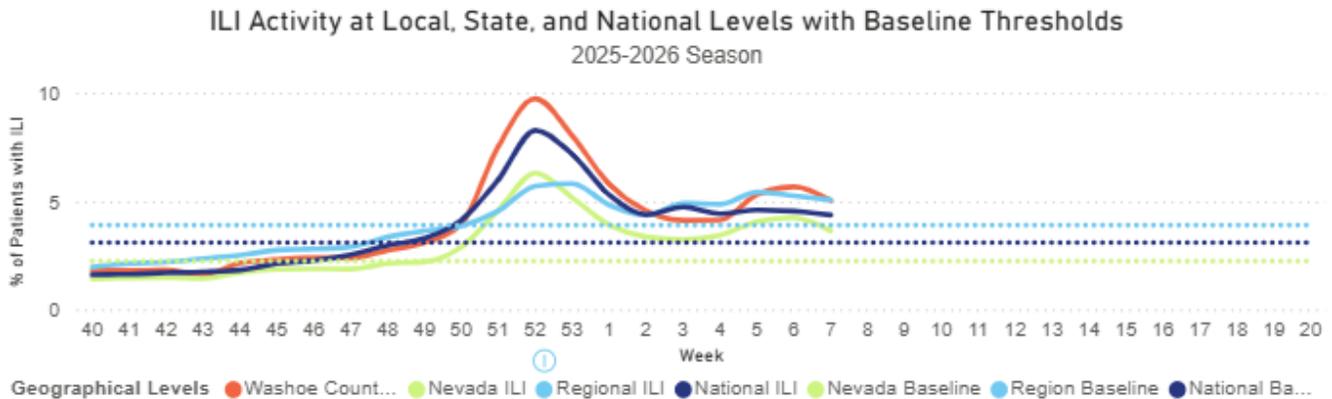
**Epidemiology Program**

Respiratory Virus Surveillance

The 2025-2026 Respiratory Season began in MMWR Week 40, September 28, 2025. Weekly respiratory updates are distributed and accessible through the 2025-2026 Respiratory Virus Surveillance Dashboard: Respiratory Virus Surveillance Program

Influenza-like Illness – Figure 1 provides a snapshot of the percentage of patients presenting to sentinel surveillance providers in Washoe County with influenza-like illness (ILI) defined as fever ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ]) and cough and/or sore throat for the 2021 through 2025 seasons. Although there was a noticeable decrease in ILI activity post-MMWR week 52, the downward trends plateaued and remain above the threshold for Nevada and U.S. Region 9 as of MMWR week 7.

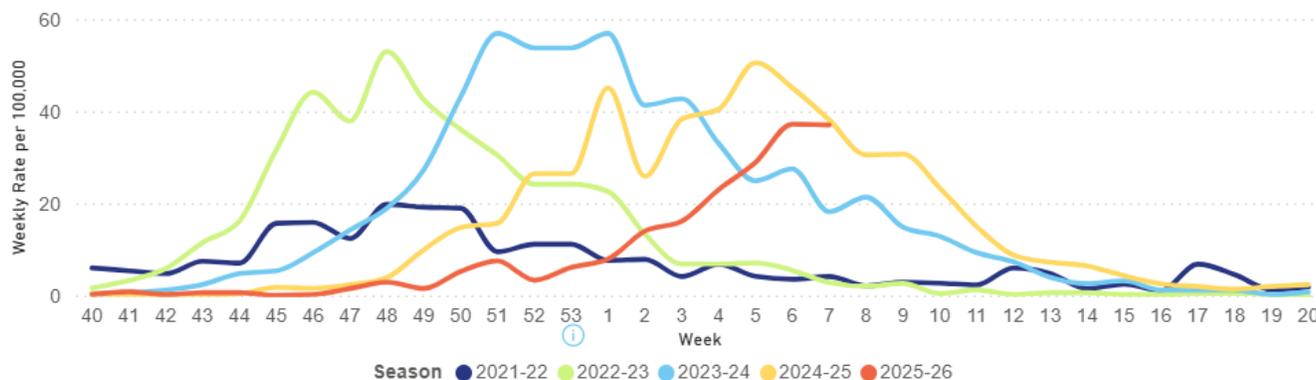
**Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2025 Seasons†**



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Respiratory Syncytial Virus (RSV) – RSV is a common respiratory virus that can present with flu-like signs and symptoms (e.g., fever, coughing, runny nose). RSV, while usually presented with mild symptoms, can be serious, especially for infants and older adults. Figure 2 provides a snapshot of the RSV case rate per 100,000 by MMWR week in Washoe County for the 2021 through 2025 seasons and we are currently noticing an increase in RSV activities.

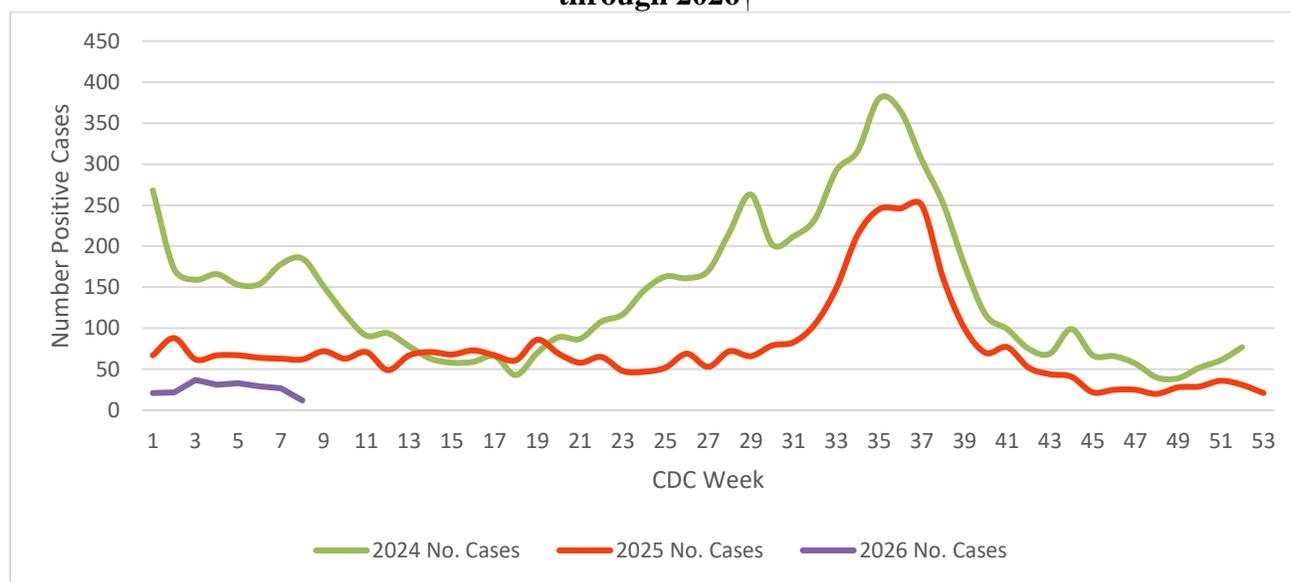
**Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2021-2025 Seasons†**



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

SARS-CoV-2 (COVID-19) – In January, 116 COVID-19 cases were reported (data as of 03/03/2026). In February, 101 COVID-19 cases were reported (data as of 03/03/2026). Figure 3 provides an overview of the total number of confirmed COVID-19 cases in Washoe County by MMWR week following calendar years starting in 2024. Since the start of 2026, trendlines have been demonstrating lower counts compared to previous years. As of MMWR week 8, the average case rate was less than 10 cases per 100,000 residents.

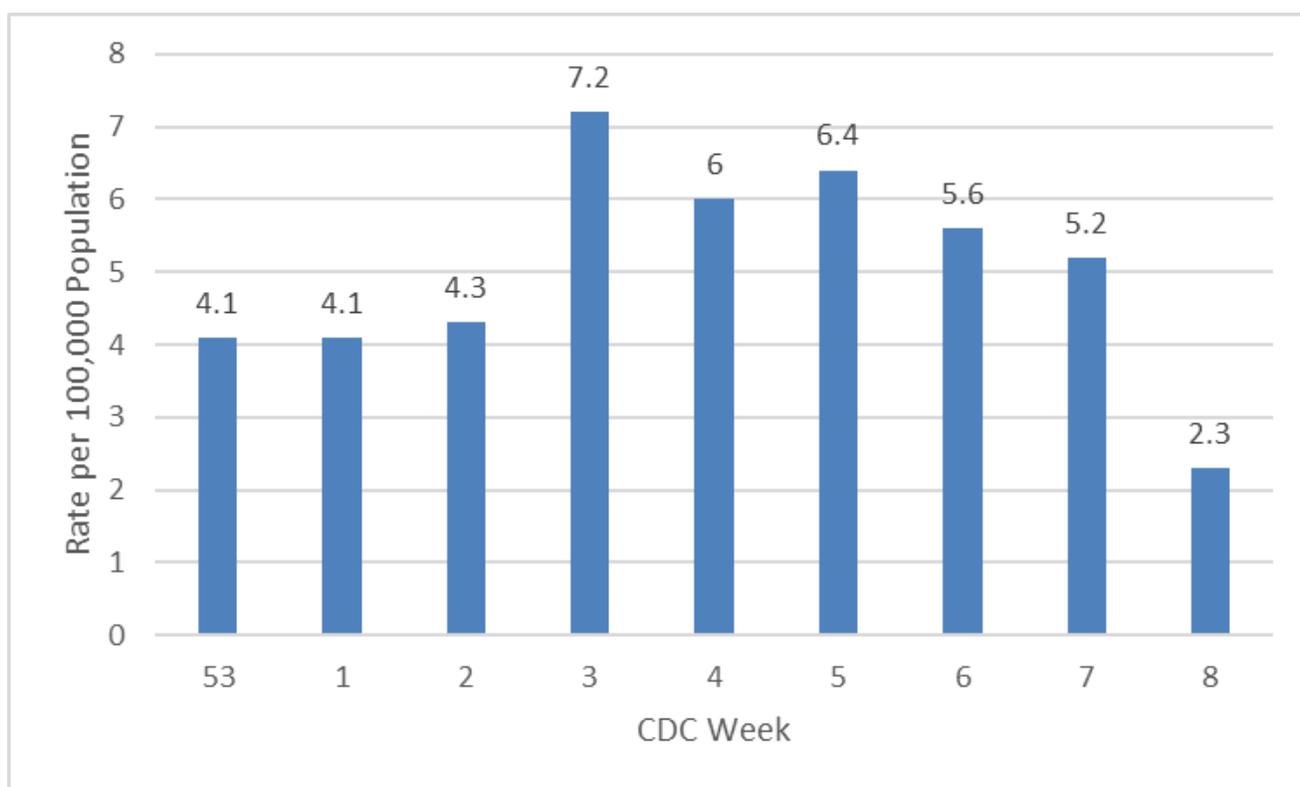
**Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2024 through 2026†**



† There is no MMWR week 53 in 2024. Note: Data are displayed by calendar year.

Figure 4 illustrates the number of new cases by report date per 100,000 population over a nine-week period spanning January 3, 2026, through February 28, 2026. As of MMWR week 8, Washoe County received reports of 2.3 new cases per 100,000 population.

**Fig 4. Newly Reported COVID-19 Cases Per 100,000 Population by MMWR Week  
 January 3, 2026 – February 28, 2026, Washoe County**

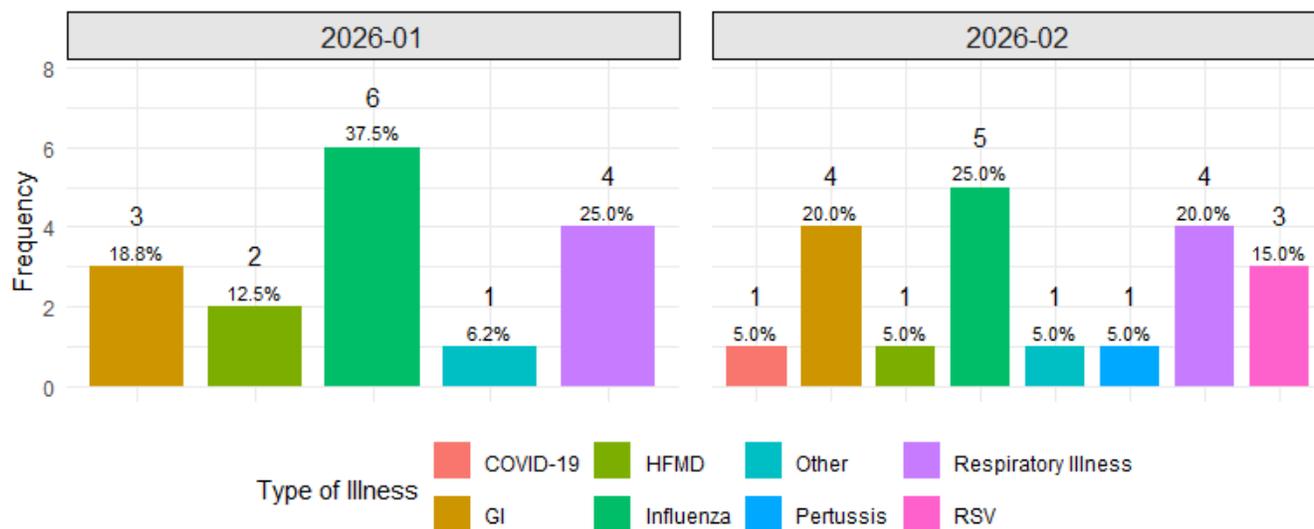


Outbreaks – There have been 16 newly declared outbreaks in January 2026; six (6) influenza confirmed, four (4) respiratory illness, zero (0) COVID-19, zero (0) RSV, three (3) gastrointestinal, two (2) hand, foot, and mouth disease, zero (0) rash illness of unconfirmed etiology, and one (1) other. There have been 20 newly declared outbreaks in February 2026; five (5) influenza confirmed, four (4) respiratory illness, one (1) COVID-19, three (3) RSV, four (4) gastrointestinal, one (1) hand, foot, and mouth disease, zero (0) rash illness of unconfirmed etiology, one (1) other, and one (1) pertussis.

| Type                     | Jan       | Feb       | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--------------------------|-----------|-----------|-------|-------|-----|------|------|-----|------|-----|-----|-----|
| Gastrointestinal Illness | 3         | 4         |       |       |     |      |      |     |      |     |     |     |
| Respiratory Illness      | 4         | 8         |       |       |     |      |      |     |      |     |     |     |
| Influenza Confirmed      | 6         | 5         |       |       |     |      |      |     |      |     |     |     |
| COVID-19 Confirmed       | 0         | 1         |       |       |     |      |      |     |      |     |     |     |
| Rash Illness             | 2         | 1         |       |       |     |      |      |     |      |     |     |     |
| Other                    | 1         | 1         |       |       |     |      |      |     |      |     |     |     |
| <b>Total</b>             | <b>16</b> | <b>20</b> |       |       |     |      |      |     |      |     |     |     |

Note1: Data obtained as of March 4, 2026, at the time of this report, and will be revised in the next report if there are updates. Note2: Respiratory illnesses include RSV outbreaks and Pertussis outbreak(s). Note3: ‘Other’ includes outbreaks with multiple etiologies.

**Fig 5. Monthly Outbreaks by Condition from January 1, 2026, to February 28, 2026, in Washoe County**



Note 1: Data extracted as of 03/04/26.

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers, are topic dependent, and are available at <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In February, there was one (1) Epi News newsletter published:

**Quarterly Communicable Disease Reporting and Statistics: 2025 Q4:** This Epi News is a quarterly report published after data collection was completed for the 4th quarter of 2025 (October - December). It includes summary statistics of reportable conditions by case count and the percentage change compared to previous years in the same quarter. These data provide information relevant to the public about the type of disease investigations and landscape of cases in Washoe County, and it releases details regarding any trends in the rise or fall of incidence among residents.

General Communicable Diseases – During January 2026, there were 368 positive labs reported, with 89% resulting in a confirmed, probable, or suspect case. During February 2026, there were 743 positive labs reported, with 82% resulting in a confirmed, probable, or suspect case.

Epidemiology Program Cross Divisional Projects –

Animal Bite Reporting – Bites from rabies-susceptible animals are a reportable condition under NAC 441A. The Epidemiology Program is responsible for tracking potential exposures to rabies for humans, which requires intricate coordination within and between Washoe County agencies to (A) increase accessibility of reporting by stakeholders, (B) streamline communication channels between interdepartmental partners, and (C) improve system capacity through electronic data capture. The Epidemiology Program input the baseline metadata into REDCap. The team modified the Case Report Form (CRF) for people with suspected exposures to rabies, standardized programmatic metrics, and expanded data capture. The new report form underwent several rounds of internal testing to verify usability and validate workflows, and epidemiologists are collaborating with the Statistics and Informatics Program to link dummy data to an internal dashboard as a prototype. The Epidemiology Program moved the project to a local, REDCap server in January 2026 and is in final, cross-departmental testing stage. Once completed on March 16<sup>th</sup>, the epidemiologists will develop the public landing page with directions on reporting, as well as finalize initial data loops and automatic alerts. The anticipated go-live date is set for early April 2026.

**Sexual Health Investigations and Outreach**

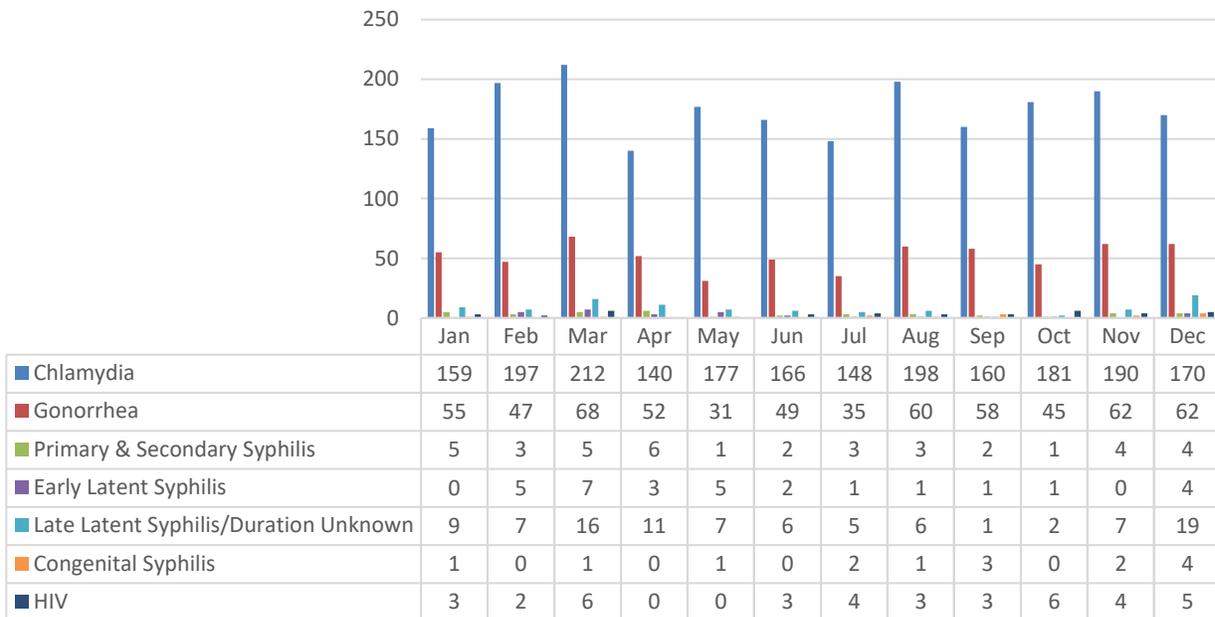
Updates made by CDC to data collection and case definition requirements are being implemented by the Sexual Health program. Syphilis case definition changes have been made to align with current diagnostic practices, simplify classifications for neurosyphilis, update congenital and syphilitic stillbirth classifications, and clarify late clinical manifestations. These changes impact how disease investigators classify a case with the appropriate stage of syphilis infection. Syphilis stages include primary and secondary, which are the most infectious, followed by early latent, and late latent disease. Symptoms, history of testing, and timeframes are all factors to consider when staging a case. Appropriate treatment is determined by the stage of syphilis infection.

Changes in HIV testing and investigation data required by the CDC have been made as well. To implement these changes, our clinic's electronic medical record (EMR) system needs to be updated, as well as coding by the Statistics and Informatics team to develop a file that is uploaded to the CDC monthly. Following the updates, clinic staff will be retrained on the information that needs to be collected for each HIV test provided. The process will be lengthy due to the timeframes required by the EMR system for revision.

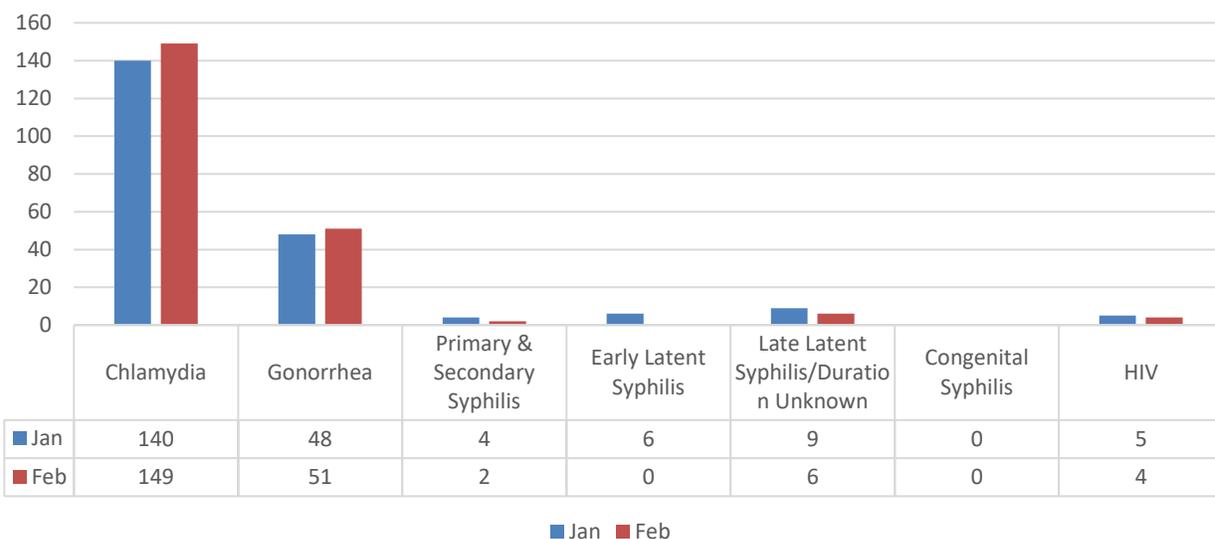
The program Epidemiologist presented a case of twins diagnosed with congenital syphilis to the quarterly, statewide Congenital Syphilis Review Board (CSRB). Information on the maternal case, paternal case, and congenital cases are extracted and de-identified to provide a sketch of what occurred during the pregnancy that may have contributed to the maternal case not being identified or appropriately treated during the pregnancy. Missed opportunities, issues that may indicate need for policy change, health disparity experiences, and social determinants of health are evaluated by a transdisciplinary group of providers, community organization, insurance, public health, hospital, and insurance systems to identify gaps in our community's services and suggest changes that would identify cases sooner to intervene with disease transmission and lead to healthier outcomes.

Data through the end of 2025 is being presented here, as partial data was shared in the January report. In addition, 2026 data through the end of February is provided below. All data is preliminary until data quality assurance is finalized in collaboration with the state STI and HIV programs.

### Reported Sexually Transmitted Infections & HIV in Washoe County, 2025 (Preliminary Data)



### Reported Sexually Transmitted Infections & HIV in Washoe County, 2026 (Preliminary Data through February 28, 2026)



**Public Health Preparedness (PHP) Program**

PHP staff attended the annual Nevada Emergency Preparedness Association (NEPA) Conference in Las Vegas, Nevada, from February 9–11, 2026. On February 9, staff participated in a full-day pre-conference training course, AWR330-56 Whole Community Emergency Planning, presented by TEEX. The conference provided opportunities to attend keynote presentations and professional development workshops, including sessions on NASA’s Disaster Response Coordination System and Enhancing Situational Awareness & Operational Coordination Using Virtual Mapping Solutions: A Case Study from the Night in the Country Music Festival. During the conference, two NNPH staff members were recognized for earning Nevada Emergency Preparedness Association certification. Andrea Esp, Preparedness and EMS Program Manager, received the Nevada Emergency Manager certification, and Jordyn Marchi, Public Health Emergency Response Coordinator, received the Nevada Emergency Manager – Associate certification.



PHP staff are currently developing a Jurisdictional Risk Assessment (JRA) for Northern Nevada Public Health (NNPH). The JRA identifies public health preparedness gaps in Washoe County and fulfills a requirement of both the Public Health Emergency Preparedness (PHEP) and Healthcare Preparedness Program (HPP) grants. This assessment is required once during each five-year planning cycle, with the most recent JRA completed in 2022.

PHEP staff continue to update private Point of Dispensing (POD) plans and Memoranda of Understanding (MOUs) with all existing POD partners. NNPH’s private POD partners include organizations in healthcare, utilities, local jurisdictions, schools, and EMS. These partners collaborate with NNPH during medical countermeasure emergencies to rapidly distribute life-saving medications to the community. Private POD plans allow partner agencies to receive medical countermeasures from NNPH and distribute them to their staff and families, supporting continuity of operations by ensuring employees are protected and able to work during emergencies.

The PHEP program has begun the process of pursuing Public Health Preparedness and Response (PPHR) recognition, marking a significant step towards enhancing NNPH’s emergency preparedness and response capabilities. As part of this effort, the team has started work on the PPHR application and created a comprehensive tracking spreadsheet to monitor all 269 required criteria elements, document progress, and ensure each component stays on schedule. The anticipated submission window for the PPHR application is October 2026. In coordination with senior management, the PHEP program will decide whether NNPH will move forward with submission this calendar year.

Planning is ongoing for the Continuity of Operations Plan (COOP) Tabletop Exercise (TTX) scheduled for June 4, 2026. The half-day exercise will focus on a cyberattack scenario and the implementation of the COOP by NNPH staff.

On February 24, 2026, the NNPH Medical Reserve Corps (MRC) program hosted an emergency preparedness training session, Extreme Weather Hazards. The session was presented by the Warning Coordination Meteorologist from the local National Weather Service office and attended by MRC volunteers and NNPH staff.



The NNPH Medical Reserve Corps (MRC) program will officially disband on June 30, 2026. A notification letter from the District Health Officer was sent to State Public Health Preparedness, community partners, and MRC volunteers. Scheduled training sessions will continue through the end of the calendar year. NNPH will maintain its partnerships with CERT, Battleborn, Red Cross, and VOAD volunteer organizations.

Healthcare Preparedness Program (HPP)/Inter-Hospital Coordinating Council (IHCC) –

Progress continues on FY26 coalition priorities. Burn care has been identified as a regional gap, and to address this, IHCC is supporting approximately 15 members in attending the Advanced Burn Life Support (ABLS) Provider Course hosted by UC Davis and Shriners Children's. Participants include hospital, EMS, and fire partners. Key takeaways from the March and April courses will be incorporated into regional planning and future training initiatives.

To further support partners, including those outside NNPH's jurisdiction, the IHCC Coordinator and REMSA Health Emergency Manager conducted training on the Mutual Aid Evacuation Agreement (MAEA) on February 4, 2026, at Carson Tahoe Health. This training promotes alignment with neighboring jurisdictions and enhances shared understanding of regional gaps and capabilities. Additionally, the IHCC Coordinator, REMSA Health, and Truckee Meadows Fire Protection District participated in a tabletop exercise on February 23, 2026, at Cascades of the Sierra, walking through an evacuation scenario.



*Personnel gathered around a table to work through an evacuation scenario.*

IHCC also plans to align with the Reno-Tahoe Airport Authority Triennial Exercise to evaluate hospitals' ability to carry out their roles under the Washoe County Multi-Casualty Incident Plan in response to a fallen aircraft scenario. Exercise planning will continue through May.

Another key focus has been increasing participation among home health, hospice, and dialysis providers. To support this, the coalition created a secure Microsoft Teams channel for data submission, helping providers meet CMS Emergency Preparedness Rule requirements. NNPH also developed a Data Sharing Agreement (DSA) to further support this effort. To date, five partner agencies have executed the DSA and joined the Teams channel. The next step is to test the process through a data collection exercise.

HPP staff continue to participate in the weekly Hospital Net ham radio communications drill, which includes hospitals across Northern Nevada and Eastern California. This ongoing activity supports redundant communication capabilities, which are critical for effective coordination during disasters.

### **Emergency Medical Services (EMS) Oversight Program**

Franchise - The EMS Oversight Program continues to collaborate with REMSA Health to review and confer on the Amended and Restated Franchise for Ambulance Service. The Franchise Map Review was presented to the EMS Joint Advisory Committee in February 2026. Based on the review findings, the program recommended no changes to the current REMSA Health response zone map.

Digital Accessibility – The program completed two accessibility projects. Both the REMSA Health response zone map and the REMSA Health Franchise Map Review FY 2026 presentation are now accessibility compliant and available online for public access.

EMS Data Request Dashboard – No data requests were received by the program for January or February 2026.

REMSA Health Exemption Requests -

| <b>Table 1: REMSA Health Exemption Requests FY 2026</b> |                        |                  |                |              |              |                 |
|---------------------------------------------------------|------------------------|------------------|----------------|--------------|--------------|-----------------|
| <b>Exemptions Requested</b>                             | <b>System Overload</b> | <b>Status 99</b> | <b>Weather</b> | <b>Other</b> | <b>Total</b> | <b>Approved</b> |
| July 2025                                               | 1                      | -                | -              | -            | 1            | 1               |
| August 2025                                             | 28                     | -                | -              | -            | 28           | 28              |
| September 2025                                          | 9                      | -                | -              | -            | 9            | 9               |
| October 2025                                            | 7                      | -                | -              | -            | 7            | 7               |
| November 2025                                           | -                      | -                | -              | -            | -            | -               |
| December 2025                                           | 7                      | -                | -              | -            | 7            | 7               |
| January 2026                                            | 8                      | -                | 11             | -            | 19           | 19              |
| February 2026                                           | 37                     | -                | 67             | -            | 100          | 98*             |
| <b>Fiscal Year-To-Date</b>                              | <b>97</b>              | <b>-</b>         | <b>78</b>      | <b>-</b>     | <b>171</b>   | <b>169</b>      |

\*Two exemptions were denied as they did not meet the criteria for system overload.

REMSA Health Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls indicated below. Due to low call volumes in the separately defined response zones B, C and D, REMSA Health compliance response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated February 23, 2023, as combined Zones B, C, and D for all Priority 1 calls. Table 2 shows REMSA Health’s compliance rate for FY 2026.

- Zone A – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.
- Zones B, C, and D – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; 15minutes and 59 seconds or less for the combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

| <b>Table 2. REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2026</b> |               |                         |
|--------------------------------------------------------------------------------------------|---------------|-------------------------|
| <b>Month*</b>                                                                              | <b>Zone A</b> | <b>Zone B, C, and D</b> |
| July 2025                                                                                  | 91%           | 96%                     |
| August 2025                                                                                | 91%           | 90%                     |
| September 2025                                                                             | 91%           | 96%                     |
| October 2025                                                                               | 91%           | 94%                     |
| November 2025                                                                              | 90%           | 95%                     |
| December 2025                                                                              | 90%           | 90%                     |
| January 2026                                                                               | 91%           | 94%                     |
| February 2026                                                                              | 90%           | 92%                     |

|                             |            |            |
|-----------------------------|------------|------------|
| <b>Fiscal Year-To-Date*</b> | <b>91%</b> | <b>94%</b> |
|-----------------------------|------------|------------|

\*Fiscal Year-to-date is the percentage calculated using the sum of all to-date “Chargeable Late Responses” divided by “Compliance Calculate Responses”.

Community Services Department (CSD) – Memo Review: The EMS Oversight Program staff reviews and analyzes project applications received from the City of Reno Housing and Neighborhood Development and the Planning and Building Division of the Washoe County Community Services Department, providing feedback as needed. During January and February, the program received and reviewed four (4) applications.

Mass Gatherings/Special Events - The EMS Oversight Program received and reviewed two (2) applications for Mass Gatherings/Special Events in January and February.

**Chronic Disease and Injury Prevention (CDIP) Program**

Brain Health -

Staff applied to and was competitively selected to attend the Alzheimer’s Association-sponsored Risk Reduction Learning Collaborative in Atlanta on April 28–29, 2026, at the Alzheimer’s Association Center for Excellence. Selection for this national opportunity reflects recognition of NNPH’s leadership and commitment to advancing brain health within public health practice. The purpose of the Risk Reduction Learning Collaborative is to share effective strategies for incorporating brain health messaging into existing public health programming. NNPH was one of only nine health districts nationwide selected to participate in the two-day meeting. Participation includes a commitment to convene a brain health collaborative within our jurisdiction and to engage both new and existing community partners in embedding brain health messaging into ongoing public health initiatives. All travel and training expenses will be covered by the Alzheimer’s Association. Training topics will include social determinants of health, modifiable risk factors, strategies for integrating brain health into existing health department programs, and application of the community convening framework to broaden and strengthen community public health collaboration.

Healthy Eating and Active Living -

SNAP-Ed programming continued at three new Community Services Agency Head Start sites (Wooster, Smithridge, and Echo Loder) using the Pick a Better Snack curriculum. Staff also completed the final lessons of Choose Health: Food, Fun, and Fitness at Donner Springs, reaching 210 students in 3rd–5th grade. Pick a Better Snack lessons have now begun for Kindergarten–2nd grade students at Donner Springs.

Staff tabled at Donner Springs Elementary School on February 10, and Sparks Middle School on February 26, sharing resources on healthy eating and active living. Across both events, 85 families were reached.

In-depth assessments of all six participating stores in the Healthy Corner Store program were completed to gather insights supporting program refinement and strategic planning. A thematic analysis of feedback is underway. Findings will guide a strategic reset of the program, strengthen store engagement, refine technical assistance, and ensure alignment with retailer capacity and community needs.

Injury Prevention -

Staff coordinated the Washoe Suicide Prevention Alliance meeting to review ongoing and upcoming activities. Reno Guns & Range became the first licensed firearm retailer in Nevada to participate in The Armory Project (TAP) pilot. TAP is a nationally recognized, evidence-based suicide prevention initiative that engages firearm owners and retailers in efforts to reduce suicide. Reno Guns & Range will receive suicide prevention training,

resources, and a \$1,500 stipend to increase storage capacity. Additional retailers are considering participation. This effort strengthens suicide prevention by increasing awareness and access to temporary secure firearm storage options in Washoe County and Nevada.

Staff conducted direct suicide prevention outreach at the “Crossroads of the West” gun show at the Reno/Sparks Convention Center on February 28 and March 1<sup>st</sup>. Participants engaged at the event received branded WSPA materials, including cable gun locks, gun cleaning mats, and suicide prevention information. Staff recorded 80 direct contacts with the target audience of firearm owners, as well as four contacts with licensed firearm retailers for future outreach opportunities.

Staff provided direct education and outreach to students participating in the Carry Concealed Weapon (CCW) course at Scheels on February 28, 2026. A total of 38 participants received the suicide prevention education presentation and information on temporary secure firearm storage.

Staff initiated development of a local Senior Falls multi-media campaign with Graphicka. Development is occurring in February and March, with promotion scheduled for March through May. The campaign aims to increase awareness of fall risks and promote practical prevention strategies such as home modifications, strength and balance exercises, and medication review through consistent, culturally relevant messaging. This coordinated approach supports reduced fall-related injuries, hospitalizations, and loss of independence among older adults.

Enhance Fitness, a 16-week evidence-based group exercise and falls-prevention program concluded on February 26, 2026, at Fountains Senior Care. The program was successful, with participants and staff reporting improved strength and mobility. Ten seniors were served, with five participating consistently. Enhance Fitness will continue to be offered at Fountains Senior Care through their Activity Coordinator.

Safe Mobility presentations on pedestrian and bicycle safety were delivered to 75 students at Sparks Middle School on February 9 and February 26. The content was well received, and pre/post testing showed a 90% increase in knowledge.

Staff established a Safe Mobility Collaborative to bring together organizations focused on improving pedestrian and bicycle safety for children and families in Washoe County. The first meeting on February 5<sup>th</sup> included participation from Kiwanis Bikes, Reno Bike Project, Safe Kids Washoe County, Safe Routes to School, Truckee Meadows Bicycle Alliance, RTC, NDOT, and Washoe County Juvenile Services. Partners provided positive feedback on the value of the collaborative. Staff plans to coordinate monthly meetings moving forward.

Tobacco/Nicotine Control and Youth Prevention -

Staff have been working closely with the Estipona Group and the NNPH Communications Team to: (1) launch a targeted Snapchat social media campaign, and (2) update the GHW youth vaping prevention webpage to align with the campaign and serve as the primary landing page. The campaign strategy is intentionally youth-centered, utilizing platforms, visuals, and messaging designed to resonate with teens and increase awareness and engagement around vaping prevention. The webpage has been enhanced with expanded resources, updated visuals, and consistent messaging to ensure alignment with campaign content and improve user experience. The campaign will leverage high-performing creative assets from last year's effort, which generated more than 1.1 million impressions and over 12,000 clicks to the vaping prevention landing page. Building on this success, the 2026 campaign will employ a similar strategy, prioritizing top-performing advertisements from the 2025 campaign that focused on environmental impacts and the

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Subject: Population Health Division Director's Report

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#VapeFreeFlex theme, which highlights alternative ways for teens to spend their money. The campaign is scheduled to launch on February 25, 2026, and will run for approximately eight weeks.

On February 19<sup>th</sup>, staff attended the third annual Because We Matter (BWM) Summit in Las Vegas alongside statewide and community partners, including Dignity Health, Prominence Health, American Academy of Pediatrics, Nevada Chapter, American Cancer Society Cancer Action Network, and American Heart Association, among others. Hosted by the Southern Nevada Health District, the summit supports the African American/Black community in addressing disproportionate health burdens driven by higher concentrations of tobacco retailers in certain neighborhoods, targeted marketing of menthol products, and reduced access to health care and cessation services - factors influenced by social determinants of health such as education access, economic stability, social and community context, neighborhood and built environment, and health care access and quality. Sessions provided education on the impact of menthol flavoring, which can make tobacco products easier to initiate and more difficult to quit; accessing nicotine cessation services; emerging nicotine products; and strategies for partnering with tobacco retailers to prevent youth access and reduce tobacco advertising in neighborhood stores. In Clark County, the African American/Black population represents approximately 14% of residents, making it the third-largest racial/ethnic group after White and Hispanic populations, while in Washoe County, the African American/Black population represents approximately 2–3% of residents, a smaller proportion than White, Hispanic, and Asian populations.

Staff met with the Davidson Academy GECKO Club advisor and student members to discuss hazardous waste disposal of e-cigarettes and nicotine pouches. The GECKO Club serves as the environmental club for The Davidson Academy of Nevada, a public middle and high school for profoundly gifted students located on the campus of the University of Nevada, Reno. Staff presented findings from the Keep Truckee Meadows Beautiful/NNPH collaborative [report](#) on toxic tobacco waste and reviewed hazardous tobacco e-waste disposal programs implemented in Colorado and Minnesota. GECKO Club members will be undertaking an environmental scan of discarded e-cigarettes and other tobacco products on the UNR campus next month. Finally, CDIP staff are also exploring opportunities to provide these students with an overview of public health functions across NNPH divisions, with the goal of fostering youth champions who can elevate awareness about vaping and the environmental impacts of tobacco product waste.

Staff collaborated with the Reno Housing Authority to adopt a smoke-free and vape-free policy for outdoor playground areas. The policy will be fully implemented across its properties in Washoe County over the next several months. Outdoor playground policies that prohibit smoking and vaping are critical to protecting children from exposure to toxic secondhand smoke, a Class A carcinogen, reducing hazardous litter, and promoting healthy, tobacco-free social norms. By including electronic nicotine delivery systems, these policies also help reduce youth initiation and ensure safe, clean environments for recreation.

Staff partnered with the Washoe County School District Student Activities and Athletics Coordinator to provide 28 high school athletic directors with education and resources to support prevention of youth vaping and nicotine use among student-athletes and to increase awareness of available cessation resources. Promoting vaping prevention and cessation among student-athletes supports improved physical performance, including lung function and stamina, as well as overall mental health, while addressing the misconception that vaping is harmless. Coaches and athletic leaders play a critical role in influencing youth attitudes and behaviors and can be strong advocates for rejecting or quitting vaping and other

tobacco products. Collaborative efforts will help ensure that youth are supported in leading healthy, tobacco-free lives.

**Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online, and in person. Program staff also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

**Table 1: Number of Transactions for Birth and Death Records- February 2026**

| <b>February</b> | <b>In Person</b> | <b>Mail</b> | <b>Online</b> | <b>Total</b> |
|-----------------|------------------|-------------|---------------|--------------|
| Birth           | 759              | 27          | 495           | <b>1281</b>  |
| Death           | 1506             | 16          | 418           | <b>1940</b>  |
| <b>Total</b>    | <b>2265</b>      | <b>43</b>   | <b>913</b>    | <b>3221</b>  |

**Table 2: Number of Records Processed by Vital Statistics Office- FY 2026**

|              |               | 2025 |     |     |     |     |     | 2026 |     |     |     |     |      | <b>Total</b> |
|--------------|---------------|------|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|------|--------------|
|              |               | Jul  | Aug | Sep | Oct | Nov | Dec | Jan  | Feb | Mar | Apr | May | June |              |
| <b>Birth</b> |               |      |     |     |     |     |     |      |     |     |     |     |      |              |
|              | Registrations | 526  | 463 | 536 | 518 | 353 | 521 | 540  | 452 |     |     |     |      | <b>3909</b>  |
|              | Corrections   | 78   | 40  | 63  | 72  | 61  | 60  | 73   | 51  |     |     |     |      | <b>498</b>   |
| <b>Death</b> |               |      |     |     |     |     |     |      |     |     |     |     |      |              |
|              | Registrations | 468  | 461 | 503 | 508 | 417 | 553 | 538  | 497 |     |     |     |      | <b>3945</b>  |
|              | Corrections   | 11   | 15  | 18  | 9   | 16  | 18  | 7    | 11  |     |     |     |      | <b>105</b>   |

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: March 26, 2026**

**DATE:** March 9, 2026  
**TO:** District Board of Health  
**FROM:** Dr. Chad Kingsley, District Health Officer  
775-328-2416; ckingsley@nnph.org  
**SUBJECT:** **District Health Officer Report** - Northern Nevada Public Health Communications Update, Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Program, Equity Projects/Collaborations, Community Events, Public Communications and Outreach.

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**DHO Overview**

**Current Update:**

Due to the nature of public health, the District Health Officer may provide updates on subject matter that affects local, state, and national interests regarding issues deemed important to NNPH and the DBOH. The scope of NNPH Public Health can be located here [www.nnph.org](http://www.nnph.org).

**Performance Measures Narrative Highlights for January & February 2026:**

**Effective Relationships**

**Community Engagement.** The District Board of Health held its regular public meeting on January 22 in the Commission Chambers, which included a lengthy meeting for the REMSA Franchise Agreement. In February, the DBOH held its annual strategic retreat. Other Community engagement includes bi-annual presentations to Washoe County BCC and Spark City Council; NPHA; NPHF; NACCHO/SACCHO/NALHO meetings. I was interviewed several times by the media regarding Pertussis.

**Effective Representation.** I engaged the WCEA leadership to establish monthly meetings with Executive Board members, aligning on 30- minute sessions as an efficient cadence. I shared my Year- 2 Annual Performance Executive Summary/Brief and 2025 metrics with the District Board of Health and requested structured 1:1 meetings with each Board member to gather guidance and align expectations. I updated and finalized the NNPH 2025 Oct–Dec Quarterly Report to the Nevada State Board of Health.

**Strategic Decision-Making** I directed and participated in the preparation of a prepared and documented our NNPH Financial Challenges and Budget Strategy for elected officials, outlining

structural budget pressures (population growth with flat county funding, receding federal grants, rising overhead) and potential stabilization paths. I supported the Board’s Strategic Planning Retreat preparation and implementation.

**Leadership** I initiated a new series of 30- minute leadership training segments for our monthly all- leadership meetings and invited core leaders to present practical topics over the coming year.

**DHO Activities** I set aside dedicated time for focused office work, personal development, and morale activity coordination to strengthen one- on- one staff relationships and maintain team engagement. Our General Staff Meeting on January 14 provided a forum for operational updates and two- way communication with the District team at Washoe County Chambers. Meeting. We held a brief All Staff touchpoint on January 27 via Teams to align near- term priorities.

**DHO Performance Measures January:**

| Performance Measure                     | Metric                                                        | Jan 2026 Total | Jan 2025 Total |        |
|-----------------------------------------|---------------------------------------------------------------|----------------|----------------|--------|
| 1. Effective Relationships              | Number of strategic partnerships engaged                      | 13             | 10             | ▲ 30%  |
| 2. Communication                        | Number of internal/external emailed (sent) communications     | 464            | 304            | ▲ 53%  |
| 3. Community Engagement                 | Number of community meetings/forums attended                  | 12             | 14             | ▼ 14%  |
| 4. Effective Representation             | Number of public health activities advocated or supported.    | 17             | 15             | ▲ 13%  |
| 5. Personal Development                 | Hours spent on professional development                       | 7              | 7              | 0%     |
| 6. Leadership                           | Number of staff leadership or mentorship activities conducted | 43             | 26             | ▲ 65%  |
| 7. Strategic Decision-Making            | Number of engagement activities for strategic initiatives     | 18             | 9              | ▲ 100% |
| 8. Crisis Management                    | Number of crisis response or emergency preparedness actions   | 1              | 1              | 0%     |
| 9. Policy/Program/Budget Implementation | Number of public health programs evaluated                    | 31             | 8              | ▲ 288% |
| <b>Standard Practices</b>               |                                                               |                |                |        |
| Monthly Work Week                       |                                                               | 152            | 200            |        |
| Total Hours Worked                      |                                                               | 196.5          | 160            | ▲ 23%  |

|                                   |  |      |    |          |
|-----------------------------------|--|------|----|----------|
| Excess Hours (hours over 40/week) |  | 44.5 | 40 | ▲<br>11% |
| PTO                               |  | 0    | 32 |          |
| Sick-Time                         |  | 0    | 0  |          |
| Holiday                           |  | 8    | 8  |          |

**DHO Performance Measures February:**

| Performance Measure                            | Metric                                                        | Feb 2026 Total | Feb 2025 Total |           |
|------------------------------------------------|---------------------------------------------------------------|----------------|----------------|-----------|
| <b>1. Effective Relationships</b>              | Number of strategic partnerships engaged                      | 19             | 11             | ▲<br>73%  |
| <b>2. Communication</b>                        | Number of internal/external emailed (sent) communications     | 438            | 232            | ▲<br>89%  |
| <b>3. Community Engagement</b>                 | Number of community meetings/forums attended                  | 18             | 18             | 0%        |
| <b>4. Effective Representation</b>             | Number of public health activities advocated or supported.    | 21             | 14             | ▲<br>50%  |
| <b>5. Personal Development</b>                 | Hours spent on professional development                       | 16             | 6              | ▲<br>167% |
| <b>6. Leadership</b>                           | Number of staff leadership or mentorship activities conducted | 32             | 31             | ▲<br>3%   |
| <b>7. Strategic Decision-Making</b>            | Number of engagement activities for strategic initiatives     | 17             | 7              | ▲<br>143% |
| <b>8. Crisis Management</b>                    | Number of crisis response or emergency preparedness actions   | 2              | 1              | ▲<br>100% |
| <b>9. Policy/Program/Budget Implementation</b> | Number of public health programs evaluated                    | 29             | 4              | ▲<br>625% |
| <b>Standard Practices</b>                      |                                                               |                |                |           |
| Monthly Work Week                              |                                                               | 160            | 160            |           |
| Total Hours Worked                             |                                                               | 185.5          | 192            | ▼<br>3%   |
| Excess Hours (hours over 40/week)              |                                                               | 33.5           | 40             | ▼<br>16%  |
| PTO                                            |                                                               | 0              | 0              |           |
| Sick-Time                                      |                                                               | 0              | 0              |           |
| Holiday                                        |                                                               | 8              | 8              |           |

### **Deputy District Health Officer Update:**

The new Tuberculosis Clinic is in the final stages of construction, with the anticipated move-in date for staff of March 10<sup>th</sup>. Final inspections were anticipated before March 1; however, some have been delayed, resulting in a small delay in staff being able to move in. Training sessions for staff regarding the updated technology, including the security system, nurses' call system, negative air pressure system, and the client access system, have been scheduled for late February and early March. The building is located on the southwest corner of 9<sup>th</sup> Street and Sutro Street.

The Deputy District Health Officer continues to collaborate with State and internal partners on the allocation of State Public Health Funds. The challenge of directing these funds to address the potential shortfall of other funding sources has led to multiple adjustments in plans and the scope of work. The flexibility of the public health funds to address ongoing challenges has been invaluable in meeting community needs.

### **Communications & Public Information**

NNPH communications program managed high- volume media engagement across all major regional outlets and reported growth in social media following.

Comms assisted with extensive coverage on pertussis, influenza, respiratory illnesses, and restaurant inspections, and coordinated interviews and responses for NNPH leadership and subject- matter experts for pertussis with KOLO, KRNV, KOH, FOX11, KTVN, and others. We supported public messaging on newly announced inspections for Risk Level 3 food establishments, which generated significant interest from KRNV, KOLO, KRXI, Juan 101.7, and the RGJ. Among the issued press releases are the pertussis advisory, the launch of announced inspections, and, because of hazardous weather, a high-importance closure of the birth and death records office and the postponement of an Air Quality public education event.

NNPH's social media channels maintained steady engagement, with modest follower growth on Facebook, Instagram, and LinkedIn across English and Spanish NNPH channels.

Lastly, we're wrapping up efforts to modernize the EHS website homepage based on a recent audit, with an expected completion date of March 16.

### **Financial Activities**

Administrative Health Services (AHS) presented the FY2027 budget to the Board of Health at the February strategic planning meeting. Ongoing analysis continues for the FY2026 Estimates to Complete (ETC) and long-term department financial projections. During the reporting period, AHS also continued supporting grant and contract administration activities across divisions, including processing new grant awards and applications, coordinating contract execution and amendments,

and monitoring program funding changes. Financial operations included the processing of 152 invoices, multiple employee and vendor payment vouchers, and 60 journal entries associated with routine and department-wide financial adjustments. In parallel, AHS continued advancing financial management functions related to travel system implementation, grant budgeting, and financial reporting improvements to support transparency, compliance, and informed decision-making for the department.

## **Fiscal**

### Environmental Health Services (EHS)

- Received the executed PFAS Sampling Subgrant Agreement, scheduled for consideration at the Washoe County Board of County Commissioners meeting on April 14, 2026.

### Air Quality Management (AQM)

- Received a partial funding award for the Section 105 Base Grant, scheduled for presentation to the District Board of Health on March 26.

### Epidemiology (Epi)

- Received the executed amendment for the ELC Base Grant and submitted the application for the FY27 grant cycle.

### Community Health (CDIP)

- The SNAP-Ed grant was reduced by \$20,359.20 due to a correction in the original FFY25 carry-forward estimate.

### Healthcare Preparedness (HPP)

- Submitted an application for the HPP H5N1 grant in the amount of \$580,869 to support equipment, supplies, contractual services, and training.

## **Contracts**

Contract activity occurred across several divisions during the reporting period.

- AHS: No contract activity during the reporting period
- AQM:
  - One Right of Entry with the City of Reno
  - One contract for fee model assessment and development
- CCHS: Two contracts related to clinic exam room remodel work
- EHS: No contract activity during the reporting period
- ODHO: One amendment to an existing contract
- PHD:
  - Five contracts including an Interlocal Agreement with WCSD Nutrition Services under \$10,000
  - Two additional contracts including a senior falls prevention campaign

- Four Memoranda of Understanding related to emergency planning activities with regional partners including the City of Sparks

### **Invoices**

A total of 152 invoices were processed during the reporting period, in addition to two Employee Payment Vouchers and four Vendor Payment Vouchers.

- AQM: 6
- CCHS: 80 (including 3 credit memos)
- EHS: 8
- ODHO: 16
- PHD: 42

### **Journal Entries**

AHS processed 60 journal entries, including recurring entries for copiers and Vonage services as well as multiple mass journal entries.

### **Travel**

Concur Travel training was provided to designated travel coordinators to support travelers within their respective divisions. Training included guidance on the new search tools used to book flights, hotels, and rental vehicles in the Concur system.

Currently, AHS maintains one primary point-of-contact delegate and one backup delegate. At this time, only AHS delegates are authorized to create travel requests and submit expense reports within the new system.

The NNPH internal travel approval process remains unchanged and continues to require standard management approvals.

During the reporting period:

- Approximately 20 travel requests were processed for February and March travel
- Approximately 16 post-travel expense reports were submitted

## **Human Resources**

### **Benefits and Employee Health**

- New County health insurance cards were mailed to staff in January
- Staff were notified that 1095 tax forms were available through Employee Self-Service (ESS)
- W-2 forms were distributed and mailed to the remaining staff before the County mailing deadline
- Washoe County continues to exceed both regional and state influenza baselines; therefore, influenza masking requirements remain in effect for clinic staff who did not receive the flu vaccine this season
- Updated 2026 State and Federal labor law posters were purchased and posted in six major staff areas

### **Leave**

- Employees who used fewer than 20 hours of sick leave during pay periods 13–26 of 2025 received their annual Personal Leave in Pay Period 3.
- Staff covered under the WCEA bargaining agreement received an additional 8 hours of Personal Leave for the annual day of mourning.
- FMLA notifications were sent to staff using three or more consecutive days of sick leave in accordance with County HR guidelines.

### **Employee Recognition**

AHS and ODHO leadership recognized staff during Employee Appreciation Day on March 6.

### **Flexible Hybrid Work Agreements**

Human Resources continues to work with staff to complete or update annual Flexible Hybrid Work Agreements to ensure current work schedules are on file and that employees working remotely remain properly covered by Workers' Compensation.

### **Compliance and Audits**

- The fingerprint audit originally scheduled for January 21, 2026, by the Nevada Department of Public Safety was cancelled by the State and has not yet been rescheduled
- NNPH received fingerprint results for three new hires under the new electronic fingerprint program, along with the first invoice associated with the program
- AHS participated in a County HR meeting regarding the potential centralization of fingerprint services across departments

- NNPH organizational charts were updated with position counts and
  - posted to the NNPH SharePoint site
  - provided to the County HR Manager
  - provided to the District Board of Health Vice Chair

## **Staffing Activity**

### **Separations**

- January 10, 2026 — AQM: Brayden Sherbondy, Public Service Intern, resigned
- February 13, 2026 – ODHO: Joelle Gutman Dodson, Government Affairs Liaison, resigned

### **New Hires**

- January 12, 2026 — CCHS: Maria Magaña hired as Intermittent Hourly Office Specialist
- January 26, 2026 — PHD: Arianna Tomasello hired as Public Health Investigator II
- February 23, 2026 — CCHS: Kathleen Patterson hired as full-time APRN

### **Transfers and Promotions**

- February 9, 2026 — CCHS: Cynthia Arredondo transferred to PHD
- February 16, 2026 — EHS: Josh Philpott promoted to Senior Environmental Health Specialist
- February 23, 2026 — CCHS: Miriam Contreras reassigned from Intermittent Health Educator I to Intermittent Registered Nurse

### **Recruitments in Progress**

- Public Health Informatics Specialist (PHD) – interviews currently underway
- Environmental Health Public Service Intern (Vector Control) – position posted on the County Job Board

### **Evaluations and Merits**

- 21 performance evaluations completed during the reporting period
- 16 merit increases processed

### **Employee Medical Screenings**

Medical documentation and results were processed for required employee health screenings, including:

- Two Hepatitis B titers
- One asbestos physical for AQM staff
- Two pulmonary function tests for clinic staff
- Six OSHA clearances
- Three TB tests for TB clinic staff

- Fourteen respirator fit tests for clinic staff

### **Training and Compliance**

- Reminder notices were sent to employees with overdue Bridge training requirements
- NNPH achieved a 98.93% training completion rate during the final quarter of 2025.
- Title VI training was recorded in Bridge for staff attending the January all-staff session. A virtual training session is scheduled for April for staff who missed the in-person training.
- Bloodborne Pathogens training was assigned to 99 employees whose duties may involve exposure to blood or bodily fluids.

### **Technology Services**

#### **Service Activity**

Technology Services processed 93 support tickets, providing technical assistance across divisions. Projects and System Enhancements.

- Completed a walkthrough of the new TB clinic to assess technology needs and infrastructure requirements.
- Initiated discussions regarding the Moana WIC clinic relocation and evaluated networking capabilities for staff working at the Anthem Nevada Medicaid location at 294 E. Moana Lane.

### **Community Health Assessment**

In partnership with Renown Health, a community forum was convened with more than 200 community partners to review and discuss the findings of the Community Health Assessment. The purpose of the forum was to align partners around shared data and indicators used to measure health outcomes and to identify priority areas for community investment and resource allocation as part of the 2026–2029 Community Health Improvement Plan (CHIP).

Based on partner input, the top four community health priorities identified were:

- Mental health
- Access to health care services
- Economic stability
- Maternal and child health

Partner priorities, along with primary and secondary data collected through the assessment process, will be analyzed to determine the final community health priority rankings. These results will be presented in June 2026.

### **Community Health Improvement Plan**

### **5210 Healthy Washoe**

Staff are collaborating with Donner Springs Elementary School to implement strategies aimed at improving the school environment, including increasing access to healthier food options and expanding opportunities for physical activity during the school day. Additional opportunities are being explored to expand these efforts to other elementary schools.

### **Acá Entre Nos**

The Acá Entre Nos (AEN) working group completed a SWOT analysis to guide continued growth and build on the momentum generated in 2025. While many successes were identified, the analysis highlighted that partnerships with the Washoe County School District (WCSD) create valuable opportunities to reach Spanish-speaking families, particularly when families are already connected to school counselors or attending district transition events. The workgroup is exploring additional strategies to strengthen collaboration with WCSD and participate in more transition-related events. These efforts aim to ensure that Spanish-speaking families receive information about youth mental health and have access to culturally and linguistically responsive support from Spanish-speaking mental health professionals.

| <b><u>DATE</u></b> | <b><u>STORY</u></b>                                                                                                                                                                                                                                                                                                                            | <b><u>Inquiries</u></b>                                                                                                                                                                                                               |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2/2/2026           | <a href="#">KTVN (from 1/30): Update on respiratory illness in Washoe County (link)</a>                                                                                                                                                                                                                                                        | <b>KRNV:</b> Alisabeth Mitchell requested an interview about proposed action on air quality emissions from food establishments. Interview set for Tuesday.                                                                            |
| 2/3/2026           |                                                                                                                                                                                                                                                                                                                                                | <b>KRNV:</b> Interview with AQMD rescheduled for Wednesday.                                                                                                                                                                           |
| 2/4/2026           |                                                                                                                                                                                                                                                                                                                                                | <b>KRNV:</b> Brendan Schnieder was interviewed about air emissions at restaurants.<br><b>Nevada Independent:</b> Kate Reynolds inquired about the publishing of the Community Health Assessment.                                      |
| 2/5/2026           | <a href="#">KRNV: Washoe County restaurants face new air quality rules for wood, coal cooking (interview with Brendan Schnieder) (link)</a>                                                                                                                                                                                                    | <b>Que Buena:</b> Liliana Wilbert and Yera Deavila were interviewed about the flu.<br><b>edible Reno-Tahoe:</b> Amanda Burden inquired about the Community Health Assessment findings.                                                |
| 2/6/2026           | <a href="#">RGJ: 1 restaurant closed, 7 others cited in January health inspections (link)</a><br><a href="#">Que Buena: Instagram interview about influenza (link)</a>                                                                                                                                                                         |                                                                                                                                                                                                                                       |
| 2/7/2026           | <a href="#">KTVN: Local flu activity elevated but steady; RSV cases continue to rise (link)</a><br><a href="#">FOX11 (from 2/8): Washoe County restaurants face new air quality rules for wood, coal cooking (interview with Brendan Schnieder) (link)</a><br><a href="#">KTVN (from 2/6): Influenza B on the rise in Washoe County (link)</a> | <b>KRNV:</b> Joe Hart had a question about a possible water pollution issue at the Cochran Ditch by Delucchi Ln. & S. Virginia St.<br><b>RGJ:</b> Brett McGinness was sent the restaurant inspection reports from Jan. 16 – 31, 2026. |

2/10/2026 [KOH: Slight increase in tuberculosis cases in Washoe County \(interview with Chad Kingsley\) \(link\)](#)

[KOH: NNPH shares insights on immunizations and TB cases \(interview with Chad Kingsley\) \(link\)](#)

[KOH: NNPH highlights progress in Washoe County \(interview with Chad Kingsley\) \(link\)](#)

[KOH: NNPH shares update on air quality \(interview with Chad Kingsley\) \(link\)](#)

[Que Buena: Pt. 2 of Instagram interview about influenza \(interview with Liliana Wilbert/Yera Deavila\) \(link\)](#)

2/11/2026 [KOLO: Health inspection notifications begin Sunday \(link\)](#)

2/13/2026 [RGJ: Lukewarm buffet, undated macarons cited in January health inspections \(link\)](#)

[KARNV: Scheduled Washoe County restaurant inspections start this weekend under pilot program \(link\)](#)

[This is Reno: Washoe County commissioners to consider grants, donations and nonprofit funding at Tuesday meeting \(mention of Chad Kingsley's presentation\) \(link\)](#)

[KARNV: Health officials warn Galena High families of possible whooping cough exposure \(link\)](#)

**KARNV:** We responded to Joe Hart's inquiry about a possible water pollution issue.

**Juan 101.7:** Juan Briones requested an interview about announced inspections starting.

**KARNV:** Ben Margiott interviewed Amber English about announced inspections for risk level 3 restaurants.

**KARNV:** Producers requested information about King Buffet in Reno.

**KARNV:** They asked us to confirm pertussis cases and a specific school; we cannot do that for patient privacy reasons, but we did provide an update the cases are much higher than usual.

**Nevada Independent:** We provided the slide deck from a recent forum that went over community health data.

**Freelancer:** We received an interview request to talk about environmental health factors as they relate to Parkinson's disease, which was showcased in a Wired Magazine article (attached).

- 2/17/2026 [This is Reno: Northern Nevada Public Health warns of rise in whooping cough cases in Washoe County \(link\)](#)  
[KOLO: NNPH issues advisory for whooping cough \(link\)](#)  
[KRVN: NNPH to begin announced inspections for certain restaurants \(link\)](#)  
[KRXI: King Buffet reopens following failed health inspection \(link\)](#)  
[KOH: WCSD Impacted By Whooping Cough \(link\)](#)  
[KTVN: Northern Nevada Public Health issues whooping cough advisory \(link\)](#)  
[KTVN: Galena High families warned about exposure to whooping cough \(link\)](#)  
[KOLO: WCSD dealing with whooping cough at Galena High School \(link\)](#)  
[RGJ: Galena students, staff warned about whooping cough exposure \(link\)](#)  
[99.1 TALK: Whooping Cough on the rise at Galena High \(link\)](#)  
[KRXI: NNPH starts new controversial process of scheduled inspections \(link\)](#)
- 2/18/2026 [KOLO: Washoe County health officer urges isolation, vaccination amid rising pertussis cases \(interview with Chad Kingsley\) \(link\)](#)  
[KOH: Public health officials urge precautions as whooping cough cases rise in Washoe County \(link\)](#)  
[KOH: Rising whooping cough cases prompt school notifications in Washoe County, health officials urge caution \(link\)](#)  
**KOLO:** Whooping cough advisory as cases rise (link) (link)  
[FOX11: Officials warning of whooping cough exposure \(link\)](#)
- 2/19/2026 [KOLO: Northern Nevada grapples with rising whooping cough cases, Renown offers insights \(link\)](#)  
[KOH: Rising whooping cough cases prompt school notifications in Washoe County, health officials urge caution \(link\)](#)  
[Juan 101.7: Facebook Live about announced inspections \(interview with Jasmine Olvera\) \(link\)](#)  
[Que Buena: Pt. 3 of Instagram interview about influenza \(interview with Liliana Wilbert/Yera Deavila\) \(link\)](#)
- KOLO:** Rebecca Kitchen asked for information about pertussis.  
**RGJ:** Brett McGuinness requested details about a restaurant.
- KOLO:** Chad Kingsley was interviewed about pertussis.
- KRVN:** Chad Kingsley was interviewed about pertussis.  
**Juan 101.7:** Juan Briones interviewed Jasmine Olvera about announced inspections.

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2/20/2026 | <p><a href="#">RGJ: Ill employee, untraceable fish among restaurant inspection violations (link) (and attached)</a></p> <p><a href="#">KRXI: Whooping cough cases on the rise in Washoe County (interview with Chad Kingsley) (link)</a></p>                                                                                                                                                                                                                           | <p><b>KOLO:</b> Jayde Ryan requested a ride along of a scheduled restaurant inspection. In progress.</p>                                                                                                                                                         |
| 2/23/2026 | <p><a href="#">KOLO: REMSA renews contract with NNPH (link)</a></p> <p><a href="#">KTVN: REMSA Health to continue regional service with Washoe County agreement renewal (link)</a></p> <p><a href="#">99.1: REMSA renews contract with NNPH (link)</a></p> <p><a href="#">KTVN: Flu cases on the rise in Washoe County (link)</a></p> <p><a href="#">KRXI (from 2/21): Whooping cough cases on the rise in Washoe County (interview with Chad Kingsley) (link)</a></p> | <p><b>KTVN:</b> Alina Dangerfield requested info on respiratory diseases in Washoe County.</p> <p><b>KOLO:</b> Sarah Johns asked for an interview about pertussis.</p>                                                                                           |
| 2/24/2026 | <p><a href="#">KOH: REMSA renews contract with NNPH (link)</a></p> <p><a href="#">99.1: Respiratory illnesses on the rise in Washoe County (link)</a></p> <p><a href="#">KARNV: REMSA Health will remain sole ambulance provider in Washoe County (link)</a></p>                                                                                                                                                                                                       | <p><b>RGJ</b> (from 2/23): We sent them restaurant inspection reports from Feb. 1 – 15, 2026.</p>                                                                                                                                                                |
| 2/25/2026 | <p><a href="#">The Nevada Independent: Nevada officials want to keep childhood vaccine rules intact after feds relax them (link)</a></p>                                                                                                                                                                                                                                                                                                                               | <p><b>The Nevada Independent:</b> Tabitha Mueller requested a statement about a letter from local and state health agencies requesting the Board of Health not to adopt the new federal vaccine recommendations for children. We're coordinating a response.</p> |
| 2/26/2026 | <p><a href="#">KOLO: Northern Nevada Public Health's budget (link)</a></p>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                  |

2/27/2026 [RGJ: Reno health inspectors find lukewarm tzatziki, leaky freezer \(link\) \(and attached\)](#)

2/27/2026

[KNPR: Health agencies request to keep current childhood vaccine guidelines \(link\)](#)

**Total 51**

**The Nevada Independent:** We provided a statement about childhood vaccine guidelines.

**26**

## Press Releases

2/10/2026 [NNPH to begin announced inspections for Risk Level 3 food establishments Feb. 15 \(release in English\)](#)

[NNPH to begin announced inspections for Risk Level 3 food establishments Feb. 15 \(release in Spanish\)](#)

2/17/2026 [Northern Nevada Public Health issues pertussis \(whooping cough\) advisory \(link\)](#)

[WORKSHOP POSTPONED: Notice of Public Comment Period for Proposed Food Establishments Regulation Revisions \(link\)](#)

2/18/2026 [NNPH – Birth & Death Records office closed today due to inclement weather \(release in English\)](#)

[NNPH – Birth & Death Records office closed today due to inclement weather \(release in Spanish\)](#)

[Northern Nevada Public Health issues pertussis \(whooping cough\) advisory \(release in Spanish\)](#)

**Total 7**

## Social Media

**Followers** NNPH Facebook: 7,042 (+11 since Feb. 1)  
NNPH X: 3,389 (-6 since Feb. 1)  
NNPH Instagram: 1,342 (+7 since Feb. 1)  
NNPH en Español: 1,437 (+1 since Feb. 1)  
NNPH LinkedIn: 1,148 (+19 since Feb. 1)