



STATE OF TENNESSEE  
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
 DIVISION OF SOLID WASTE MANAGEMENT  
 WILLIAM R. SNODGRASS TENNESSEE TOWER  
 312 ROSA L. PARKS AVENUE, 14TH FLOOR  
 NASHVILLE, TN 37243

PERMIT #

**CLASS I DISPOSAL FACILITY ANNUAL ENGINEERING REPORT (AER)**

TO AVOID DELAYS, COMPLETE ALL SECTIONS OF THE APPLICATION. INCLUDE ALL SUPPORTING DOCUMENTATION.

**A. GENERATING FACILITY**

FACILITY NAME		DATE OF LAST ANNUAL ENGINEERING REPORT (AER)			
MAILING ADDRESS	CITY	STATE	ZIP	PHONE	FAX
TECHNICAL CONTACT NAME	PHONE	FAX	EMAIL		

**B. TOPOGRAPHIC SURVEY**

RULE 0400-12-01-.04(2)(t)1 REQUIRES ALL OPERATORS OF **CLASS I DISPOSAL FACILITIES** WITHIN THE STATE OF TENNESSEE TO FILE AN **ANNUAL ENGINEERING REPORT** WITH THE DEPARTMENT BY **MAY 1st** OF EVERY YEAR.

A CURRENT TOPOGRAPHIC SURVEY OF THE ACTIVE PORTION OF THE DISPOSAL FACILITY (SAME SCALE AS APPROVED PERMIT PLANS) MUST BE PERFORMED BY A QUALIFIED LAND SURVEYOR DULY AUTHORIZED UNDER TENNESSEE LAW TO CONDUCT SUCH ACTIVITIES. THIS SHOULD BE SUPERIMPOSED ON THE APPROVED CONTOURS WITH A DELINEATION SHOWING CURRENT CONTOURS. SUBMIT THIS DRAWING AS AN ATTACHMENT TO THIS FORM.

**C. FACILITY CONDITIONS** EXPLAIN THE **METHODOLOGY** TO CALCULATE THE FOLLOWING:

1. TOTAL PERMITTED LANDFILL FOOTPRINT (AREA PERMITTED FOR DISPOSAL - ACRES)
2. DESIGN CAPACITY OF TOTAL LANDFILL FOOTPRINT (CUBIC YARDS)
3. TOTAL ACRES CURRENTLY CONSTRUCTED
4. CAPACITY OF CONSTRUCTED AREA(S) (CUBIC YARDS)
5. TOTAL REMAINING VOLUME WITHIN CONSTRUCTED AREA(S) (CUBIC YARDS)
6. OPERATIONAL WASTE DENSITY (POUNDS / CUBIC YARD)
7. CURRENT WASTE ACCEPTANCE RATE (TONS PER YEAR)

**D. MODIFICATIONS**

THE FIRST ANNUAL ENGINEERING REPORT SUBMITTED SHOULD INCLUDE ALL MINOR PERMIT MODIFICATIONS TO THE FACILITY SINCE THE MOST RECENT PERMIT ISSUANCE OR MAJOR MODIFICATION: SUBMIT THIS LIST AS AN ATTACHMENT TO THIS FORM.

FD032620

**E. LEACHATE REPORT** INCLUDE THE LOCATION FOR ALL METHODS OF LEACHATE TREATMENT AND DISPOSAL USED: NOTE COLUMN B THROUGH E SHOULD SUM TO COLUMN A

GALLONS					
MONTH	A GENERATED	B ON-SITE TREATMENT	C DISPOSAL	D RECIRC	E OTHER
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
<b>TOTALS</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

DESCRIBE OTHER LEACHATE MANAGEMENT METHODS HERE:

**F. LEACHATE MANAGEMENT**

1.  FACILITY UTILIZES SUMP PUMPS TO CONVEY LEACHATE TO TANKS OR OTHER MANAGEMENT COMPONENTS.
  - a. \_\_\_\_\_ NUMBER OF SUMP PUMPS EMPLOYED AT THIS FACILITY
2.  FACILITY UTILIZES GRAVITY DRAINS TO CONVEY LEACHATE TO TANKS OR OTHER MANAGEMENT COMPONENTS.
3. DESCRIBE ANY LEACHATE MANAGEMENT SYSTEM CLEANING PERFORMED SINCE LAST AER
4. LEACHATE STORAGE CONSTRUCTED AT THIS FACILITY
  - a. NUMBER OF LEACHATE STORAGE TANKS / VESSELS AT LOCATED AT THE FACILITY \_\_\_\_\_
  - b. TOTAL STORAGE VOLUME \_\_\_\_\_
  - c. IF OTHER ADEQUATE MANAGEMENT PROVISION APPROVED BY COMMISSIONER IS USED, DESCRIBE BELOW:

**G. SPECIAL WASTE**

INCLUDE TYPES AND AMOUNTS OF SPECIAL WASTES DISPOSED RELATIVE TO NORMAL SOLID WASTE DISPOSED OF SINCE LAST AER. TYPES OF SPECIAL WASTE INCLUDE, BUT IS NOT LIMITED TO, SLUDGES, SOILS, COMBUSTION WASTES, COMMERCIAL CHEMICAL PRODUCTS OR MANUFACTURING CHEMICAL INTERMEDIATES. ATTACH ADDITIONAL SHEETS IF NECESSARY.


TYPE		ANNUAL TONS OF THIS TYPE	TOTAL ANNUAL TONS OF ALL WASTE ACCEPTED FROM LINE C.7
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**H. SEND COMPLETED REPORT TO:**

STATE OF TENNESSEE  
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**I. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

 \_\_\_\_\_ DATE  
 SIGNATURE OF AUTHORIZED REPRESENTATIVE OF WASTE GENERATOR

\_\_\_\_\_ TITLE  
 PRINTED NAME

<b>TDEC USE</b>	_____ REVIEWER'S SIGNATURE	NOTES
	_____ DATE	