



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

TSDR ANNUAL FEE SHEET

TSD-FDS

REPORT YEAR	OFFICE USE ONLY
U.S. EPA ID NUMBER	
SITE, BUSINESS, OR INSTALLATION NAME	

PART 1 – TREATMENT AND STORAGE

IS THIS A FEDERAL FACILITY? ☐ YES ☐ NO

IF YOU HAD A PERMIT OR OTHER ENFORCEABLE DOCUMENT OR INTERIM STATUS FOR HAZARDOUS WASTE TREATMENT OR STORAGE OPERATIONS AT YOUR FACILITY DURING THE REPORTING YEAR, YOU MUST COMPLETE PART 1.

DOES PART 1 APPLY TO YOUR FACILITY? IF NOT, CHECK "NO" AND GO TO PART 2 ☐ YES ☐ NO

ARE HAZARDOUS WASTES RECEIVED FROM OFFSITE (OTHER THAN FROM CONTIGUOUS PROPERTIES)? ☐ YES ☐ NO LINE 1

DO YOU HAVE A PERMIT, INTERIM STATUS OR OTHER ENFORCEABLE DOCUMENT FOR TREATMENT OPERATIONS? ☐ YES ☐ NO LINE 1A

DO YOU HAVE A PERMIT, INTERIM STATUS OR OTHER ENFORCEABLE DOCUMENT FOR STORAGE OPERATIONS? ☐ YES ☐ NO LINE 1B

ENTER TOTAL CONSTRUCTED DESIGN CAPACITY (GALLONS PER DAY) FOR TREATMENT OPERATIONS LINE 2

ENTER TOTAL CONSTRUCTED DESIGN CAPACITY (GALLONS) FOR STORAGE OPERATIONS LINE 3

DO YOU HAVE ONLY ONE STORAGE UNIT THAT IS LESS THAN 10,000 GALLONS WHICH RECEIVES WASTES ONLY FROM ☐ YES ☐ NO LINE 4
ON SITE?

If...
IF LINE 1A IS NO AND LINE 2 IS ZERO, ENTER \$0 ON LINE 5
IF LINE 1 IS NO AND LINE 2 IS GREATER THAN ZERO, ENTER \$7,000 ON LINE 5
IF LINE 1 IS YES AND LINE 2 IS GREATER THAN ZERO, ENTER \$11,700 ON LINE 5
IF LINE 1 IS NO AND LINE 1A IS YES, ENTER \$7,000 ON LINE 5
IF LINE 1 IS YES AND LINE 1A IS YES, ENTER \$11,700 ON LINE 5

▶ HAZARDOUS WASTE TREATMENT BASE FEE \$ LINE 5

If...
IF LINE 5 IS GREATER THAN ZERO, ENTER \$0 ON LINE 6
IF LINE 4 IS YES AND LINE 5 IS ZERO, ENTER \$0 ON LINE 6
IF LINE 1 IS NO AND LINE 4 IS NO AND LINE 5 IS ZERO, ENTER \$4,700 ON LINE 6
IF LINE 1 IS YES AND LINE 4 IS NO AND LINE 5 IS ZERO, ENTER \$9,350 ON LINE 6
IF LINE 1B IS YES, LINE 1 IS NO, LINE 3 IS ZERO AND LINE 5 IS ZERO, ENTER \$4,700 ON LINE 6
IF LINE 1B IS YES, LINE 1 IS YES, LINE 3 IS ZERO AND LINE 5 IS ZERO, ENTER \$9,350 ON LINE 6

▶ HAZARDOUS WASTE STORAGE BASE FEE \$ LINE 6

TABLE - I USE TABLE-I TO DETERMINE YOUR HAZARDOUS WASTE TREATMENT CATEGORY FEE FOR LINE 7:

IF LINE 2 (GPD) IS: ▶	0	1 – 5,000	5,001 – 10,000	10,001 – 50,000	50,001 – 100,000	100,001 – 500,000	500,001 – 1,000,000	OVER 1,000,000
ENTER AMOUNT ON LINE 7 IF LINE 1 IS NO:	\$0	\$2,850	\$3,550	\$4,250	\$5,000	\$5,700	\$6,400	\$7,100
ENTER AMOUNT ON LINE 7 IF LINE 1 IS YES:	\$0	\$5,700	\$7,100	\$8,550	\$9,950	\$11,400	\$12,800	\$14,250

▶ HAZARDOUS WASTE TREATMENT CATEGORY FEE FROM TABLE-I ABOVE: \$ LINE 7

TABLE - II USE TABLE-II TO DETERMINE YOUR HAZARDOUS WASTE STORAGE CATEGORY FEE FOR LINE 8

IF LINE 3 (GAL) IS: ▶	0	1 – 5,000	5,001 – 10,000	10,001 – 50,000	50,001 – 100,000	100,001 – 500,000	500,001 – 1,000,000	OVER 1,000,000
ENTER AMOUNT ON LINE 8 IF LINE 1 IS NO:	\$0	\$1,450	\$2,150	\$4,250	\$5,000	\$5,700	\$6,400	\$7,100
ENTER AMOUNT ON LINE 8 IF LINE 1 IS YES:	\$0	\$2,850	\$4,250	\$8,550	\$9,950	\$11,400	\$12,800	\$14,250

▶ HAZARDOUS WASTE STORAGE CATEGORY FEE FROM TABLE-II ABOVE: \$ LINE 8

▶ ADD LINES 5 THROUGH 8 \$ LINE 9

If...
IF LINE 1 IS NO, ENTER THE AMOUNT OF LINE 9 OR \$16,000, WHICHEVER IS LESS, ON LINE 10 AND ON LINE 50
IF LINE 1 IS YES, ENTER THE AMOUNT OF LINE 9 OR \$32,000, WHICHEVER IS LESS, ON LINE 10 AND ON LINE 50

▶ TOTAL HAZARDOUS WASTE TREATMENT AND STORAGE FEE \$ LINE 10

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PART 2 – DISPOSAL

IF YOU HAD A PERMIT OR OTHER ENFORCEABLE DOCUMENT OR INTERIM STATUS FOR HAZARDOUS WASTE DISPOSAL OPERATIONS AT YOUR FACILITY DURING THE REPORTING YEAR, YOU MUST COMPLETE THIS PART. IF YOU DID NOT, GO TO PART 3

IDENTIFY TYPE OF DISPOSAL ACTIVITY CONDUCTED AT THIS SITE ☐ NON COMMERCIAL ☐ COMMERCIAL ☐ NONE - N/A LINE 11

LANDFILLS – ENTER REMAINING DESIGN CAPACITY (ACRE FEET) LINE 12

WASTE PILES – ENTER REMAINING DESIGN CAPACITY (ACRE FEET) LINE 13

IMPOUNDMENTS – ENTER REMAINING DESIGN CAPACITY (ACRE FEET) LINE 14

LAND APPLICATIONS – ENTER REMAINING DESIGN CAPACITY (ACRES) LINE 15

INJECTION WELLS – ENTER PERMITTED DESIGN CAPACITY (GALLONS PER DAY) LINE 16

IF LINE 11 IS "NONE – NA", ENTER \$0 ON LINE 17
If... IF LINE 11 IS "NON-COMMERCIAL", ENTER \$8,000 ON LINE 17
 IF LINE 11 IS "COMMERCIAL", ENTER \$30,000 ON LINE 17

► **HAZARDOUS WASTE DISPOSAL BASE FEE** \$ LINE 17

MULTIPLY LINE 12 BY \$700 FOR NON-COMMERCIAL OR BY \$1,400 FOR COMMERCIAL \$ LINE 18

MULTIPLY LINE 13 BY \$700 FOR NON-COMMERCIAL OR BY \$1,400 FOR COMMERCIAL \$ LINE 19

MULTIPLY LINE 14 BY \$700 FOR NON-COMMERCIAL OR BY \$1,400 FOR COMMERCIAL \$ LINE 20

MULTIPLY LINE 15 BY \$700 FOR NON-COMMERCIAL OR BY \$1,400 FOR COMMERCIAL \$ LINE 21

MULTIPLY LINE 16 BY \$1.50 FOR NON-COMMERCIAL OR BY \$1.50 FOR COMMERCIAL \$ LINE 22

ADD LINES 17 THROUGH 22 \$ LINE 23

IF LINE 11 IS "NONE – NA", ENTER \$0 ON LINE 24 AND ON LINE 51
If... IF LINE 11 IS "NON-COMMERCIAL", ENTER THE AMOUNT ON LINE 23 OR \$22,500 WHICHEVER IS SMALLER ON LINE 24 AND ON LINE 51
 IF LINE 11 IS "COMMERCIAL", ENTER THE AMOUNT ON LINE 23 OR \$75,000 WHICHEVER IS SMALLER ON LINE 24 AND ON LINE 51

► **TOTAL HAZARDOUS WASTE DISPOSAL FEE** \$ LINE 24

PART 3 – POST CLOSURE

IF YOU HAD A PERMIT OR OTHER ENFORCEABLE DOCUMENT FOR CONDUCTING POST-CLOSURE ACTIVITIES AT YOUR FACILITY DURING THE REPORTING YEAR, YOU MUST COMPLETE THIS PART. IF YOU DID NOT, GO TO PART 4

ENTER NUMBER OF ACTIVE PERMITS, ORDERS, OR OTHER ENFORCEABLE DOCUMENTS FOR POST CLOSURE LINE 25

ENTER NUMBER OF REMEDIATION SYSTEMS CONDUCTING ACTIVE REMEDIATION LINE 26

MULTIPLY LINE 25 BY \$3,600 AND ENTER ON LINE 27

► **POST CLOSURE BASE FEE** \$ LINE 27

MULTIPLY LINE 26 BY \$1,200 AND ENTER ON LINE 28

► **REMEDATION SYSTEM FEE** \$ LINE 28

ADD LINES 27 AND 28, AND ENTER THE AMOUNT ON LINE 29 AND ON LINE 52

► **TOTAL HAZARDOUS WASTE POST CLOSURE FEE** \$ LINE 29

PART 4 – CORRECTIVE ACTION

IF YOU CONDUCTED CORRECTIVE ACTION ACTIVITIES AT YOUR FACILITY DURING THE REPORTING YEAR, YOU MUST COMPLETE THIS PART.
 IS YOUR FACILITY REIMBURSING THE STATE PURSUANT TO A DEPARTMENT OF DEFENSE / STATE MEMORANDUM OF AGREEMENT FOR COSTS INCURRED BY THE STATE FOR CORRECTIVE ACTION ACTIVITIES? ☐ YES ☐ NO
 (IF YES, GO TO PART 5, IF NO, YOU MUST COMPLETE THIS PART)

WERE CORRECTIVE ACTION ACTIVITIES CONDUCTED AT YOUR FACILITY DURING THE REPORTING YEAR? ☐ YES ☐ NO LINE 30

DID YOU CONDUCT ANY OF THE FOLLOWING ACTIVITIES DURING THE REPORTING YEAR? ☐ YES ☐ NO LINE 31

CONFIRMATORY SAMPLING? ☐ YES ☐ NO LINE 31

RCRA FACILITY INVESTIGATION? ☐ YES ☐ NO LINE 32

CORRECTIVE MEASURES? ☐ YES ☐ NO LINE 33

INTERIM MEASURES? ☐ YES ☐ NO LINE 34

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PART 4 – CORRECTIVE ACTION (CONTINUED)

If... IF YOU ANSWERED YES TO ANY OF THE LINES (30 THROUGH LINE 34), ENTER \$6,000 ON LINE 35
 IF NOT, ENTER \$0 ON LINE 35

► CORRECTIVE ACTION ACTIVITIES BASE FEE \$ LINE 35

If... IF LINE 31 IS YES, ENTER \$2,400 ON LINE 36
 IF LINE 31 IS NO, ENTER \$0 ON LINE 36

► CONFIRMATORY SAMPLING FEE \$ LINE 36

If... IF LINE 32 IS YES, ENTER \$4,800 ON LINE 37
 IF LINE 32 IS NO, ENTER \$0 ON LINE 37

► RCRA FACILITY INVESTIGATION FEE \$ LINE 37

If... IF LINE 33 IS YES, ENTER \$3,600 ON LINE 38
 IF LINE 33 IS NO, ENTER \$0 ON LINE 38

► CORRECTIVE MEASURES FEE \$ LINE 38

If... IF IINE 34 IS YES, ENTER \$2,400 ON LINE 39
 IF LINE 34 IS NO, ENTER \$0 LINE 39

► INTERIM MEASURES FEE \$ LINE 39

ADD LINES 35 THROUGH 39 AND ENTER ON LINE 40 AND ON LINE 53

► TOTAL CORRECTIVE ACTION FEE \$ LINE 40

PART 5 – TIPPING FEES (POUNDS = KILOGRAMS X 2.2046)

IF YOU ANSWERED "YES" TO LINE 1, YOU MUST COMPLETE THIS PART (IF YOU DID NOT, GO TO PART 6).

ENTER THE TOTAL AMOUNT OF HAZARDOUS WASTE (IN POUNDS) YOU RECEIVED FROM OFFSITE LINE 41

ENTER THE AMOUNT OF LINE 41 (IN POUNDS) THAT WAS RECYCLED / RECOVERED THROUGH ION EXCHANGE (T30), DISTILLATION (T54), SOLVENT RECOVERY (T63), LEAD SMELTING, PRECIOUS METALS RECOVERY, AND/OR HIGH TEMPERATURE METALS RECOVERY LINE 42

ENTER THE AMOUNT OF LINE 41 (IN POUNDS) THAT WAS UNIVERSAL WASTE AND/OR SPENT LEAD ACID BATTERIES (ENTER THIS AMOUNT ONLY IF IT IS INCLUDED IN LINE 41) LINE 43

ADD LINES 42 AND 43

► EXEMPTIONS TO TIPPING FEES LINE 44

SUBTRACT LINE 44 FROM LINE 41 LINE 45

TABLE - III USE TABLE-III TO DETERMINE YOUR TIPPING FEE FOR ENTRY ON LINES 46 AND 54:

IF LINE 45 (LBS) IS: ►	0	1 – 100,000	100,001 - 500,000	500,001- 1,000,000	1,000,001- 5,000,000	5,000,001- 10,000,000	10,000,001- 20,000,000	OVER 20,000,000
ENTER AMOUNT ON LINE 46 AND ON LINE 54:	\$0	\$1,200	\$4,700	\$8,200	\$11,700	\$17,550	\$23,350	\$29,200

► TOTAL TIPPING FEE FROM TABLE-III ABOVE \$ LINE 46

PART 6 – OUT-OF-STATE GENERATOR OFFSITE SHIPPING FEE

IF A FEDERAL FACILITY, SKIP THIS SUPERFUND PART AND ENTER \$0 ON LINE 55.

ENTER THE TOTAL GROSS AMOUNT OF SUPERFUND FEES COLLECTED FROM OUT-OF-STATE GENERATORS \$ LINE 47

MULTIPLY LINE 47 BY 0.02
 (2% DEDUCTION ALLOWED FOR COLLECTING AND REMITTING THIS FEE IF PAYMENT SUBMITTED ON TIME) \$ LINE 48

SUBTRACT LINE 48 FROM LINE 47 AND ENTER AMOUNT ON LINE 49 AND ON LINE 55

► TOTAL SUPERFUND OUT-OF-STATE GENERATOR OFFSITE SHIPPING FEE \$ LINE 49

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PART 7 – FEES	
CALCULATE YOUR ANNUAL HAZARDOUS WASTE TREATMENT, STORAGE, AND DISPOSAL FEE:	
▶ TOTAL HAZARDOUS WASTE TREATMENT AND STORAGE FEE.....\$ <div style="text-align: right; font-size: small;">(FROM LINE 10)</div>	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> <div style="text-align: right;">LINE 50 521</div>
▶ TOTAL HAZARDOUS WASTE DISPOSAL FEE <div style="text-align: right; font-size: small;">(FROM LINE 24)</div>	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> <div style="text-align: right;">LINE 51 517</div>
▶ TOTAL HAZARDOUS WASTE POST CLOSURE FEE <div style="text-align: right; font-size: small;">(FROM LINE 29)</div>	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> <div style="text-align: right;">LINE 52 550</div>
▶ TOTAL CORRECTIVE ACTION FEE <div style="text-align: right; font-size: small;">(FROM LINE 40)</div>	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> <div style="text-align: right;">LINE 53 549</div>
▶ TOTAL TIPPING FEE <div style="text-align: right; font-size: small;">(FROM LINE 46)</div>	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> <div style="text-align: right;">LINE 54 546</div>
▶ TOTAL SUPERFUND OUT-OF-STATE GENERATOR OFFSITE SHIPPING FEE <div style="text-align: right; font-size: small;">(FROM LINE 49)</div>	<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> <div style="text-align: right;">LINE 55 527</div>
▶ TOTAL – PAY THIS AMOUNT <div style="text-align: right; font-size: small;">(ADD LINES 50 THROUGH 55 FOR TOTAL)</div>	<div style="border: 2px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> <div style="text-align: right;">LINE 56</div>
RETURN COMPLETED FEE FORM WITH REMITTANCE ATTACHED (STAPLED) ON OR BEFORE MARCH 1 TO:	
<u>SEND FORM AND FEES TO:</u>	State of Tennessee Department of Environment and Conservation Division of Fiscal Services - Consolidated Fee Section William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 10th Floor Nashville, TN 37243 MAKE PAYABLE TO: "TREASURER, STATE OF TENNESSEE" PLEASE INCLUDE YOUR EPA ID NUMBER ON YOUR REMITTANCE ***DO NOT SEND CASH***
PART 8 – CERTIFICATION	
<div style="background-color: black; color: white; padding: 2px 5px; display: inline-block;">CERTIFICATION</div> 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.	
<div style="border-top: 1px solid black; margin-top: 20px; text-align: center;">SIGNATURE OF AUTHORIZED REPRESENTATIVE</div> <div style="border-top: 1px solid black; margin-top: 20px; text-align: center;">TITLE</div>	<div style="border-top: 1px solid black; margin-top: 20px; text-align: center;">PRINTED NAME</div> <div style="border-top: 1px solid black; margin-top: 20px; text-align: center;">DATE</div>
FOR ASSISTANCE WITH THIS FORM, CONTACT THE DIVISION OF SOLID WASTE MANAGEMENT AT (615) 532-0826 OR (615) 532-0780. TO CONTACT YOUR AREA DIVISION OF SOLID WASTE MANAGEMENT REPRESENTATIVE, VISIT http://www.tn.gov/environment/efo/	