



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

SPECIAL WASTE TRANSFER APPLICATION

SW TRACKING # - OFFICE USE ONLY

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

PREVIOUS APPROVAL
LETTER ATTACHED



PREVIOUS APPROVAL LETTER DATE

TERMINATE ORIGINAL DESTINATION
FACILITY APPROVAL

A. GENERATING FACILITY

| | | | |
|---|--|--------------------|-----------|
| FACILITY NAME | | NATURE OF BUSINESS | |
| SITE LOCATION ADDRESS - NO P.O. BOX NUMBERS | | CITY | STATE ZIP |
| | | | COUNTY |
| MAILING ADDRESS | | CITY | STATE ZIP |
| | | | PHONE |
| TECHNICAL CONTACT NAME | | PHONE | EMAIL |

B. CHARACTERIZATION OF WASTE

RULE 0400-12-01-.03(1)(b) REQUIRES A PERSON WHO GENERATES A SOLID WASTE TO MAKE AN ACCURATE DETERMINATION OF WHETHER THAT WASTE IS A HAZARDOUS WASTE. RULE 0400-12-01-.03(1)(b)6 REQUIRES THE GENERATOR TO MAINTAIN RECORDS THAT DOCUMENT THE BASIS FOR THE DETERMINATION INCLUDING BUT NOT LIMITED TO THE RESULTS OF ANY TESTS, SAMPLING, WASTE ANALYSES, AND RECORDS WHICH EXPLAIN THE KNOWLEDGE BASIS FOR A GENERATOR'S DETERMINATION. **ALL RECORDS PERTAINING TO THE HAZARDOUS WASTE DETERMINATION MUST BE INCLUDED WITH THE SPECIAL WASTE TRANSFER APPLICATION.**

| | | | | | | |
|--------------------------------|-----------------------|---|----------------------|-------------------|------------------|---------------------------|
| 1. CHECK ALL THAT APPLY | | 2. NAME AND / OR DESCRIPTION OF WASTE | | | | |
| IGNITABLE | | 3. DESCRIBE SPECIAL HANDLING PROCEDURES | | | | |
| CORROSIVE | | | | | | |
| REACTIVE | | | | | | |
| TCLP HAZARDOUS | | | | | | |
| LISTED HAZ WASTE | | 4. EPA HAZARDOUS WASTE CODES (LIST CODES IN THIS ORDER: P, D, F, U, AND K) | | | | |
| CONTAINS LISTED HAZ WASTE | | | | | | |
| 5. pH | 6. RADIOACTIVE | 7. FLASH POINT | 8. INFECTIOUS | 9. % SOLID | 10. COLOR | 11. PHYSICAL STATE |
| | YES | | YES | | | SOLID |
| | NO | | NO | | | SLUDGE |
| | | | | | | LIQUID |
| | | | | | | SLURRY |

C. GENERATION OF WASTE

| |
|---|
| DESCRIBE THE PROCESS THAT GENERATES THE WASTE |
| DESCRIBE HOW THE WASTE IS MANAGED (FOR EXAMPLE: STORED, PROCESSED/TREATED, DISPOSED ONSITE OR IF OFFSITE IDENTIFY FACILITY) |

C. GENERATION OF WASTE (CONTINUED)

FLOW DIAGRAM OF THE PROCESS DESCRIBED (USE ATTACHMENTS IF NECESSARY TO ILLUSTRATE WASTE GENERATION)

D. DISPOSAL OR PROCESSING

PERMITTED FACILITY NAME PERMIT NUMBER OPERATOR / CONTACT NAME PHONE

PERMITTED FACILITY ADDRESS CITY STATE ZIP TN COUNTY

1. RATE OF WASTE DISPOSAL**2. UNITS OF WASTE DISPOSAL****3. FREQUENCY OF WASTE DISPOSAL**

POUNDS

CUBIC YARDS

ONE-TIME

DAILY

WEEKLY

TONS

MONTHLY

ANNUALLY

E. TRANSPORTATION OF WASTE

DIRECT HAUL TO THE LANDFILL OR PROCESSING FACILITY? YES NO

IF NO, PLEASE EXPLAIN:

F. SEND COMPLETED APPLICATION AND FEES TO: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**MAKE PAYABLE TO: "TREASURER, STATE OF TENNESSEE"**
CHECK, MONEY ORDER OR CASHIER'S CHECK

INCOMPLETE APPLICATIONS WILL BE RETURNED

G. 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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF WASTE GENERATOR

TITLE

PRINTED NAME

DATE

OFFICIAL
USE ONLY

REVIEWER'S SIGNATURE

DATE

NOTES