



Tennessee Department of Environment and Conservation
Division of Solid Waste Management
 401 Church Street, 5th Floor
 Nashville, TN 37243-1535

SPECIAL WASTE EVALUATION APPLICATION

PLEASE COMPLETE ALL QUESTIONS

Official Use Only

SPC ID # _____

1. GENERATOR INFORMATION.

(A) Facility Name: _____
 Mailing Address: _____
 Zip Code: _____ Phone: () _____

(B) Physical Location: _____
 County: _____ Phone: () _____

(C) Nature of Business: _____
 Technical Contact: _____
 Title: _____ Phone: () _____

2. UNDER TENNESSEE'S RULES GOVERNING HAZARDOUS WASTE MANAGEMENT, IS THE WASTE:

	YES	NO	
(A) IGNITABLE?.....	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste Code(s): RULE 1200-1-11-03(1)(b) - A person who generates a waste must determine if that waste is a hazardous waste.
(B) CORROSIVE?.....	<input type="checkbox"/>	<input type="checkbox"/>	
(C) REACTIVE?.....	<input type="checkbox"/>	<input type="checkbox"/>	
(D) TCLP HAZARDOUS?.....	<input type="checkbox"/>	<input type="checkbox"/>	
(E) IS IT A LISTED HAZARDOUS WASTE?...	<input type="checkbox"/>	<input type="checkbox"/>	

3. NAME AND/OR DESCRIPTION OF WASTE: _____

4. WASTE CHARACTERIZATION. Attach laboratory reports and/or material safety data sheets to adequately characterize the waste or explain why this is not necessary.

Describe any Special Handling Procedures:	pH (if applicable) _____
	Radioactive (Y/N) _____
	Flash Point (if applicable) _____
	Infectious (Y/N) _____
	Physical State: Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/>
Attachment Included (Y/N) _____	Color: _____ Percent Solid: _____

5. DESCRIBE HOW WASTE IS GENERATED (Be Specific).

<p>(A)</p> <p>Rate of Waste "Generation": Quantity _____</p> <p>Type Units: Tons <input type="checkbox"/> cy <input type="checkbox"/> lbs <input type="checkbox"/> Other _____ <small>(specify)</small></p> <p>Frequency of Generation: One Time <input type="checkbox"/> Daily <input type="checkbox"/></p> <p>Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> _____ <small>(specify)</small></p>	<p>(B)</p> <p>Rate of Waste "Disposal": Quantity _____</p> <p>Type Units: Tons <input type="checkbox"/> cy <input type="checkbox"/> lbs <input type="checkbox"/> Other _____ <small>(specify)</small></p> <p>Frequency of Disposal: One Time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/></p> <p>Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> _____ <small>(specify)</small></p>
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(C) Include a narrative and a flow diagram of the process that generates the waste. Your explanation must describe the **POTENTIAL** contaminants in the waste which should justify your scope of constituents in Item 3. Include attachments as necessary.

Attachment Included (Y/N) _____

6. HOW IS WASTE PRESENTLY MANAGED?

7. DESCRIBE THE TYPE OF CONTAINER USED FOR TRANSPORT OF WASTE.

Drums Roll-Off Container (dumpster, collector box) Plastic Bags Truck Other _____

8. PROPOSED DISPOSAL / PROCESSING FACILITY. List only a facility that you have contacted and which has agreed to accept your waste if approved by the Department.

(A) Facility Name: _____
(B) Facility Permit Number: _____
(C) Facility Operator / Contact Name: _____
Phone: (_____) _____

9. PROPOSED TRANSPORTER.

Name: _____
Address: _____
Phone: (_____) _____

10. I hereby certify that the above information is true and accurate to the best of my knowledge.

Waste Generator's Authorized Signature:	Preparer's Signature (If Different):
Date	Date

Official Use Only

Reviewer's Signature	Date Reviewed
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Send originals with attachments to the Solid Waste Environmental Field Office for the region in which the facility listed in Item 8 above is located.