



Tennessee Department of Environment and Conservation
 Division of Solid Waste Management
 401 Church Street, 5th Floor L&C Tower
 Nashville, Tennessee 37243
**ANNUAL HAZARDOUS WASTE TREATMENT, STORAGE,
 AND DISPOSAL FACILITIES FEE DETERMINATION**

FORM TSD-FDS

OFFICE USE ONLY

TSD

REPORT YEAR

US EPA ID NUMBER

SITE, BUSINESS, OR INSTALLATION NAME

RETURN COMPLETED FEE FORM WITH REMITTANCE ATTACHED (STAPLED) ON OR BEFORE MARCH 1 TO:

Tennessee Department of Environment and Conservation
 Division of Fiscal Services - Fee Section (HWM)
 401 Church Street, 14th Floor L&C Tower
 Nashville, TN 37243

*****Do Not Send Cash*** MAKE CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF TENNESSEE"
 INCLUDE YOUR EPA ID NUMBER ON THE CHECK**

IS THIS A FEDERAL FACILITY?

YES

NO

PART 1 – TREATMENT AND STORAGE

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 ONSITE?

YES

NO

LINE 4

- 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 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

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

TABLE-I

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

FROM TABLE-I ABOVE

(HAZARDOUS WASTE TREATMENT CATEGORY FEE)

LINE 7

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

TABLE-II

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

FROM TABLE-II ABOVE

(HAZARDOUS WASTE STORAGE CATEGORY FEE) **LINE 8**

ADD LINES 5 THROUGH 8 **LINE 9**

- 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**

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 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 – N/A**, ENTER \$0 ON LINE 24 AND ON LINE 51
- 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, order, 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
(REMEDIATION 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?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LINE 30
DID YOU CONDUCT ANY OF THE FOLLOWING ACTIVITIES DURING THE REPORTING YEAR?			
• CONFIRMATORY SAMPLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LINE 31
• RCRA FACILITY INVESTIGATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LINE 32
• CORRECTIVE MEASURES.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LINE 33
• INTERIM MEASURES.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LINE 34
• IF YOU ANSWERED YES TO ANY OF THE ABOVE (LINES 30 THROUGH LINE 34), ENTER \$6,000 ON LINE 35			
• IF NOT, ENTER \$0 ON LINE 35			
(CORRECTIVE ACTION ACTIVITIES BASE FEE)	<input style="width:100%;" type="text"/>		LINE 35
• IF LINE 31 IS YES , ENTER \$2,400 ON LINE 36			
• IF LINE 31 IS NO , ENTER \$0 ON LINE 36			
(CONFIRMATORY SAMPLING FEE)	<input style="width:100%;" type="text"/>		LINE 36
• 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).....	<input style="width:100%;" type="text"/>		LINE 37
• IF LINE 33 IS YES , ENTER \$3,600 ON LINE 38			
• IF LINE 33 IS NO , ENTER \$0 ON LINE 38			
(CORRECTIVE MEASURES FEE)	<input style="width:100%;" type="text"/>		LINE 38
• IF LINE 34 IS YES , ENTER \$2,400 ON LINE 39			
• IF LINE 34 IS NO , ENTER \$0 LINE 39			
(INTERIM MEASURES FEE)	<input style="width:100%;" type="text"/>		LINE 39
ADD LINES 35 THROUGH 39 AND ENTER ON LINE 40 AND ON LINE 53			
(TOTAL CORRECTIVE ACTION FEE).....	<input style="width:100%;" type="text"/>		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.....	<input style="width:100%;" type="text"/>		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	<input style="width:100%;" type="text"/>		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)	<input style="width:100%;" type="text"/>		LINE 43					
ADD LINES 42 AND 43 (EXEMPTIONS TO TIPPING FEES)	<input style="width:100%;" type="text"/>		LINE 44					
SUBTRACT LINE 44 FROM LINE 41	<input style="width:100%;" type="text"/>		LINE 45					
USE TABLE-III TO DETERMINE YOUR TIPPING FEE FOR ENTRY ON LINES 46 AND 54:								
TABLE-III								
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
FROM TABLE-III ABOVE (TOTAL TIPPING FEE).....	<input style="width:100%;" type="text"/>							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	<input type="text"/>	LINE 47
MULTIPLY LINE 47 BY 0.02 (2% DEDUCTION ALLOWED FOR COLLECTING AND REMITTING THIS FEE IF PAYMENT SUBMITTED ON TIME) .	<input type="text"/>	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)	<input type="text"/>	LINE 49

PART 7 – FEES

TOTAL HAZARDOUS WASTE TREATMENT AND STORAGE FEE (FROM LINE 10)	▶ <input type="text"/>	521	LINE 50
TOTAL HAZARDOUS WASTE DISPOSAL FEE (FROM LINE 24)	▶ <input type="text"/>	517	LINE 51
TOTAL HAZARDOUS WASTE POST CLOSURE FEE (FROM LINE 29)	▶ <input type="text"/>	550	LINE 52
TOTAL CORRECTIVE ACTION FEE (FROM LINE 40)	▶ <input type="text"/>	549	LINE 53
TOTAL TIPPING FEE (FROM LINE 46)	▶ <input type="text"/>	546	LINE 54
TOTAL SUPERFUND OUT-OF-STATE GENERATOR OFFSITE SHIPPING FEE (FROM LINE 49)	▶ <input type="text"/>	527	LINE 55
TOTAL – PAY THIS AMOUNT (ADD LINES 50 THROUGH 55 FOR TOTAL)	▶ <input type="text"/>		

PART 8 – CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT 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 OR BOTH FOR KNOWING VIOLATIONS.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINTED NAME

TITLE

DATE

FOR ASSISTANCE WITH THIS FORM, CONTACT THE DIVISION OF SOLID WASTE MANAGEMENT AT (615) 532-9267 OR (615) 532-0780.
FOR OTHER ASSISTANCE, CONTACT YOUR AREA DIVISION OF SOLID WASTE MANAGEMENT REPRESENTATIVE. (SEE MAP & LISTINGS)