



**Tennessee Department of Environment and Conservation  
 Division of Solid Waste Management  
 401 Church Street, 5<sup>th</sup> 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:**

	<b>YES</b>	<b>NO</b>	
(A) IGNITABLE?.....	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste Code(s):  <b>RULE 1200-1-11-03(1)(b) - A person who generates a waste must determine if that waste is a hazardous waste.</b>
(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.