

* New Forms and Required Fields Guide

Changes to Tennessee's Annual Hazardous Waste Report Forms
(Please Read)

Fields Are Marked As Follows:	
*	=REQUIRED
✓✓ CR	=CONDITIONALLY REQUIRED
✓SUG	=SUGGESTED

Changes affect:

Hazardous Waste Transporters
Hazardous Waste Generators
Hazardous Waste TSD's
Hazardous Waste Transfer Facilities
Used Oil Reporting
Universal Waste Reporting
New Registrations and Existing Filers

*** New Forms and Required Fields Guide (continued)**
Changes to Tennessee's Annual Hazardous Waste Report Forms

We Need Your Help!

The State of Tennessee's Department of Environment and Conservation is preparing a new computer processing system for all who must file an Annual Report for Hazardous Waste. We need your help! The data you provide on the new forms for this year **MUST FOLLOW NEW** guidelines. The data you provide will build the structure for the future! Soon, an electronic version of your Annual Report will replace the manual forms. That's why your data must be accurate this year. Just think how easy it will be to make changes to your information and file your reports on-line! Help us get there.

Write Legibly!

Fields Are Marked As Follows:

- * =REQUIRED
- ✓✓CR =CONDITIONALLY REQUIRED
- ✓SUG =SUGGESTED

Be Accurate!

Double Check Your Forms!

Definitions:

*** =REQUIRED**

Fields so marked must be filled in. To leave a REQUIRED field blank means a delay in processing. For some this will mean a delay in the issuance of a permit (transporters).

If a REQUIRED field is left blank, auditors must call or return the packets for completion.

SOLUTION: Make certain you double check your forms. Write legibly. Fill in all REQUIRED Fields.

✓✓CR =CONDITIONALLY REQUIRED

Fields so marked must be filled in depending on the data you provided in another field. For instance, if your business is company owned (you checked COMPANY beside BUSINESS OWNER - SECTION 4), you must fill in the CORPORATE OWNER NAME in section 4. However, if your business is owned by an individual (you checked INDIVIDUAL beside BUSINESS OWNER - SECTION 4), you must enter the LAST NAME, FIRST NAME and TITLE in Section 4. If you leave a CONDITIONALLY REQUIRED field blank - and you were required to provide data for that field- your packet must be returned or you must be contacted to verify the data causing a serious delay in processing.

For some this will mean a delay in the issuance of a permit (transporters).

SOLUTION: Be aware that some fields may be related to responses you made in previous fields. Make certain you double check your forms. Write legibly. Fill in all REQUIRED Fields.

✓SUG =SUGGESTED

Fields so marked are NOT REQUIRED. However, taking the time to provide a response may greatly improve our data quality.

***New Forms and Required Fields Guide (continued)**

Changes to Tennessee's Annual Hazardous Waste Report Forms and how they are to be submitted

We Need Your Help!

Form ID	Short Name	Form Title	Special Use
1. CN-1442	HN-CS	UNIFIED CERTIFICATION AND COVER SHEET	SINGLE CERTIFICATION FOR PACKET
2. CN-1447	HN-H	HAZARDOUS WASTE REGISTRATION AND NOTIFICATION	
3. CN-1445	HN-H CONTACTS	HAZARDOUS WASTE CONTACT NOTIFICATION	
4. CN-1446	HN-EA	HAZARDOUS WASTE ENVIRONMENTAL ACTIVITY NOTIFICATION	
5. CN-1443	NF	HAZARDOUS WASTE NOTIFICATION FEES	NEW EPA ID; ADD WASTESTREAMS
6. CN-0783	TRFDS	HAZARDOUS WASTE TRANSPORTER FEE DETERMINATION	
7. CN-0906	G-FDS	ANNUAL HAZARDOUS WASTE GENERATION FEE DETERMINATION	AVAILABLE ON-LINE
8. CN-0912	TSD-FDS	TSDR ANNUAL FEE SHEET	AVAILABLE ON-LINE
9. CN-0773	WSR	HAZARDOUS WASTE STREAM REPORT	
10. CN-0779	OSR	HAZARDOUS WASTE OFFSITE SHIPPING	
11. CN-0905	TWR	TREATMENT, STORAGE, DISPOSAL AND RECYCLING OFFSITE WASTE RECEIVING	FOR RECEIVED WASTE
12. CN-0876	TPA	TREATMENT, STORAGE, DISPOSAL AND RECYCLING PERMITTED ACTIVITY	PERMITTED ACTIVITY
13. CN-1444	HN-C	HAZARDOUS WASTE SITE CLOSURE NOTIFICATION	CLOSURE, BUSINESS INTERRUPTION
14. CN-1303	UO-D	USED OIL TRANSPORTER CERTIFICATION	USED OIL TRANSPORTERS ONLY
15. CN-1044	UO-AR	USED OIL ANNUAL REPORT	

Required Forms for Annual Reports Note: Only one HN-CS form is required to be returned with each annual report packet

GENERATORS	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	7. G-FDS	9. WSR	10. OSR
TRANSPORTERS	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	6. TRFDS		
TRANSFER FACILITIES	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	5. NF		
TSDs	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	8. TSD-FDS	11. TWR	12. TPA
USED OIL	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	5. NF	14. UO-D	15. UO-AR
UNIVERSAL WASTE	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	5. NF		

NEW FILERS (GENERATORS, HW TRANSFER, USED OIL, UNIVERSAL WASTE, TSDs)	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	5. NF	9. WSR (HW GENERATION)
NEW FILERS (HW TRANSPORTERS)	1. HN-CS	2. HN-H	3. HN-H CONTACTS	4. HN-EA	6. TRFDS	
OWNER CHANGE (GENERATORS, HW TRANSFER, USED OIL, UNIVERSAL WASTE, TSDs)	1. HN-CS	2. HN-H	3. HN-H CONTACTS	5. NF - NOT FOR TRANSPORTERS	6. TRFDS - TRANSPORTERS	
LOCATION CHANGE (GENERATORS, HW TRANSFER, USED OIL, UNIVERSAL WASTE, TSDs)	1. HN-CS	2. HN-H	3. HN-H CONTACTS	5. NF - NOT FOR TRANSPORTERS	6. TRFDS - TRANSPORTERS	
SITE CLOSURE or BUSINESS INTERRUPTION	1. HN-CS	2. HN-H	13. HN-C	9. WSR (HW GENERATION IF WS TO BE CLOSED)		
CHANGE IN GENERATOR STATUS	1. HN-CS	4. HN-EA	9. WSR	CHECK "INFORMATION UPDATE" ON FORM WSR CHANGES IN AMOUNT GENERATED MUST BE REFLECTED ON FORM WSR AMOUNTS WILL BE VERIFIED WITH GEN STATUS YOU CHECK ON FORM HN-EA		

Note: For all forms, pay close attention to the instructions printed on the actual form.

Pay particular attention for instructions on the payment of fees and addresses where the fees must be mailed.



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

HN - CS

NEW REGISTRANTS - SUBMIT THESE FORMS:

HN-CS	(THIS FORM)
HN-H	REGISTRATION / NOTIFICATION
NF	FEES- TRANSPORTERS USE FORM TR-FDS
HN-EA	ENVIRONMENTAL ACTIVITY
WSR	FOR EACH WASTE STREAM

UNIFIED CERTIFICATION AND COVER SHEET

▶ ATTACH THIS COVER SHEET TO ALL REQUESTS, PACKETS, DOCUMENTS OR FORMS

1. NOT REGISTERED	<input type="checkbox"/> APPLYING FOR AN EPA ID NUMBER <input type="checkbox"/> APPLYING FOR A USED OIL NUMBER <input type="checkbox"/> APPLYING FOR A HAZARDOUS WASTE TRANSPORTER PERMIT <input type="checkbox"/> ADDITIONAL CATEGORIES (CESQG, D-I-Y USED OIL, UWASTE ETC SEE PG 2) (NON-FEE)					
2. REGISTERED SITE	ENTER YOUR EPA ID <input checked="" type="checkbox"/> CR if new, not required	USED OIL REGISTRATION NUMBER <input checked="" type="checkbox"/> CR if new, not required	<input type="checkbox"/> Renew HAZARDOUS WASTE TRANSPORTER PERMIT			
ENTER YOUR SITE, BUSINESS, OR INSTALLATION NAME *					TN COUNTY <input checked="" type="checkbox"/> CR if in Tennessee	
CURRENT LOCATION ADDRESS - NO P.O. BOX NUMBERS (DIRECTIONS IF NECESSARY) *						
LOCATION CITY		STATE	ZIP	PHONE	FAX	E-MAIL
*		*	*	*		<input checked="" type="checkbox"/> SUG
SEND MAIL TO: LAST NAME		FIRST NAME	MI	TITLE / DEPARTMENT		
*		*		*		
STREET ADDRESS				CITY	STATE	ZIP
*				*	*	*
3. LOCATION CHANGE	<input type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> ORIGINAL LOCATION ADDRESS IS INCORRECT <input type="checkbox"/> ADDRESS CHANGED BY 911 EMERGENCY SYSTEM <input type="checkbox"/> BUSINESS PHYSICALLY MOVED TO A NEW LOCATION <input type="checkbox"/> REZONING / ANNEXTION					
4. OWNER CHANGE	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OWNER <input type="checkbox"/> UPDATE OTHER OWNER INFORMATION					
5. NAME CHANGE	<input type="checkbox"/> NEW <input type="checkbox"/> UPDATE					
6. TRANSFER EPA ID NUMBER	ENTER EPA ID OF SITE YOU ARE MOVING TO		SITE OR BUSINESS ASSOCIATED WITH EPA ID			
ATTACHMENTS AND OTHER REQUESTS						
REPORTS / FEES:		INFORMATION UPDATES		SPECIAL REQUESTS:		
<input type="checkbox"/> CHECK IF FEE PAYMENT ATTACHED <input type="checkbox"/> HAZ WASTE GENERATOR ANNUAL REPORT <input type="checkbox"/> CORRECTED <input type="checkbox"/> LATE <input type="checkbox"/> HW TRANSFER FACILITY ANNUAL FEES <input type="checkbox"/> UNIVERSAL WASTE ANNUAL FEES <input type="checkbox"/> USED OIL ANNUAL REPORT <input type="checkbox"/> USED OIL ANNUAL REPORT (CORRECTED) <input type="checkbox"/> USED OIL ANNUAL REPORT (LATE) <input type="checkbox"/> USED OIL ANNUAL FEES <input type="checkbox"/> TSDf ANNUAL FEES <input type="checkbox"/> TSDf APPLICATION FEES		<input type="checkbox"/> CONTACT PERSON <input type="checkbox"/> ADD ENVIRONMENTAL ACTIVITY <input type="checkbox"/> END ENVIRONMENTAL ACTIVITY <input type="checkbox"/> ADD WASTE STREAM(S) <input type="checkbox"/> UPDATE WASTE STREAM INFORMATION <input type="checkbox"/> CLOSE A WASTE STREAM <input type="checkbox"/> BUSINESS OPERATIONAL STATUS <i>CLOSING OR BUSINESS, INTERRUPTION, ETC</i>		<input type="checkbox"/> REGULATORY INTERPRETATION <input type="checkbox"/> PRINTED FORMS <input type="checkbox"/> SPECIAL ASSISTANCE <input type="checkbox"/> REQUEST FOR REFUND OTHER: <input type="checkbox"/> SUPPLYING REQUESTED DOCUMENT(S) <input type="checkbox"/> RESPONSE TO ENFORCEMENT <input type="checkbox"/> OTHER ATTACHMENT(S)		
ADDITIONAL INFORMATION OR COMMENTS						
7. REQUIRED 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			TITLE			
* _____			* _____			
PRINTED NAME			DATE			

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 * = REQUIRED

 CR = CONDITIONALLY REQUIRED

 SUG = SUGGESTED

EPA ID WCR if new, not required	USED OIL REGISTRATION NUMBER WCR if applicable	SITE OR FACILITY NAME *
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FORM GUIDANCE FOLLOWING IS A LIST OF ADDITIONAL FORMS REQUIRED FOR CERTAIN NOTIFICATIONS

GENERAL INFO	ABBREV	USE THIS FORM	FREQ	FORM ID	WHEN TO SUBMIT
1. COVER SHEET	HN-CS	HAZARDOUS WASTE NOTIFICATION COVER SHEET	REQ		EACH SUBMISSION TO TDEC (INCLUDING NEW REGISTRANTS)
2. ENVIRONMENTAL ACTIVITY	HN-EA	HAZARDOUS WASTE ENVIRONMENTAL ACTIVITY NOTIFICATION	N A		NEW REGISTRANTS; IDENTIFYING ENVIRONMENTAL ACTIVITY AND DATES
3. REGISTRATION	HN-H	HAZARDOUS WASTE REGISTRATION AND NOTIFICATION	N A		NEW REGISTRANTS; ALSO ANNUALLY
4. CONTACT CONTINUATION	HN-H	HAZARDOUS WASTE CONTACT ADD OR CHANGE FORM	N A		CONTINUATION FORM TO IDENTIFY SPECIFIC ENV ACTIVITY FOR CONTACTS
5. WASTE STREAM REPORT	WSR	HAZARDOUS WASTE STREAM REPORT	N A	CN-0773	NEW REGISTRANTS; ANNUALLY AND WHEN ADDING WASTE STREAMS
6. PAYMENT OF FEES	NF	HAZARDOUS WASTE NOTIFICATION FEES	N A		NEW REGISTRANTS; OWNER CHANGE, ADD WASTE STREAMS; ANNUAL FEES
7. ANNUAL GENERATOR FEES	G-FDS	ANNUAL HAZARDOUS WASTE GENERATION FEE DETERMINATION	N A	CN-0906	ON-LINE INTERACTIVE FORM CALCULATES ANNUAL GENERATOR FEE
8. SHIPPING REPORT	OSR	HAZARDOUS WASTE OFFSITE SHIPPING REPORT	N A	CN-0779	ANNUAL REPORT REQUIREMENT; SHIPMENTS / DESTINATIONS
9. WASTE RECEIVING REPORT	TWR	TREATMENT, STORAGE, DISPOSAL and RECYCLING OFFSITE WASTE RECEIVING	N A	CN-0905	ANNUAL REPORT REQUIREMENT TSDs ONLY; WASTE RECEIVED
10. TSDR PERMIT ACTIVITY	TPA	TREATMENT, STORAGE, DISPOSAL and RECYCLING PERMITTED ACTIVITY	N A	CN-0876	ANNUAL REPORT REQUIREMENT TSDs ONLY; PERMITTED WASTE ACTIVITY
11. TSDR ANNUAL FEE FORM	TSD-FDS	ANNUAL TSDF FEE DETERMINATION	N A	CN-0912	ANNUAL REPORT REQUIREMENT TSDs ONLY; ON-LINE FEE CALCULATION
12. TSDF APPLICATION FEES	TSD-APP	HAZARDOUS WASTE TREATMENT, STORAGE, DISPOSAL FACILITY (TSDF) APPLICATION AND OTHER REVIEW FEES	N A	CN-1261	TSDF ONLY; REVIEW AND APPLICATION FEE SHEET
13. USED OIL TRANSPORTER	UO-D	USED OIL TRANSPORTER CERTIFICATION	N A	CN-1303	USED OIL DRIVER CERTIFICATION
14. USED OIL ANNUAL	UO-AR	USED OIL ANNUAL REPORT	A	CN-1044	ANNUAL REPORT FOR USED OIL MANAGEMENT
15. CLOSURE	HN-C	HAZARDOUS WASTE SITE CLOSURE NOTIFICATION	REQ		SITE CLOSURE NOTIFICATION

N NOTIFICATION / REGISTRATION **A** ANNUAL REPORT **REQ** AS REQUIRED

GENERAL REGISTRATION:

You may select ADDITIONAL CATEGORIES to register your location as a CESQG or identify certain USED OIL/UNIVERSAL WASTE related activities, etc. There are NO REGISTRATION FEES ASSOCIATED WITH THE CHECKING OF THIS BOX.

DEADLINES * FEES DUE AT TIME OF REGISTRATION; SEE FORM NF FOR DETAILS

ENVIRONMENTAL ACTIVITY	ACTION	DEADLINE	FORMS REQUIRED (IN ADDITION TO THIS FORM HN-CS)
HAZARDOUS WASTE GENERATOR	ANNUAL REPORT AND FEES	MARCH 1	G-FDS, HN-H, NF, WSR, OSR
*HAZARDOUS WASTE TRANSPORTER	ANNUAL PERMIT RENEWAL AND FEES	DEC 31	HN-H, NF
HAZARDOUS WASTE TSDF	ANNUAL REPORT AND FEES	MARCH 1	TSD-FDS, HN-H, NF, WSR, OSR, TPA, TWR
*HAZARDOUS WASTE TRANSFER FACILITY	ANNUAL FEES	DEC 31	HN-H, NF
*USED OIL TRANSPORTER	ANNUAL REPORT AND FEES	MARCH 1	HN-H, NF, UO-D
*USED OIL TRANSFER FACILITY	ANNUAL FEES	MARCH 1	HN-H, NF
*USED OIL PROCESSOR / RE-REFINER	ANNUAL REPORT AND FEES	MARCH 1	HN-H, NF
*UNIVERSAL WASTE DESTINATION FACILITY	ANNUAL FEES	MARCH 1	HN-H, NF

CONTACT INFORMATION

IF YOU ARE RETURNING DOCUMENTS WITH FEES, USE THIS ADDRESS

<p>WHERE TO MAIL DOCUMENTS AND CORRESPONDENCE</p> <p>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</p>	<p>WHERE TO MAIL PAYMENTS AND FEES:</p> <p>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"</p>
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TDEC USE ONLY

FAC ID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	UOP NUMBER	() NEWLY ASSIGNED () TRANSFERRED EPA ID NUMBER
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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

HN - H

REPORT YEAR	<input checked="" type="checkbox"/> CR ANNUAL RPTS
PERMIT YEAR	<input checked="" type="checkbox"/> CR TRANSPORTERS
OFFICE USE ONLY	

HAZARDOUS WASTE REGISTRATION AND NOTIFICATION

1. REGISTRATION INFORMATION *INCOMPLETE APPLICATIONS WILL BE RETURNED*

EPA ID NUMBER (IF NEW, LEAVE BLANK)	USED OIL REGISTRATION NUMBER
<input checked="" type="checkbox"/> CR new registrants will not have an EPA ID	<input checked="" type="checkbox"/> CR if applicable

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- CR = CONDITIONALLY REQUIRED
- SUG = SUGGESTED

2. SITE NAME

SITE, BUSINESS, OR INSTALLATION NAME

*

3. SITE PHYSICAL LOCATION

SITE LOCATION ADDRESS - NO P.O. BOX NUMBERS! (GIVE DIRECTIONS IF NECESSARY)		LATITUDE	LONGITUDE
*		<input checked="" type="checkbox"/> SUG	<input checked="" type="checkbox"/> SUG
CITY	STATE	ZIP	TN COUNTY
*	*	*	<input checked="" type="checkbox"/> CR (if in Tennessee)
PHONE1	PHONE2	FAX	E-MAIL
*			<input checked="" type="checkbox"/> SUG

4. BUSINESS OWNER *

INDIVIDUAL COMPANY

IF CORPORATE OWNER, PROVIDE CORPORATE NAME		CORPORATE REGION	CORPORATE DISTRICT		
<input checked="" type="checkbox"/> CR if not an individual					
LAST NAME	FIRST NAME	MI	TITLE		
<input checked="" type="checkbox"/> CR if not a corporate owner	<input checked="" type="checkbox"/> CR if not a corporate owner		<input checked="" type="checkbox"/> CR if not a corporate owner		
OWNER MAILING STREET ADDRESS		CITY / TOWN / LOCALITY			
*		*			
STATE / TERRITORY	ZIP / POSTAL CODE	COUNTRY			
*	*	*			
PHONE1	PHONE2	FAX	EMAIL		
*		<input checked="" type="checkbox"/> SUG	<input checked="" type="checkbox"/> SUG		
# EMPLOYEES	DATE OWNERSHIP BEGAN	DATE OWNERSHIP ENDED	*OWNER CODE	*LAND CODE	*Federal (F); State (S); Private (P); Indian (I); County (C); Municipal (M); District (D); Other (O)
<input checked="" type="checkbox"/> SUG	*	<input checked="" type="checkbox"/> CR if applicable	*	*	

5. MAILING ADDRESS

SEND MAIL TO THE ATTENTION OF:

LAST NAME	FIRST NAME	MI	TITLE	DEPARTMENT
*	*		<input checked="" type="checkbox"/> SUG	<input checked="" type="checkbox"/> SUG
BUSINESS MAILING STREET ADDRESS		CITY / TOWN / LOCALITY		
*		*		
STATE / TERRITORY	ZIP / POSTAL CODE	COUNTRY		
*	*	*		
PHONE1	PHONE2	FAX	EMAIL	
*			<input checked="" type="checkbox"/> SUG	

EPA ID NUMBER ✓✓ CR if applicable	SITE, BUSINESS, OR INSTALLATION NAME *	USED OIL REGISTRATION NUMBER ✓✓ CR if applicable
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6. HAZARDOUS WASTE TRANSPORTERS ONLY	NOTE: A COMPLETE APPLICATION INCLUDES THIS FORM, THE HAZARDOUS WASTE TRANSPORTER FEE DETERMINATION SHEET (FORM TRFDS CN-0783), AND YOUR REMITTANCE. PERMITS ARE ISSUED ONLY AFTER VERIFICATION OF RECEIPT OF THESE ITEMS. DATA SUPPLIED ON THIS FORM BY TRANSPORTERS LOCATED OUTSIDE THE STATE OF TENNESSEE WILL BE VERIFIED BY REVIEWING THE DATA SUPPLIED TO THE HOME STATE'S REGULATORY AGENCY. PERMITS ISSUED BY THE STATE OF TENNESSEE WILL BE DELAYED UNTIL THE DATA IN YOUR HOME STATE IS MADE CURRENT WITH THAT AGENCY.
US DOT or MC/MX NUMBER - HW TRANSPORTERS ONLY * Section 6 required for Transporters only	

6A. HAZARDOUS WASTE TRANSPORTERS MODES AND CAPABILITIES

* MODES	* NUMBER USED	* TRANSPORTER CAPABILITIES
<input type="checkbox"/> HIGHWAY	_____ TRUCKS	<input type="checkbox"/> EXPLOSIVE MATERIALS
<input type="checkbox"/> WATER	_____ TRAILERS	<input type="checkbox"/> OXIDIZERS AND ORGANIC PEROXIDES
<input type="checkbox"/> RAIL	_____ TANKERS	<input type="checkbox"/> MISCELLANEOUS HAZARDOUS MATERIALS
<input type="checkbox"/> AIR	_____ BOATS, BARGES	<input type="checkbox"/> FLAMMABLE / COMBUSTIBLE LIQUIDS
		<input type="checkbox"/> FLAMMABLE SOLIDS /SPONTANEOUSLY COMBUSTIBLE LIQUIDS
		<input type="checkbox"/> GASES
		<input type="checkbox"/> RADIOACTIVE SUBSTANCES
		<input type="checkbox"/> UNIVERSAL WASTE
		<input type="checkbox"/> CORROSIVE MATERIAL
		<input type="checkbox"/> POISON LIQUIDS/SOLIDS/INFECTIOUS SUBSTANCES
		<input type="checkbox"/> OTHER REGULATED MATERIALS

6B. TRANSFER FACILITIES YOU USE () CHECK HERE IF YOU DO NOT UTILIZE TRANSFER FACILITIES IN TENNESSEE

1	US EPA ID NUMBER ✓✓ CR (if you use 1 transfer facility in TN, all fields must be completed for 1)	BUSINESS NAME OF TRANSFER FACILITY USED
LOCATION OF TRANSFER FACILITY - HIGHWAY, ROUTE, ROAD, OR DIRECTIONS (NOT A MAIL ADDRESS)		COUNTY
CONTACT PERSON		CONTACT PERSON MAILING ADDRESS CITY, STATE, ZIP
CONTACT PERSON PHONE WITH AREA CODE		
2	US EPA ID NUMBER ✓✓ CR (if you use 2 transfer facilities in TN, all fields must be completed for 2)	BUSINESS NAME OF TRANSFER FACILITY USED
LOCATION OF TRANSFER FACILITY - HIGHWAY, ROUTE, ROAD, OR DIRECTIONS (NOT A MAIL ADDRESS)		COUNTY
CONTACT PERSON		CONTACT PERSON MAILING ADDRESS CITY, STATE, ZIP
CONTACT PERSON PHONE WITH AREA CODE		
3	US EPA ID NUMBER ✓✓ CR (if you use 3 transfer facilities in TN, all fields must be completed for 3)	BUSINESS NAME OF TRANSFER FACILITY USED
LOCATION OF TRANSFER FACILITY - HIGHWAY, ROUTE, ROAD, OR DIRECTIONS (NOT A MAIL ADDRESS)		COUNTY
CONTACT PERSON		CONTACT PERSON MAILING ADDRESS CITY, STATE, ZIP
CONTACT PERSON PHONE WITH AREA CODE		

6C. GENERAL INFORMATION FOR HAZARDOUS WASTE TRANSPORTERS

Persons must obtain a Hazardous Waste Transporter Permit if they transport hazardous wastes that originate or terminate at points in Tennessee. The permit will be issued by the Department upon review of a completed application renewal form, and receipt of any applicable fees. A copy of the permit must be maintained within each transport vehicle. Permits are registered to the EPA identification number supplied on the application renewal form. The EPA Identification number is specific to your location and the permit is therefore not transferable if you change locations. For annual renewal, the renewal forms and fee are due no later than December 31. The permit duration is from the effective date until January 31 of the following year. The regulations require transporters to comply not only with the permit regulations but also the operational standards that pertain to manifests, other record keeping and hazardous waste discharges. You must also comply with any and all regulations imposed by the Tennessee Regulatory Commission, the U. S. Environmental Protection Agency, the U. S. Department of Transportation, U.S. Department of Homeland Security and any other pertinent local, state or federal laws. To view applicable Rules on line, visit <http://www.tn.gov/sos/rules/0400/0400-12/0400-12-01/0400-12-01.htm>

7. CERTIFICATION

* must return 1 completed HN-CS form with each Annual Report packet (or each submission of forms such as initial registration or information update etc)

CERTIFICATION REQUIRED (Complete Form HN-CS Including Section 7)

TDEC OFFICE USE ONLY

FAC ID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	() NEWLY ASSIGNED () TRANSFERRED	EPA ID NUMBER
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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

**HW TRANSFER FACILITIES
 HN - H (Contacts)**

HAZARDOUS WASTE CONTACT NOTIFICATION

ENTER CURRENT EPA ID NUMBER <input checked="" type="checkbox"/> CR NEW TN REGISTRANTS WILL NOT HAVE EPA ID	PROVIDE SITE, BUSINESS, OR INSTALLATION NAME *	USED OIL REGISTRATION NUMBER <input checked="" type="checkbox"/> CR if applicable
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1. BILLING ADDRESS - SEND BILLING INFORMATION TO THE ATTENTION OF:

LAST NAME	FIRST NAME	MI	TITLE	DEPARTMENT
*	*		*	*
COMPANY, AGENCY OR OTHER			CORPORATE REGION	CORPORATE DISTRICT
<input checked="" type="checkbox"/> CR if applicable				
BUSINESS BILLING STREET ADDRESS			CITY /TOWN / LOCALITY	
*			*	
STATE /TERRITORY		ZIP / POSTAL CODE		COUNTRY
*		*		*
PHONE 1	PHONE 2	FAX		EMAIL
*				<input checked="" type="checkbox"/> SUG

Fields Are Marked As Follows:
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 CR =CONDITIONALLY
 REQUIRED
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2. MANAGER PLANT MANAGER CERTIFYING OFFICIAL AUTHORIZED REPRESENTATIVE

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX		EMAIL

3. TECHNICAL CONTACT

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
*	*		*	*
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
*		*		*
PHONE 1	PHONE 2	FAX		EMAIL
*				<input checked="" type="checkbox"/> SUG

4. EMERGENCY CONTACT

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX		EMAIL

5. OPERATOR

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX		EMAIL

EPA ID NUMBER ✓✓ CR if applicable	SITE, BUSINESS, OR INSTALLATION NAME *	USED OIL REGISTRATION NUMBER ✓✓ CR if applicable
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6. LICENSE or PERMIT AGENT	(FOR HAZARDOUS WASTE TRANSPORTERS, IF APPLICABLE)
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LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX	EMAIL	

7. CONTRACTOR 1

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX	EMAIL	

8. CONTRACTOR 2

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX	EMAIL	

9. PART A OR PART B PERMIT CONTACT 1

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX	EMAIL	

10. PART A OR PART B PERMIT CONTACT 2
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LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
CITY /TOWN / LOCALITY		STATE /TERRITORY		ZIP / POSTAL CODE
PHONE 1	PHONE 2	FAX	EMAIL	

11. CERTIFICATION	*
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CERTIFICATION REQUIRED (Complete Form HN-CS Including Section 7)

TDEC OFFICE USE ONLY					
FAC ID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	() NEWLY ASSIGNED () TRANSFERRED EPA ID NUMBER



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

HAZARDOUS WASTE ENVIRONMENTAL ACTIVITY NOTIFICATION

Fields Are Marked As Follows:

* = REQUIRED

✓✓ CR = CONDITIONALLY REQUIRED

✓ SUG = SUGGESTED

A. NOTIFICATION

A.1 ENTER CURRENT EPA ID NUMBER IF NOT REGISTERED, LEAVE BLANK ✓✓ CR fill in if registered	A.2 USED OIL REGISTRATION NUMBER IF NOT APPLICABLE, LEAVE BLANK ✓✓ CR fill in if applicable	A.3 SITE LOCATION * <input type="checkbox"/> WITHIN TN <input type="checkbox"/> OUTSIDE TN	A.4 NAICS CODE: (SEE SECTION "C") *
A.5 SITE, BUSINESS, OR INSTALLATION NAME *			

B. ENVIRONMENTAL ACTIVITY IDENTIFICATION

ACTIVITY	GENERATOR CATEGORIES - CHECK ONE	CHECK ALL THAT APPLY	OTHER REQUIREMENTS
<input type="checkbox"/> GENERATOR ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED GENERATOR)	<input type="checkbox"/> LARGE QUANTITY, LQG GENERATES, in any calendar month, 1,000 kg/mo. (2,200 lbs/mo.) or more of hazardous waste; OR GENERATES in any calendar month or ACCUMULATES at any time, 1 kg/mo. (2.2 lbs/mo.) or more of acute hazardous waste; OR GENERATES in any calendar month or ACCUMULATES at any time, 100kg/mo. (220 lbs/mo.) or more of acute hazardous spill cleanup material. <input type="checkbox"/> SMALL QUANTITY, SQG GENERATES, in any calendar month, greater than 100 kg/mo. (220 lbs/mo. but less than 1000 kg/mo. (2,200 lbs/mo.) of NON-ACUTE hazardous waste or ACCUMULATES at any time, more than 0 but less than or equal to 6000 kg/mo. (13,228 lbs/mo. of NON-ACUTE hazardous waste. <input type="checkbox"/> CONDITIONALLY EXEMPT, CESQG GENERATES, in any calendar month, no more than 100 kg/mo. (220 lbs/mo.) and accumulates (at any time through the entire year) under 1,000 kg (2,200 lbs) of NON-ACCUTE hazardous waste FOR "CESQG" FURTHER REGISTRATION IS VOLUNTARY	<input type="checkbox"/> GENERATOR, WASTEWATER <input type="checkbox"/> GENERATOR, EPISODIC (SHORT TERM) <input type="checkbox"/> GENERATOR, MIXED WASTE <input type="checkbox"/> US IMPORTER <input type="checkbox"/> US EXPORTER <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NON-COMMERCIAL RECYCLER <input type="checkbox"/> HAZARDOUS SECONDARY MATERIALS <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> TEACHING HOSPITAL * <input type="checkbox"/> NON PROFIT INSTITUTE * * OWNED BY OR HAS A FORMAL WRITTEN AFFILIATION AGREEMENT WITH A COLLEGE OR UNIVERSITY	EPA ID REQUIRED YES ANNUAL REPORT YES ANNUAL FEES YES PERMIT NONE OTHER FORMS HN NE WSR THESE REQUIREMENTS DO NOT APPLY TO "CESQG" STATUS REQUIRED DATE ACTIVITY BEGAN ___ / ___ / ___ MM DD YYYY EXAMPLE: 03/25/2012

<input type="checkbox"/> TRANSPORTER ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED TRANSPORTER)	<i>OUT OF STATE SITES MUST POSSESS VALID EPA ID. TN DOES NOT ISSUE EPA IDs FOR OUT OF STATE SITES</i>	OTHER REQUIREMENTS EPA ID REQUIRED YES ANNUAL REPORT NO ANNUAL FEES YES PERMIT ANNUAL OTHER FORMS HN, TRFDS	REQUIRED DATE ACTIVITY BEGAN ___ / ___ / ___ MM DD YYYY EXAMPLE: 03/25/2012
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<input type="checkbox"/> TRANSFER FACILITY ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED TRANSFER FACILITY)	<i>TRANSPORTERS IDENTIFYING OWNERSHIP FOR SEPARATE TRANSFER FACILITY SITES ARE REQUIRED TO OBTAIN SEPARATE EPA IDs FOR EACH LOCATION</i> <i>TSD FACILITIES ARE REQUIRED TO OBTAIN SEPARATE EPA ID FOR HW TRANSFER FACILITY</i>	OTHER REQUIREMENTS EPA ID REQUIRED YES ANNUAL REPORT NO ANNUAL FEES YES PERMIT NONE OTHER FORMS HN, NE	REQUIRED DATE ACTIVITY BEGAN ___ / ___ / ___ MM DD YYYY EXAMPLE: 03/25/2012
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EPA ID ✓ SUG	USED OIL REGISTRATION NUMBER ✓ SUG	SITE OR FACILITY NAME ✓ SUG
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<input type="checkbox"/> USED OIL <input checked="" type="checkbox"/> CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED USED OIL)	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	REQUIRED
	1. <input type="checkbox"/> BURNER 2. <input type="checkbox"/> FUEL MARKETER 3. <input type="checkbox"/> PROCESSOR / RE-REFINER 4. <input type="checkbox"/> TRANSFER FACILITY 5. <input type="checkbox"/> TRANSPORTER 6. <input type="checkbox"/> COLLECTION CENTER (COMMERCIAL ONLY) 7. <input type="checkbox"/> COLLECTION CENTER (DIY - DO IT YOURSELFER)	EPA ID REQUIRED #1 THRU #5 UOP # REQUIRED #1 THRU #6 ANNUAL REPORT #1 THRU #5 ANNUAL FEES #3 THRU #5 PERMIT NONE OTHER FORMS HN #1 THRU #7 NF #1 THRU #5 UO-D #5 UO-AR #1 THRU #5	DATE ACTIVITY BEGAN
			MM / DD / YYYY EXAMPLE: 03/25/2012

TREATMENT <input type="checkbox"/> STORAGE and DISPOSAL (TSDF) <input checked="" type="checkbox"/> CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED TREATMENT STORAGE AND DISPOSAL)	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	REQUIRED
	<input type="checkbox"/> RECYCLER <input type="checkbox"/> INCINERATOR, BOILER OR INDUSTRIAL FURNACE <input type="checkbox"/> UNDERGROUND INJECTION CONTROL <input type="checkbox"/> RECEIVER OF HW FROM OFF SITE <input type="checkbox"/> POST CLOSURE ONLY <input type="checkbox"/> CORRECTIVE ACTION ONLY	EPA ID REQUIRED YES ANNUAL REPORT YES ANNUAL FEES YES PERMIT YES OTHER FORMS HN, NF EXTENSIVE PERMITTING PROCESS INVOLVED FOR TSDs; CONTACT HW PERMITTING STAFF	DATE ACTIVITY BEGAN
			MM / DD / YYYY EXAMPLE: 03/25/2012

<input type="checkbox"/> UNIVERSAL WASTE <input checked="" type="checkbox"/> CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED UNIVERSAL WASTE)	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	REQUIRED
	1. <input type="checkbox"/> DESTINATION FACILITY <input type="checkbox"/> LAMP CRUSHER, COMMERCIAL <input type="checkbox"/> RECYCLER (ON-SITE) 2. <input type="checkbox"/> LARGE QUANTITY HANDLER 3. <input type="checkbox"/> SMALL QUANTITY HANDLER <i>IF YOU CHECKED #2 OR #3 ABOVE, CHECK BELOW ALL THAT YOU MANAGE OR GENERATE</i> <input type="checkbox"/> BATTERIES <input type="checkbox"/> PESTICIDES <input type="checkbox"/> LAMPS / BULBS <input type="checkbox"/> MERCURY CONTAINING EQUIPMENT 4. <input type="checkbox"/> TRANSPORTER	EPA ID REQUIRED YES #1, #2 ANNUAL REPORT NO ANNUAL FEES YES #1 PERMITS NONE OTHER FORMS HN #1, #2 NF #1, #2	DATE ACTIVITY BEGAN
			MM / DD / YYYY EXAMPLE: 03/25/2012

C. NAICS CODES CODES MAY BE FOUND AT: <http://www.census.gov/eos/www/naics/>
 SELECT A NAICS CODE THAT BEST CLASSIFIES THE BUSINESS AT YOUR SITE. WRITE THAT CODE IN SECTION A.4 ON PAGE 1.

D. CERTIFICATION REQUIRED *
(Complete Form HN-CS Including Section 7)

TDEC USE ONLY

FAC ID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	UOP NUMBER	() NEWLY ASSIGNED () TRANSFERRED	EPA ID NUMBER
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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

Fields Are Marked As Follows:
 * = REQUIRED
 ✓✓ CR = CONDITIONALLY REQUIRED
 ✓ SUG = SUGGESTED

NF
 REPORT YEAR
 ✓✓ CR ANNUAL FEES
 OFFICE USE ONLY

HAZARDOUS WASTE NOTIFICATION FEES

FORM MAY BE USED TO:		GET AN EPA ID	PAY ANNUAL FEES	
WHO MAY USE THIS FORM →	HW GENERATOR	YES	NO	WHO MAY NOT USE THIS FORM → HW TRANSPORTER (USE FORM TRFDS)
	HW TSD FACILITY	YES	NO	
	HW TRANSFER FACILITY	YES	YES	
	USED OIL TRANSPORTER	YES	YES	
	USED OIL TRANSFER FAC	YES	YES	
	USED OIL PROCESSOR - RE-REFINER	YES	YES	
	UNIV WASTE DESTINATION FACILITY	YES	YES	

EPA ID CURRENTLY ASSIGNED TO YOU <i>NEW SITES, LEAVE BLANK</i> ✓✓ CR new registrants will not have an EPA ID	PROVIDE SITE, BUSINESS, OR INSTALLATION NAME *	USED OIL REGISTRATION NUMBER <i>IF YOU ARE A REGISTERED USED OIL SITE</i> ✓✓ CR
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NEW SITES	EXISTING SITES	CATEGORY	CHECK APPLICABLE CATEGORY AT LEFT AND ENTER FEE AMOUNT IN CATEGORY TOTAL	CODE	FEE AMOUNT	CATEGORY TOTAL
IF YOU CHECK 3A or 4A or 8A ON FORM TRFDS, DO NOT CHECK 1A BELOW						
YES	NO	✓ 1A	NEW SITE I DO NOT HAVE AN EPA ID NUMBER FOR THIS SITE AND AM APPLYING FOR ONE NOW	538	\$150.00	\$ 1A TOTAL
NO	YES	✓ 2A	OWNER CHANGE I AM CURRENTLY REGISTERED UNDER THE EPA ID NUMBER I ENTERED ABOVE AND WANT TO NOTIFY TDEC OF A CHANGE IN OWNERSHIP	538	\$150.00	\$ 2A or 3A TOTAL
IF YOU CHECK BOTH 2A AND 3A THE MAXIMUM FEE IS \$150.00						
NO	YES	✓ 3A	RELOCATION I AM CURRENTLY REGISTERED UNDER THE EPA ID NUMBER I ENTERED ABOVE BUT HAVE MOVED AND NEED A NEW EPA ID	538	\$150.00	\$ 4A TOTAL
FOR 3A - ANNUAL MAINTENCE FEES IN PART 5 BELOW ARE ALSO DUE UPON RELOCATION						
YES	YES	✓ 4A	WASTE STREAM ADD FEE ENTER NUMBER OF WASTE STREAMS YOU ARE IDENTIFYING / ADDING → <input type="text"/> CODE 575	<input checked="" type="checkbox"/> \$100.00 EACH () EXISTING SITE <input checked="" type="checkbox"/> \$0.00 EACH () NEW SITE		\$ 4A TOTAL
OFFICE USE ONLY >		WS#	WS#	WS#	WS#	WS#

IF PAYING ANNUAL FEES >>	ANNUAL MAINTENANCE FEES	ALSO REQUIRED:	ANNUAL DUE DATE	CODE	FEE AMOUNT	
YES	✓ 5A	1) AT TIME OF NOTIFICATION AND ANNUALLY THEREAFTER ON DUE DATES GIVEN	DEC 31	572	\$850.00	\$ 5A TOTAL
	5B		MARCH 1	573	\$200.00	\$ 5B TOTAL
	5C		MARCH 1	574	\$1000.00	\$ 5C TOTAL
	5D	2) UPON RELOCATION AND ANNUALLY THEREAFTER ON DUE DATES GIVEN	MARCH 1	571	\$2000.00	\$ 5D TOTAL
	5E		MARCH 1	570	\$2000.00	\$ 5E TOTAL

CERTIFICATION

CERTIFICATION REQUIRED *
 (Complete Form HN-CS Including Section 7)

MAKE PAYABLE TO:
 "TREASURER, STATE OF TENNESSEE"

PAY THIS AMOUNT ▶ \$ *

GRAND TOTAL
 ADD CATEGORY TOTALS

TDEC OFFICE USE ONLY

FACID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	UOP NUMBER	() NEWLY ASSIGNED () TRANSFERRED EPA ID NUMBER
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