New Forms
and
*Required Fields Guide

USED OIL NOVEMBER 19, 2014

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 ☐ APPLYING FOR AN EPA ID NUMBER ☐ APPLYING FOR A USED OIL NUMBER ☐ APPLYING FOR A HAZARDOUS WASTE TRANSPORTER PERMIT ☐ ADDITIONAL CATEGORIES (CESQG, D-I-Y USED OIL, UWASTE ETC SEE PG 2) (NON-FEE)

2. REGISTERED SITE

ENTER YOUR EPA ID	USED OIL REGISTRATION NUMBER	
✓✓CR if new, not required	✓✓CR if new, not required	☐ Renew HAZARDOUS WASTE TRANSPORTER PERMIT

ENTER YOUR SITE, BUSINESS, OR INSTALLATION NAME	TN COUNTY
*	✓✓CR if in Tennessee

CURRENT LOCATION ADDRESS - NO P.O. BOX NUMBERS (DIRECTIONS IF NECESSARY)
*

LOCATION CITY	STATE	ZIP	PHONE	FAX	E-MAIL
*	*	*	*		✓ SUG

SEND MAIL TO: LAST NAME	FIRST NAME	MI	TITLE / DEPARTMENT
*	*		*

STREET ADDRESS	CITY	STATE	ZIP
*	*	*	*

3. LOCATION CHANGE ☐ NEW ☐ UPDATE ☐ ORIGINAL LOCATION ADDRESS IS INCORRECT ☐ BUSINESS PHYSICALLY MOVED TO A NEW LOCATION ☐ ADDRESS CHANGED BY 911 EMERGENCY SYSTEM ☐ REZONING / ANNEXATION

4. OWNER CHANGE ☐ NEW ☐ CHANGE OWNER ☐ UPDATE OTHER OWNER INFORMATION

5. NAME CHANGE ☐ NEW ☐ UPDATE

6. TRANSFER EPA ID NUMBER

ENTER EPA ID OF SITE YOU ARE MOVING TO	SITE OR BUSINESS ASSOCIATED WITH EPA ID

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✓SUG =SUGGESTED

ATTACHMENTS AND OTHER REQUESTS

REPORTS / FEES:
- ☐ CHECK IF FEE PAYMENT ATTACHED
- ☐ HAZ WASTE GENERATOR ANNUAL REPORT
  - ☐ CORRECTED ☐ LATE
- ☐ HW TRANSFER FACILITY ANNUAL FEES
- ☐ UNIVERSAL WASTE ANNUAL FEES
- ☐ USED OIL ANNUAL REPORT
- ☐ USED OIL ANNUAL REPORT (CORRECTED)
- ☐ USED OIL ANNUAL REPORT (LATE)
- ☐ USED OIL ANNUAL FEES
- ☐ TSDF ANNUAL FEES
- ☐ TSDF APPLICATION FEES

INFORMATION UPDATES
- ☐ CONTACT PERSON
- ☐ ADD ENVIRONMENTAL ACTIVITY
- ☐ END ENVIRONMENTAL ACTIVITY
- ☐ ADD WASTE STREAM(S)
- ☐ UPDATE WASTE STREAM INFORMATION
- ☐ CLOSE A WASTE STREAM
- ☐ BUSINESS OPERATIONAL STATUS
  CLOSING OR BUSINESS, INTERRUPTION, ETC

SPECIAL REQUESTS:
- ☐ REGULATORY INTERPRETATION
- ☐ PRINTED FORMS
- ☐ SPECIAL ASSISTANCE
- ☐ REQUEST FOR REFUND

OTHER:
- ☐ SUPPLYING REQUESTED DOCUMENT(S)
- ☐ RESPONSE TO ENFORCEMENT
- ☐ 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

FD052114

EPA ID	USED OIL REGISTRATION NUMBER	SITE OR FACILITY NAME
✓✓CR if new, not required	✓✓CR if applicable	*

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

WHERE TO MAIL DOCUMENTS AND CORRESPONDENCE	WHERE TO MAIL PAYMENTS AND FEES:
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	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"

TDEC USE ONLY

FAC ID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	UOP NUMBER	( ) 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

HN - H

REPORT YEAR
✓✓CR ANNUAL RPTS

PERMIT YEAR
✓✓CR TRANSPORTERS

OFFICE USE ONLY

HAZARDOUS WASTE REGISTRATION AND NOTIFICATION

Fields Are Marked As Follows:

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✓SUG =SUGGESTED

1. REGISTRATION INFORMATION

INCOMPLETE APPLICATIONS WILL BE RETURNED

EPA ID NUMBER (IF NEW, LEAVE BLANK)	USED OIL REGISTRATION NUMBER
✓✓CR new registrants will not have an EPA ID	✓✓CR if applicable

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: ✓SUG
LONGITUDE: ✓SUG

CITY	STATE	ZIP	TN COUNTY
*	*	*	✓✓CR (if in Tennessee)

PHONE1	PHONE2	FAX	E-MAIL
*			✓SUG

4. BUSINESS OWNER *

☐ * INDIVIDUAL ☐ * COMPANY

IF CORPORATE OWNER, PROVIDE CORPORATE NAME: ✓✓CR if not an individual
CORPORATE REGION
CORPORATE DISTRICT

LAST NAME	FIRST NAME	MI	TITLE
✓✓CR if not a corporate owner	✓✓CR if not a corporate owner		✓✓CR if not a corporate owner

OWNER MAILING STREET ADDRESS: *
CITY /TOWN / LOCALITY: *

STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
*	*	*

PHONE1	PHONE2	FAX	EMAIL
*		✓SUG	✓SUG

# EMPLOYEES	DATE OWNERSHIP BEGAN	DATE OWNERSHIP ENDED	*OWNER CODE	*LAND CODE	
✓SUG	*	✓✓CR if applicable	*	*	*Federal (F); State (S); Private (P); Indian (I); County (C); Municipal (M); District (D); Other (O)

5. MAILING ADDRESS

SEND MAIL TO THE ATTENTION OF:

LAST NAME	FIRST NAME	MI	TITLE	DEPARTMENT
*	*		✓SUG	✓SUG

BUSINESS MAILING STREET ADDRESS: *
CITY /TOWN / LOCALITY: *

STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
*	*	*

PHONE1	PHONE2	FAX	EMAIL
*			✓SUG

FD052114

EPA ID NUMBER	SITE, BUSINESS, OR INSTALLATION NAME	USED OIL REGISTRATION NUMBER
✓✓ CR if applicable	*	✓✓ CR if applicable

6. HAZARDOUS WASTE TRANSPORTERS ONLY

US DOT or MC/MX NUMBER - HW TRANSPORTERS ONLY

* Section 6 required for 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.

6A. HAZARDOUS WASTE TRANSPORTERS MODES AND CAPABILITIES

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

6B. TRANSFER FACILITIES YOU USE

( ) CHECK HERE IF YOU DO NOT UTILIZE TRANSFER FACILITIES IN TENNESSEE

1	US EPA ID NUMBER	BUSINESS NAME OF TRANSFER FACILITY USED
	✓✓ CR (if you use 1 transfer facility in TN, all fields must be completed for 1)	

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	BUSINESS NAME OF TRANSFER FACILITY USED
	✓✓ CR (if you use 2 transfer facilities in TN, all fields must be completed for 2)	

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	BUSINESS NAME OF TRANSFER FACILITY USED
	✓✓ CR (if you use 3 transfer facilities in TN, all fields must be completed for 3)	

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

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

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HAZARDOUS WASTE ENVIRONMENTAL ACTIVITY NOTIFICATI

A. NOTIFICATION

A.1 ENTER CURRENT EPA ID NUMBER IF NOT REGISTERED, LEAVE BLANK	A.2 USED OIL REGISTRATION NUMBER IF NOT APPLICABLE, LEAVE BLANK	A.3 SITE LOCATION *	A.4 NAICS CODE: (SEE SECTION "C")
✓✓CR fill in if registered	✓✓CR fill in if applicable	☐ WITHIN TN ☐ OUTSIDE TN	*

A.5 SITE, BUSINESS, OR INSTALLATION NAME

*

B. ENVIRONMENTAL ACTIVITY IDENTIFICATION

ACTIVITY	GENERATOR CATEGORIES - CHECK ONE	CHECK ALL THAT APPLY	OTHER REQUIREMENTS
☐ GENERATOR ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED GENERATOR)	☐ **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. ☐ **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. ☐ **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	☐ GENERATOR, WASTEWATER ☐ GENERATOR, EPISODIC (SHORT TERM) ☐ GENERATOR, MIXED WASTE ☐ US IMPORTER ☐ US EXPORTER ☐ COMMERCIAL ☐ NON-COMMERCIAL RECYCLER ☐ HAZARDOUS SECONDARY MATERIALS ☐ COLLEGE OR UNIVERSITY ☐ TEACHING HOSPITAL* ☐ 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** **NF** **WSR** THESE REQUIREMENTS DO NOT APPLY TO "CESQG" STATUS **REQUIRED** DATE ACTIVITY BEGAN ___ / ___ / ___ MM DD YYYY EXAMPLE: 03/25/2012

		OTHER REQUIREMENTS	
☐ TRANSPORTER ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED TRANSPORTER)	*OUT OF STATE SITES MUST POSSESS VALID EPA ID. TN DOES NOT ISSUE EPA IDs FOR OUT OF STATE SITES*	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

		OTHER REQUIREMENTS	
☐ TRANSFER FACILITY ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED TRANSFER FACILITY)	*TRANSPORTERS IDENTIFYING OWNERSHIP FOR SEPARATE TRANSFER FACILITY SITES ARE REQUIRED TO OBTAIN SEPARATE EPA IDs FOR EACH LOCATION* *TSD FACILITIES ARE REQUIRED TO OBTAIN SEPARATE EPA ID FOR HW TRANSFER FACILITY*	EPA ID REQUIRED **YES** ANNUAL REPORT **NO** ANNUAL FEES **YES** PERMIT **NONE** OTHER FORMS **HN, NF**	**REQUIRED** DATE ACTIVITY BEGAN ___ / ___ / ___ MM DD YYYY EXAMPLE: 03/25/2012

FD052114

EPA ID	USED OIL REGISTRATION NUMBER	SITE OR FACILITY NAME
✓SUG	✓SUG	✓SUG

	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	
☐ USED OIL ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED USED OIL)	1. ☐ BURNER 2. ☐ FUEL MARKETER 3. ☐ PROCESSOR / RE-REFINER 4. ☐ TRANSFER FACILITY 5. ☐ TRANSPORTER 6. ☐ COLLECTION CENTER (COMMERCIAL ONLY) 7. ☐ 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**	**REQUIRED** **DATE ACTIVITY BEGAN** ___ / ___ / ___ MM DD YYYY EXAMPLE: 03/25/2012

	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	
☐ TREATMENT STORAGE and DISPOSAL (TSDF) ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED TREATMENT STORAGE ANS DISPOSAL)	☐ RECYCLER ☐ INCINERATOR, BOILER OR INDUSTRIAL FURNACE ☐ UNDERGROUND INJECTION CONTROL ☐ RECEIVER OF HW FROM OFF SITE ☐ POST CLOSURE ONLY ☐ 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***	**REQUIRED** **DATE ACTIVITY BEGAN** ___ / ___ / ___ MM DD YYYY EXAMPLE: 03/25/2012

	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	
☐ UNIVERSAL WASTE ✓✓ CR DATE ACTIVITY BEGAN>>> (IF YOU SELECTED UNIVERSAL WASTE)	1. ☐ DESTINATION FACILITY ☐ LAMP CRUSHER, COMMERCIAL ☐ RECYCLER (ON-SITE) 2. ☐ LARGE QUANTITY HANDLER 3. ☐ SMALL QUANTITY HANDLER *IF YOU CHECKED #2 OR #3 ABOVE, CHECK BELOW ALL THAT YOU MANAGE OR GENERATE* ☐ BATTERIES ☐ PESTICIDES ☐ LAMPS / BULBS ☐ MERCURY CONTAINING EQUIPMENT 4. ☐ TRANSPORTER	EPA ID REQUIRED **YES #1, #2** ANNUAL REPORT **NO** ANNUAL FEES **YES #1** PERMITS **NONE** OTHER FORMS **HN #1, #2** **NF #1, #2**	**REQUIRED** **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

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 (Contacts)

HAZARDOUS WASTE CONTACT NOTIFICATION

ENTER CURRENT EPA ID NUMBER	PROVIDE SITE, BUSINESS, OR INSTALLATION NAME	USED OIL REGISTRATION NUMBER
✓✓ CR if applicable	*	✓✓ CR if applicable

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
✓✓ CR if applicable		

BUSINESS BILLING STREET ADDRESS	CITY /TOWN / LOCALITY
*	*

STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
*	*	*

PHONE 1	PHONE 2	FAX	EMAIL
*			✓ SUG

Fields Are Marked As Follows:

* =REQUIRED

✓✓ CR =CONDITIONALLY REQUIRED

✓ SUG =SUGGESTED

2. MANAGER

☐ PLANT MANAGER ☐ CERTIFYING OFFICIAL ☐ AUTHORIZED REPRESENTATIVE

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
*	*		*	*

CITY /TOWN / LOCALITY	STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
*	*	*	*

PHONE 1	PHONE 2	FAX	EMAIL
*			✓ SUG

3. TECHNICAL CONTACT

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
*	*		*	*

CITY /TOWN / LOCALITY	STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
*	*	*	*

PHONE 1	PHONE 2	FAX	EMAIL
*			✓ SUG

4. EMERGENCY CONTACT

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
*	*		*	*

CITY /TOWN / LOCALITY	STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
*	*	*	*

PHONE 1	PHONE 2	FAX	EMAIL
*			✓ SUG

5. OPERATOR

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
*	*		*	*

CITY /TOWN / LOCALITY	STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
*	*	*	*

PHONE 1	PHONE 2	FAX	EMAIL
*			✓ SUG

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EPA ID NUMBER	SITE, BUSINESS, OR INSTALLATION NAME	USED OIL REGISTRATION NUMBER
✓✓CR if applicable	*	✓✓CR if applicable

6. LICENSE or PERMIT AGENT ✓✓CR (FOR HAZARDOUS WASTE TRANSPORTERS, IF APPLICABLE)

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
✓✓CR Section 6 required for HW Transporters				
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY	ZIP / POSTAL CODE	COUNTRY
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	COUNTRY
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	COUNTRY
PHONE 1	PHONE 2	FAX	EMAIL	

9. PART A OR PART B PERMIT CONTACT 1 ✓✓CR TSD'S IF APPLICABLE

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

10. PART A OR PART B PERMIT CONTACT 2 ✓✓CR TSD'S IF APPLICABLE

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

11. CERTIFICATION *

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

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

USED OIL ANNUAL REPORT

UO - AR

A ANNUAL REPORT FOR *

ATTACH FORM HN-CS COVER SHEET TO ALL FORMS AND CORRESPONDENCE
THIS FORM MUST BE ACCOMPANIED BY FORM NF ALONG WITH YOUR REMITTANCE.
REPORT MUST BE RETURNED BY MARCH 1st

REPORT YEAR *

a. ☐ USED OIL TRANSPORTER
b. ☐ USED OIL TRANSFER FACILITY
c. ☐ USED OIL COLLECTION CENTER
d. ☐ USED OIL MARKETER
e. ☐ USED OIL PROCESSOR / RE-REFINER
f. ☐ OFF-SPEC USED OIL BURNER

B CURRENT DATA

ENTER CURRENT EPA ID NUMBER *

USED OIL REGISTRATION NUMBER *

TDEC OFFICE USE ONLY
FILE #

SITE, BUSINESS, OR INSTALLATION NAME *

C ✓✓CR TRANSPORTER

Based on selections checked in ITEM A

	ON - SPEC	OFF - SPEC
AMT TRANSPORTED TO PROCESSORS	GAL	GAL
AMT TRANSPORTED TO RE-REFINERS	GAL	GAL
AMT TRANSPORTED TO TRANSFER FACILITY	GAL	GAL
AMT TRANSPORTED TO UTILITY BOILERS	GAL	GAL
AMT TRANSPORTED TO INDUSTRIAL FURNACES	GAL	GAL

D ✓✓CR MARKETER

Based on selections checked in ITEM A

AMT RECEIVED	GAL	GAL
AMT MARKETED	GAL	GAL

E ✓✓CR PROCESSOR / RE-REFINER

Based on selections checked in ITEM A

AMT RECEIVED	GAL	GAL
AMT PROCESSED	GAL	GAL
AMT RE-REFINED	GAL	GAL

NOT APPLICABLE

F ✓✓CR BURNER

Based on selections checked in ITEM A

AMT RECEIVED	GAL	GAL
AMT BURNED IN UTILITY BURNER	GAL	GAL
AMT BURNED IN INDUSTRIAL BOILER	GAL	GAL
AMT BURNED IN INDUSTRIAL FURNACE	GAL	GAL

NOT APPLICABLE

G CERTIFICATION

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

FD092313

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
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Nashville, TN 37243

Fields Are Marked As Follows:

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

UO-D

REPORT YEAR
*

USED OIL TRANSPORTER CERTIFICATION

Rule 0400-12-01-.11, requires all Used Oil Transporters in the State of Tennessee to be certified. Drivers who transport used oil must annually submit copies of the front and back of their current commercial drivers license and sign a statement certifying they have read and are familiar with Rule 0400-12-01-.11, the Used Oil Management Standards for Transporters.

USED OIL REG NUMBER	EPA ID NUMBER
*	*

SITE OR BUSINESS NAME
*

DRIVER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
*	*	

DRIVER LICENSE ISSUE DATE	STATE	DRIVER LICENSE EXPIRATION DATE
*	*	*

DRIVER CERTIFICATION

I certify that I have read and am familiar with the Used Oil Management Standards for Transporters in Rule 0400-12-01-.11. I am aware that knowingly giving or causing to be given any false information constitutes a Class C misdemeanor. As specified in T.C.A. § 39-16-702(a)(4), this declaration is made under penalty of perjury.

▶ * SIGNATURE OF DRIVER IDENTIFIED ABOVE

* DATE SIGNED

For more information visit TDEC: http://www.tn.gov/environment/land.shtml Regulations: http://tn.gov/sos/rules/0400/0400-12/0400-12-01/0400-12-01.htm

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 T.C.A. § 39-16-702(a)(4), this declaration is made under penalty of perjury.

▶ * SIGNATURE

* DATE SIGNED

* PRINTED NAME

* TITLE

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

Fields Are Marked As Follows:

* =REQUIRED

✓✓CR =CONDITIONALLY REQUIRED

✓SUG =SUGGESTED

NF

REPORT YEAR ✓✓CR ANNUAL FEES

OFFICE USE ONLY

HAZARDOUS WASTE NOTIFICATION FEES

WHO MAY USE THIS FORM →	FORM MAY BE USED TO:	GET AN EPA ID	PAY ANNUAL FEES
	HW GENERATOR	YES	NO
	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

WHO MAY NOT USE THIS FORM → HW TRANSPORTER (USE FORM TRFDS)

EPA ID CURRENTLY ASSIGNED TO YOU *NEW SITES, LEAVE BLANK*	PROVIDE SITE, BUSINESS, OR INSTALLATION NAME	USED OIL REGISTRATION NUMBER *IF YOU ARE A REGISTERED USED OIL SITE*
✓✓CR new registrants will not have an EPA ID	*	✓✓CR

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	
				IF YOU CHECK BOTH 2A AND 3A THE MAXIMUM FEE IS $150.00			⇨ $ 2A or 3A TOTAL
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	
				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 ⇨ [ ] CODE 575 — X $100.00 EACH ( ) EXISTING SITE ADDING WASTE STREAMS; X $0.00 EACH ( ) NEW SITE IDENTIFY WASTE STREAMS			⇨ $ 4A TOTAL

OFFICE USE ONLY > WS# WS# WS# WS# WS#

✓✓CR IF PAYING ANNUAL FEES>>

YES	YES	✓		ANNUAL MAINTENANCE FEES ⇨ ALSO REQUIRED: 1) AT TIME OF NOTIFICATION AND ANNUALLY THEREAFTER ON DUE DATES GIVEN 2) UPON RELOCATION AND ANNUALLY THEREAFTER ON DUE DATES GIVEN	ANNUAL DUE DATE	CODE	FEE AMOUNT	
			5A	HW TRANSFER FACILITY	DEC 31	572	$850.00	$ 5A TOTAL
			5B	USED OIL TRANSPORTER (TN AND OUT STATE)	MARCH 1	573	$200.00	$ 5B TOTAL
			5C	USED OIL TRANSFER FACILITY	MARCH 1	574	$1000.00	$ 5C TOTAL
			5D	USED OIL PROCESSOR / RE-REFINER	MARCH 1	571	$2000.00	$ 5D TOTAL
			5E	UNIVERSAL WASTE DESTINATION FACILITY	MARCH 1	570	$2000.00	$ 5E TOTAL

MAKE PAYABLE TO: "TREASURER, STATE OF TENNESSEE"

PAY THIS AMOUNT ▶ $ *

GRAND TOTAL
ADD CATEGORY TOTALS

CERTIFICATION

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

TDEC OFFICE USE ONLY

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

FD052114