



**ANNUAL HAZARDOUS WASTE TREATMENT, STORAGE,
 AND DISPOSAL FACILITIES FEE DETERMINATION**

GIA NUMBER

TSD
 REPORT YEAR

US EPA ID NUMBER	SITE, BUSINESS, OR INSTALLATION NAME
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IS THIS A FEDERAL FACILITY? YES NO

PART 1 – TREATMENT AND STORAGE **(REFER TO RULE 1200-1-11-.08(4)(b))**

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 \$6,000 ON LINE 5
- IF LINE 1 IS **YES** AND LINE 2 IS GREATER THAN ZERO, ENTER \$10,000 ON LINE 5
- IF LINE 1 IS **NO** AND LINE 1A IS **YES**, ENTER \$6,000 ON LINE 5
- IF LINE 1 IS **YES** AND LINE 1A IS **YES**, ENTER \$10,000 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 \$4,000 ON LINE 6
- IF LINE 1 IS **YES** AND LINE 4 IS **NO** AND LINE 5 IS ZERO, ENTER \$8,000 ON LINE 6
- IF LINE 1B IS **YES**, LINE 1 IS **NO**, LINE 3 IS ZERO AND LINE 5 IS ZERO, ENTER \$4,000 ON LINE 6
- IF LINE 1B IS **YES**, LINE 1 IS **YES**, LINE 3 IS ZERO AND LINE 5 IS ZERO, ENTER \$8,000 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	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
ENTER AMOUNT ON LINE 7 IF LINE 1 IS YES :	\$0	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000

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	\$1,000	\$1,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
ENTER AMOUNT ON LINE 8 IF LINE 1 IS YES :	\$0	\$2,000	\$3,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000

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 \$12,500, WHICHEVER IS LESS, ON LINE 10 AND ON LINE 50
- IF LINE 1 IS **YES**, ENTER THE AMOUNT OF LINE 9 OR \$25,000, WHICHEVER IS LESS, ON LINE 10 AND ON LINE 50

(TOTAL HAZARDOUS WASTE TREATMENT AND STORAGE FEE)

LINE 10

PART 2 – DISPOSAL

(REFER TO RULE 1200-1-11-.08(4)(b))

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 \$6,000 ON LINE 17
- IF LINE 11 IS **COMMERCIAL**, ENTER \$12,000 ON LINE 17

(HAZARDOUS WASTE DISPOSAL BASE FEE)

LINE 17

MULTIPLY LINE 12 BY \$500 FOR NON-COMMERCIAL OR BY \$1,000 FOR COMMERCIAL

LINE 18

MULTIPLY LINE 13 BY \$500 FOR NON-COMMERCIAL OR BY \$1,000 FOR COMMERCIAL

LINE 19

MULTIPLY LINE 14 BY \$500 FOR NON-COMMERCIAL OR BY \$1,000 FOR COMMERCIAL

LINE 20

MULTIPLY LINE 15 BY \$500 FOR NON-COMMERCIAL OR BY \$1,000 FOR COMMERCIAL

LINE 21

MULTIPLY LINE 16 BY \$1.00 FOR NON-COMMERCIAL OR BY \$1.00 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 \$15,000 WHICHEVER IS SMALLER ON LINE 24 AND ON LINE 51
- IF LINE 11 IS **COMMERCIAL**, ENTER THE AMOUNT ON LINE 23 OR \$50,000 WHICHEVER IS SMALLER ON LINE 24 AND ON LINE 51

(TOTAL HAZARDOUS WASTE DISPOSAL FEE)

LINE 24

PART 3 – POST CLOSURE

(REFER TO RULE 1200-1-11-.08(4)(b))

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 \$3,000 AND ENTER ON LINE 27 (POST CLOSURE BASE FEE)	LINE 27
MULTIPLY LINE 26 BY \$1,000 AND ENTER ON LINE 28 (REMEDATION 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

(REFER TO RULE 1200-1-11-.08(4)(b))

IF YOU CONDUCTED CORRECTIVE ACTION ACTIVITIES FOR SOLID WASTE MANAGEMENT UNITS AT YOUR FACILITY DURING THE REPORTING YEAR UNDER TENNESSEE RULE 1200-1-11-.06(6)(l) AND -.07(5)(e), 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?	YES	NO	LINE 30
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DID YOU CONDUCT ANY OF THE FOLLOWING ACTIVITIES DURING THE REPORTING YEAR?			
• CONFIRMATORY SAMPLING	YES	NO	LINE 31
• RCRA FACILITY INVESTIGATION	YES	NO	LINE 32
• CORRECTIVE MEASURES.....	YES	NO	LINE 33
• INTERIM MEASURES.....	YES	NO	LINE 34
• IF YOU ANSWERED YES TO ANY OF THE ABOVE (LINES 30 THROUGH LINE 34), ENTER \$5,000 ON LINE 35			
• IF NOT, ENTER \$0 ON LINE 35			
(CORRECTIVE ACTION ACTIVITIES BASE FEE)			LINE 35
• IF LINE 31 IS YES , ENTER \$2,000 ON LINE 36			
• IF LINE 31 IS NO , ENTER \$0 ON LINE 36			
(CONFIRMATORY SAMPLING FEE)			LINE 36
• IF LINE 32 IS YES , ENTER \$4,000 ON LINE 37			
• IF LINE 32 IS NO , ENTER \$0 ON LINE 37			
(RCRA FACILITY INVESTIGATION FEE).....			LINE 37
• IF LINE 33 IS YES , ENTER \$3,000 ON LINE 38			
• IF LINE 33 IS NO , ENTER \$0 ON LINE 38			
(CORRECTIVE MEASURES FEE)			LINE 38
• IF LINE 34 IS YES , ENTER \$2,000 ON LINE 39			
• IF LINE 34 IS NO , ENTER \$0 LINE 39			
(INTERIM MEASURES FEE)			LINE 39
ADD LINES 35 THROUGH 39 AND ENTER ON LINE 40 AND ON LINE 53			
(TOTAL CORRECTIVE ACTION FEE)			LINE 40

PART 5 – TIPPING FEES

(POUNDS = KILOGRAMS X 2.2046)

(REFER TO RULE 1200-1-11-.08(8))

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	LINE 41
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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

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)

LINE 43

ADD LINES 42 AND 43
(EXEMPTIONS TO TIPPING FEES)

LINE 44

SUBTRACT LINE 44 FROM LINE 41

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	\$1,000	\$4,000	\$7,000	\$10,000	\$15,000	\$20,000	\$25,000

FROM TABLE-III ABOVE
(TOTAL TIPPING FEE)

LINE 46

PART 6 – OUT-OF-STATE GENERATOR OFFSITE SHIPPING FEE (REFER TO RULE 1200-1-13-.03(1)(C) 3)

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

LINE 47

MULTIPLY LINE 47 BY 0.02
(2% DEDUCTION ALLOWED FOR COLLECTING AND REMITTING THIS FEE IF PAYMENT SUBMITTED ON TIME) .

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)

LINE 49

PART 7 – FEES

TOTAL HAZARDOUS WASTE TREATMENT AND STORAGE FEE (FROM LINE 10) ▶ E21 LINE 50

TOTAL HAZARDOUS WASTE DISPOSAL FEE (FROM LINE 24) ▶ E17 LINE 51

TOTAL HAZARDOUS WASTE POST CLOSURE FEE (FROM LINE 29) ▶ E50 LINE 52

TOTAL CORRECTIVE ACTION FEE (FROM LINE 40) ▶ E49 LINE 53

TOTAL TIPPING FEE (FROM LINE 46) ▶ E46 LINE 54

TOTAL SUPERFUND OUT-OF-STATE GENERATOR OFFSITE SHIPPING FEE (FROM LINE 49) ▶ E27 LINE 55

TOTAL – PAY THIS AMOUNT ▶
(ADD LINES 50 THROUGH 55 FOR TOTAL)

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 GIA NUMBER OR EPA ID NUMBER ON THE CHECK**

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, CONTACT YOUR AREA DIVISION OF SOLID WASTE MANAGEMENT REPRESENTATIVE. ([SEE MAP & LISTINGS](#))