

# SOLID WASTE PART I APPLICATION

Tennessee Department of Environment and Conservation  
Division of Solid Waste Management



1. a. Facility's full, legal name		Official Use Only		
b. Mailing address		City	State	Zip Code
2. a. Physical location or address of facility			County	
b. Latitude (degrees, minutes, and seconds)		Longitude (degrees, minutes, and seconds)		
3. a. Responsible official's name		Phone number with area code (     )		
4. Manager's or Operator's name		Phone number with area code (     )		
5. a. Landowner's name		Phone number with area code (     )		
b. Mailing address		City	State	Zip Code
6. a. Zoning authority's name*		Current zoning status	Phone number with area code (     )	
*see instruction on back				
b. Mailing address		City	State	Zip Code
7. Type of facility: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Class V <input type="checkbox"/> Class VI <input type="checkbox"/> Compost				
8. Site acreage		Fill acreage		
9. Type(s) of waste handled: <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Demolition <input type="checkbox"/> Medical <input type="checkbox"/> Yard Waste <input type="checkbox"/> Other _____				
10. Amount of waste handled: Weight _____ tons/day      Volume _____ cubic yards/day				
11. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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.				
Date _____		Signature of Responsible Official _____		
		Official Title _____		
		Signature of Notary _____		
(Notary Seal)		Date Commission Expires _____		
12. Date _____      Signature of Landowner _____				

## INSTRUCTIONS FOR SOLID WASTE PART I APPLICATION

Complete this form for each facility that is disposing or composting solid waste in Tennessee. If multiple facilities exist or are planned, describe each facility and its wastes on a separate form. **Submit completed documents to the respective field office in your area.**

Facilities beginning operation after the effective date of this rulemaking, must submit this form along with the required information [1200-1-7-.02(2)(d)].

- Line 1 a. **Facility's full, legal name** – Give the applicant's full, legal name for this site to distinguish it from any other site the applicant or organization may own or operate in Tennessee. **Identification Number** - leave blank for Division usage.
- b. **Mailing address** – Give a complete mailing address for applicant or organization.
- Line 2 a. **Physical location or address of facility** – Give information which will aid the Division in going to the site/facility. Do not give a Post Office Box Number.
- b. Supply the **latitude** and **longitude** of the site with the precision of degrees, minutes and seconds. Latitude and longitude may be found by using a U. S. Geological Survey quadrangle map.
- Line 3 **Responsible official's name** – Give the name and phone number of the person who the Division may contact for further information about the contents of this form.
- Line 4 **Manager's or Operator's name** – Give the name and phone number of the manager or person who is responsible for the direction of activities at the site/facility.
- Line 5 a. **Landowner's name** – Give the person(s) or organization name(s) and phone number(s) of the immediate owner(s) of the property [attached letter from landowner(s) as required by Rule 1200-1-7-.02(2)(d)1.(iv)].
- b. **Mailing address** – Give a complete mailing address for landowner.
- Line 6 a. **Zoning authority's name** – Give the name and phone number of the zoning authority plus the current zoning status of the property. Also, attach a statement whether this facility is subject to local approval as provided at TCA 68-211-701 (the Jackson Law) and a statement whether the facility is subject to a solid waste regional approval as provided at TCA 68-211-814(b)(1)(D). If such local approval is required, demonstration of that approval should be attached.
- b. **Mailing address** – Give a complete mailing address for the zoning authority.
- Line 7 **Type of facility** – Check the type of facility to be operated at this site.
- Line 8 **Site acreage** – Give total acreage of the property.  
**Fill acreage** – Give the acreage within the proposed fill area (footprint).
- Line 9 **Type(s) of waste handled** – Check the type(s) of waste to be handled at the facility. If the waste type is not listed, check "other" and briefly describe the source or characteristics of the solid waste.
- Line 10 **Amount of waste handled** – Provide an estimate of the daily weight in tons/day and/or volume in cubic yards/day that will be handled at the facility.
- Line 11 **Certification** – After all documents have been compiled for submission to the Division, the manager or owner responsible for the site must sign, date and give title. This signature must be notarized.
- Line 12 **Date** – The landowner must sign and date the application.