

TMMC ADVANCE SHIPMENT SUMMARY FORM

Generator: _____ TN License for Delivery No: _____

Shipment Weight: _____ Total Activity (mCi): _____

Highest Contact Dose Rate: _____ SNM Grams: _____

A) Is the waste subject to LLRW Compact Export Approval?: Yes No
The following states require permits: AR, AZ, CA, CO, KS, LA, NV, NM, ND, OK, and SD

(If yes, list generators and attach permits.) _____

B) Material Properties: WASTE RECYCLABLE

1. Physical State: Solid Semi-Solid Powder/Dust Free Liquid Other: _____

2. Flash Point (°F): ≤ 72° >72° - 100° >100° - 140° >140° - 200° > 200° N/A N/D

3. Reactivity: Water Reactive Acid Reactive Alkaline Reactive Oxidizer Pyrophoric
 Explosive Shock Sensitive Thermally Sensitive Autopolymerizable

4. Odor - describe: _____ None Mild Strong

5. pH: ≤ 2 2.1 - 5.0 5.1 - 9.0 9.1 - 12.4 ≥ 12.5 N/A N/D

6. Contains Asbestos: Yes No If Yes, Is the Asbestos Friable?: Yes No

C) Does the material contain, or is it suspected to contain any of the following:

Free Cyanide Free Sulfide Organic Compounds OSHA Substances Infectious Agents
 Virgin Oils Used Oils PCBs Oxidizing Agents Solvents
 Pesticides Reducing Agents Volatile Organics Herbicides None of the Above

FOR WASTE MATERIAL

D) Is this waste a characteristic hazardous waste per 40 CFR 261.21 - 24? Yes No

Has a TCLP analysis been performed? Yes No (If yes, provide results.)

E) Is this waste an F, K, P, or U Listed hazardous waste per 40 CFR 261.31-33? Yes No N/A

F) Is this waste derived from the treatment, storage or disposal of hazardous waste as described in 40 CFR 261?

Yes No If yes, explain: _____

G) Is this a "Hazardous Waste" as defined by State, Provincial, or Local Regulations? Yes No

If yes, enter the waste identification number, if one has been assigned: _____

H) If the waste is a sewer sludge, has analyses been performed in accordance with 40 CFR 503.8 Yes No
(If yes, please submit a copy of the analyses.)

If no, explain why sampling has not been performed: _____

FINAL DISPOSITION OPTIONS

<input type="checkbox"/> Energy Solutions	<input type="checkbox"/> Conditional Release (e.g., VCFD)	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Unrestricted Release *	<input type="checkbox"/> Recycle/Reuse *	*Surface Contamination only. No activated materials permitted.

CONTAINERS

<input type="checkbox"/> TMMC-Owned Containers or Dispose of Containers	<input type="checkbox"/> Containers to Be Returned to: _____ *
*Disposition: <input type="checkbox"/> Rad Empty <input type="checkbox"/> Return to Service <input type="checkbox"/> Unrestricted Release <input type="checkbox"/> Other _____	

Special Instructions: _____

Customer's certification: I certify that all information submitted on this form is complete and accurate and that waste being offered is in compliance with the TMMC Waste Acceptance Criteria (WAC).

Customer Representative Printed Name _____ Signature _____ Title _____

Approved By: _____ Date: _____ Shipment Number: _____

Please fax information to TMMC @ 865-482-5605. Phone: 865-482-5532. To expedite our review, please attach any laboratory analyses results, material safety data sheets and any additional information regarding this material.