



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

SOLID WASTE PART I APPLICATION

RESET

PRINT

1. TYPE OF FACILITY		2. TYPE(S) OF WASTE HANDLED		3. AMT HANDLED	TDEC USE ONLY
<input type="checkbox"/> CLASS I	SITE ACREAGE 0.34 ac	<input type="checkbox"/> MUNICIPAL	<input type="checkbox"/> DEMOLITION	WEIGHT, TONS / DAY	FACILITY LOCATION COUNTY Hardeman
<input type="checkbox"/> CLASS II		<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MEDICAL		
<input type="checkbox"/> CLASS III	FILL ACREAGE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> YARD WASTE	VOLUME, CU YDS / DAY	LATITUDE (DECIMAL DEGREES) N 35.395974
<input checked="" type="checkbox"/> COMPOST		<input checked="" type="checkbox"/> OTHER (SPECIFY): waste from deer processing			
4. FACILITY INFORMATION					
FULL LEGAL NAME OF FACILITY TWRA Composting Site - Chickasaw					
PHYSICAL LOCATION ADDRESS (GIVE DIRECTIONS IF NECESSARY) 3820 Big Springs Rd					
CITY Madon					
STATE TN					
ZIP 38356					
FACILITY MAILING ADDRESS 200 Lowell Thomas Dr					
CITY Jackson					
STATE TN					
ZIP 38301					
5. CONTACT PERSONS					
FACILITY MANAGER OR SITE OPERATOR Jeremy Dennison					
(AREA CODE)+PHONE 731-234-0107					
EMAIL jeremy.dennison@tn.gov					
RESPONSIBLE OFFICIAL 200 Lowell Thomas Dr					
(AREA CODE)+PHONE Jackson					
CITY Jackson					
STATE TN					
ZIP 38301					
RESPONSIBLE OFFICIAL MAILING ADDRESS State of Tennessee					
CITY Jackson					
STATE TN					
ZIP 38301					
LANDOWNER NAME State of Tennessee					
(AREA CODE)+PHONE					
EMAIL					
LANDOWNER MAILING ADDRESS					
CITY					
STATE					
ZIP					
LANDOWNER SIGNATURE					
LANDOWNER SIGNATURE					
LANDOWNER SIGNATURE					
DATE					
6. ZONING AUTHORITY AND LOCAL APPROVAL					
ZONING AUTHORITY NAME					
ZONING STATUS					
(AREA CODE)+PHONE					
EMAIL					
ZONING AUTHORITY MAILING ADDRESS					
CITY					
STATE					
ZIP					
FOR ALL CLASS I & CLASS III FACILITIES:					
DATE APPLICATION SENT TO MUNICIPAL SOLID WASTE PLANNING BOARD (IF APPLICABLE) →					
IS THIS FACILITY SUBJECT TO "THE JACKSON LAW"? <input type="checkbox"/> YES <input type="checkbox"/> NO					
7. CERTIFICATION REQUIRED					
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 RESPONSIBLE OFFICIAL Jeremy Dennison					
TITLE CWD Field Coordinator					
SIGNATURE OF NOTARY Nicki Davis					
PRINTED NAME Jeremy Dennison					
DATE SIGNED 5/12/21					
DATE COMMISSION EXPIRES 3/12/2024					



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 DOCUMENT(S) TO THE RESPECTIVE FIELD OFFICE IN YOUR AREA.

1. TYPE OF FACILITY

CHECK TYPE OF FACILITY AND PROVIDE SITE ACREAGE AND FILL ACREAGE

2. TYPE(S) OF WASTE HANDLED

CHECK TYPE(S) OF WASTE HANDLED AT THIS FACILITY

3. AMT HANDLED

PROVIDE AN ESTIMATE OF THE DAILY WEIGHT (IN TONS) AND/OR VOLUME (IN CU YARDS/DAY) THAT WILL BE HANDLED AT THE FACILITY.

4. FACILITY INFORMATION

FULL LEGAL NAME OF FACILITY

ENTER THE FULL LEGAL NAME FOR THIS SITE TO DISTINGUISH IT FROM ANY OTHER SITE THE APPLICANT OR ORGANIZATION MAY OWN OR OPERATE IN TENNESSEE.

PHYSICAL LOCATION

INFORMATION (ADDRESS, DIRECTIONS) THAT WILL AID IN FINDING THIS SITE (NO PO BOX NUMBERS) PROVIDE COUNTY WHERE SITE IS LOCATED. PROVIDE LATITUDE AND LONGITUDE FOR SITE LOCATION IN DECIMAL DEGREES.

FACILITY MAILING ADDRESS

PROVIDE COMPLETE MAILING ADDRESS FOR THIS SITE

5. CONTACT PERSONS

NAME OF FACILITY OR SITE MANAGER OR SITE OPERATOR

NAME AND PHONE NUMBER OF PERSON WHO IS RESPONSIBLE FOR THE DIRECTION OF ACTIVITIES AT THIS SITE

RESPONSIBLE OFFICIAL

PERSON AUTHORIZED TO COMPLETE THIS APPLICATION AND WHO MAY BE CONTACTED BY TDEC FOR ANY FURTHER INFORMATION.

LANDOWNER NAME

PERSON(S) OR ORGANIZATION(S) OF THE IMMEDIATE PROPERTY OWNER(S). ATTACH LETTER FROM LANDOWNER(S).

LANDOWNER SIGNATURE(S)

LANDOWNER(S) MUST SIGN AND DATE APPLICATION

6. ZONING AUTHORITY AND LOCAL APPROVAL

GIVE THE NAME AND PHONE NUMBER OF THE ZONING AUTHORITY PLUS THE CURRENT ZONING STATUS OF THE PROPERTY. PROVIDE THE COMPLETE MAILING ADDRESS OF THE ZONING AUTHORITY. ATTACH A STATEMENT WHETHER THIS FACILITY IS SUBJECT TO LOCAL APPROVAL AS PROVIDED BY TCA 68-211-701 (THE JACKSON LAW) OR PROVIDE JUSTIFICATION IF IT IS NOT. IF SUCH LOCAL APPROVAL IS REQUIRED, DEMONSTRATION OF THAT APPROVAL SHOULD BE ATTACHED. PROVIDE A STATEMENT WHETHER THE FACILITY IS SUBJECT TO A SOLID WASTE REGIONAL APPROVAL AS PROVIDED BY TCA 68-211-814(b)(1)(D). IF THIS APPLICATION IS SUBJECT TO THIS PROVISION, ATTACH STATEMENT THAT THE PART I APPLICATION WAS SENT TO THE BOARD AND THE DATE IT WAS SENT.

7. CERTIFICATION REQUIRED

AFTER ALL DOCUMENTS HAVE BEEN COMPILED FOR SUBMISSION TO THE DIVISION, THE MANAGER OR OWNER RESPONSIBLE FOR THE SITE MUST SIGN THE CERTIFICATION AND GIVE DATE AND TITLE. THIS SIGNATURE MUST BE NOTARIZED.

TDEC OFFICE USE ONLY

REVIEWER'S SIGNATURE

DATE

NOTES



State of Tennessee
Department of Environment and Conservation
Division of Solid Waste Management - Solid Waste Program
312 Rosa L. Parks Avenue, 14th Floor
Nashville, TN 37243

APPLICANT DISCLOSURE STATEMENT

INSTRUCTIONS: Maintain a copy of your disclosure statement for your records. Submit the disclosure statement and supporting documentation to the address above.

1. APPLICANT'S COMPLETE NAME Jeremy Scott Dennison
NAME OF APPLICANT'S BUSINESS Tennessee Wildlife Resources Agency
STATE OF INCORPORATION (if applicable) _____
FEDERAL TAX I.D. NUMBER _____
BUSINESS ADDRESS _____
MAILING ADDRESS 200 Lowell Thomas Dr Jackson TN 38201

2. Give a brief description of the structure of the business (e. g.. partnership, sole proprietorship, corporation, association).
3. List the names, addresses, and titles of all officers, directors or partners of the applicant, of any parent or subsidiary corporation if the applicant is a corporation, and of any person owning 10% or more interest in the applicant company.
4. List the name and address of all facilities in the field of solid or hazardous waste management in which the applicant business or any of its officers, directors, or partners, holds a 10% or greater interest and the name of the officer, director or partner holding such interest.
5. List the names of all key personnel, including titles and positions held.
6. List all permits and licenses relating to solid and/or hazardous waste management presently held by the applicant(s), including facility name, location, permit or license number and name of issuing authority or agency.
7. List all permits and licenses relating to solid and/or hazardous waste management presently held by the applicant(s) within the last ten (10) years not listed previously. Include facility name, location, permit or license number and name of issuing authority or agency.
8. List the name and address of solid and/or hazardous waste facilities constructed and operated by any parent or subsidiary corporation, if the applicant is a corporation.
9. List all judicial and/or administrative orders issued for the violations of any state or federal environmental protection law which resulted in a fine or penalty within the five (5) year period immediately preceding the submission date of the applicant's permit application. Include in the description:
 - a. the style of the complaint
 - b. the case file number
 - c. the forms in which the complaint was filed
 - d. the identity of each state or federal agency involved with or named in the complaint
 - e. the amount of the fine(s) or penalty(s)
 - f. whether the fine or penalty has been paid
 - g. the identity and description of each law or regulation violated or alleged to have been violated and upon which fine(s) or penalty(s) is/are based
 - h. state whether the fine was the result of a settlement or agreed order, an administrative order or a court judgment
 - i. if litigation is ongoing, describe any orders or judgments entered and describe the current status of litigation

- j. explain all corrective action measures performed to correct or mitigate the violations
10. List and explain all revocations, suspensions or denials of a license, permit, or equivalent authorization, which was issued within the past ten (10) years by any government entity and was issued pursuant to law, rule, or regulation relative to the collection, transportation, treatment, storage, or disposal of solid or hazardous waste. Include the date of the revocation, suspension, or denial and the name of the issuing agency or authority.
11. List and describe all criminal felony convictions entered against the applicant for the violation of any state or federal environmental protection law or regulation within the ten (10) years preceding the submission date of applicant's permit application. Include in the description:
- a. the style of the case
 - b. the case file number
 - c. the forum in which the conviction was entered
 - d. the date of judgment
 - e. the sentence imposed
 - f. the identity and a description of each law applicant was convicted of violating
 - g. whether the conviction was the result of a plea agreement of a trial
 - h. if currently on appeal, the status of the appeal

An individual, by executing this document on behalf of a corporation or other entity, certifies that she or he is duly authorized as defined in Rule 0400-11-01-.02(2)(a)7. and 8., to act on behalf of the corporation or other entity and provide the information contained herein.

I certify under penalty of law that this document and all attachments were prepared by me, or 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, and 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.

PRINT NAME Jeremy Dennison

TITLE CWD Field Coordinator

SIGNATURE Jeremy Dennison DATE 5/12/21

STATE OF Tennessee

COUNTY OF Madison

Subscribed and sworn to before me by Jeremy Dennison this the

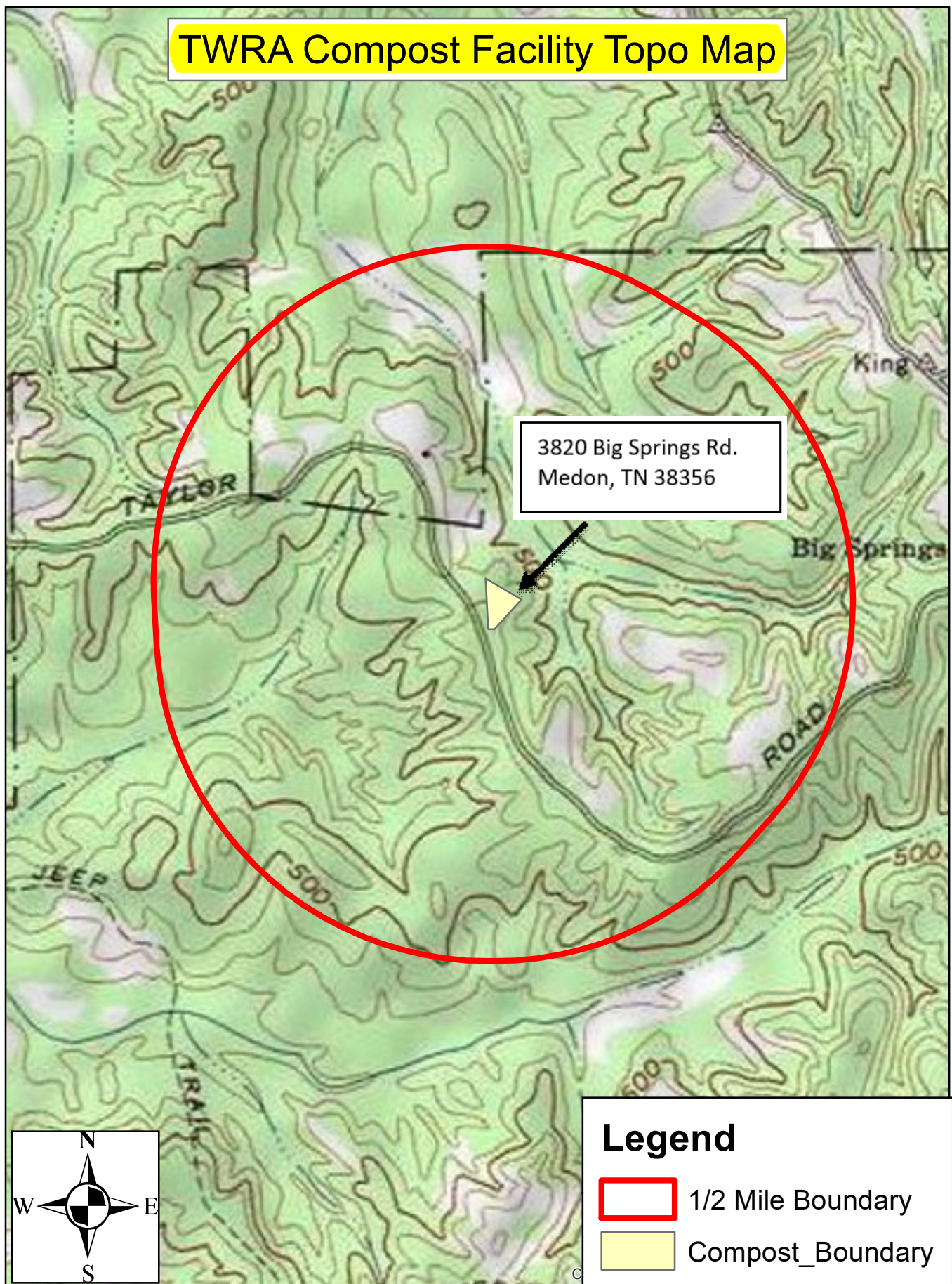
12 day of May, 20 21.



Nicki Davis
NOTARY PUBLIC

Any person who knowingly makes a false statement under oath or makes a false statement on an official document shall be guilty of a Class A misdemeanor, and upon conviction thereof shall be punished by a fine not to exceed TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500.00) or by imprisonment of not greater than eleven (11) months twenty-nine days, or by both fine and imprisonment.

TWRA Compost Facility Topo Map



A search of TDEC's Division of Water Resources Water Wells database found no wells within a ¼ mile radius of the proposed composting site.

