IMPACT ETTP Location Pre-Shipment Acceptance Form

ETTP Bldg K-1310MP West Perimeter Road (entrance 8 off Hwy 58 at Birchfield Drive) Oak Ridge, TN 37830

GPS Location N 35° 56.392' W 084° 24.494'

Signature			**Pre-Shipment Approval Number**		
Impact Waste Tracking Manager or Designee		**Date**			
1. Broker/ Shipper Name		**9. Broker/Shipper Telephone**			
2. Generator		**10. Broker/Shipper Email or Fax**			
3. Carrier		**11. Manifest Number(s)**			
5. Ship Date		**12. Proper Shipping Name**			
6. Est. Arrival Date		**13. TN License for Delivery Number**			
7. Contract/PO No.					
8. List all special quotes associated with the shipment below					

14. Summary of Entire Shipment (computer generated summary to include nuclide and activity per nuclide may be used)

Nuclide	Activity		Nuclide	Activity		Nuclide	Activity	
		mCi			mCi			mCi
		mCi			mCi			mCi
		mCi			mCi			mCi
		mCi			mCi			mCi
		mCi			mCi			mCi
		mCi			mCi			mCi
		mCi			mCi	**Total**		**mCi**

15. Total SNM for Shipment gms		**16. Total Source for Shipment kgs**	
17. Max Container Gross Volume		**18. Max Container Weight Lbs**	
19. Max Container Dose Rate (mRem/hr)		**20. Container Inventory Attached**	**YES** [xx] **NO** [ ] **NA** [x]
21. Container Type and Number (if no more than 2 containers in shipment)		**(inventory to include container type e.g., sealand, 55 gallon drum, B25 Box, etc., and number and type of each)**	
22. Estimated Bonded Storage Use (Impact Use Only)			
23. Are you exporting from the Rocky Mountain Compact ?		**YES** [x] **NO** [ ] **NA** [x]	
24. If yes, include export permit numbers and expiration dates?			
25. Are you declaring any part of this waste to be NORM, NARM or exempt ?		**YES** [x] **NO** [ ] **NA** [x]	
26. If yes, do you have a determination letter ?			

27. End Disposition and Process (check all that apply, specify in space provided below, and include permit numbers if applicable)

Free Release	[ ]	**BSFR/VCD**	[ ]	**Pyrolysis**	[ ]
OREX	[ ]	**Compaction**	[ ]	**Other (specify)**	[ ]
US Ecology	[ ]	**WA St. Site Use Permit #**		**US Ecology Generator #**	
Barnwell	[ ]	**Access Fee Contract #**		**SC Transport Permit #**	
EnergySolutions Clive	[ ]	**Southwest Commision Permit #**		**Central Interstate Commision Permit #**	
Thermal Destruction	[ ]	**(No disposal volume after processing)**		**Other** [xxx] **specify** _____	

28. I hereby certify this form is complete to the best of my knowledge.

Shipper Signature: _____ Date: _____

Shipper Name (Print): Phone/email: _

This form is to be completed and sent to IMPACT Waste Services via email or fax, at least 3 days prior to departure of your shipment.
If shipment arrives without a pre-shipment approval number, it may result in excessive delays and demurrage or possible shipment return.

email: bob.denne@impactservicesinc.com, holly.garrett@impactservicesinc.com fax: 865-576-8699