

# INSTRUCTIONS FOR GEORGIA PART A APPLICATION

This is Part A, the first part of an application for a hazardous waste permit for a Georgia facility to perform treatment, storage, or disposal of hazardous waste. If you have questions not addressed by these instructions, or if you are a new or proposed facility preparing its initial application, please contact the Hazardous Waste Management Branch at 404-656-2833 or 404-656-7802.

Please provide answers to all questions included on the forms; if a question does not apply, please indicate with "N/A" or other appropriate response. If you desire to highlight changes from a previous Part A, please do so by a vertical bar in the right margin; colored markers do not photocopy well. It is not required that changes be highlighted.

The application and its instructions are available in electronic format upon request. The form may not be filed electronically - an original document with an original signature is required. Unless you have been specifically instructed otherwise, please return the completed application to:

Mark Smith, Chief  
Hazardous Waste Management Branch  
Georgia Environmental Protection Division  
2 Martin Luther King Jr. Drive, SE, Suite 1154  
Atlanta, Georgia 30334

## LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE APPLICATION:

### HANDLER INFORMATION:

EPA ID Number: Please copy carefully - there must be twelve characters. The first two must be the letters GA, which is the postal code for Georgia. If you do not have an EPA ID Number, please contact the Hazardous Waste Management Branch for instructions.

Facility Name: Include "Inc.," "Chemical Division," etc., as appropriate, including all foreign-language punctuation.

Facility Location Address: The physical location of the facility, using the official county EMA address for your location. Be descriptive - state, for example, "East end of Po-Biddy Road," not "near town," if no street address is available. County Road numbers are acceptable.

City, State, ZIP, County : Use the exact name of the post office. Use ZIP+4 code if available. If the facility is located in two or more counties, choose the one in which the primary permitted activity, or the facility headquarters, is located; include others in parentheses. Do not use "unincorporated" as the city name - use the official county EMA address city if available.

Land Type: Current ownership status of the land on which the facility is located.

M - Municipal F - Federal P - Private S - State I - Indian C - County

O - Other - not Indian land, but further information is unknown. If you use "O" for land type, a narrative explanation must be attached.

Facility Existence Date: The date that operation of the facility began or is expected to begin, or that construction of the facility commenced, or that the owner took ownership.

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Facility Latitude and Longitude: Use the best information available, from a site survey if possible, from Global Positioning System data, or from interpolation of latitude and longitude from USGS topographic maps. Use those values which correspond to the center of the permitted unit; if more than one exists, choose one and note which unit is used as the center. If applicable, use the same unit chosen for location county above. Round to the nearest second.

Facility Mailing Address: Include post office substation ("Station N"), if appropriate.

City, State, ZIP: Use the exact name of the post office. Use ZIP+4 code if available.

Contact and Contact Telephone: The facility plant manager or environmental manager, as appropriate. Contact need not be the same as facility emergency coordinator.

Mailing/location/other address?: Underline the address type of the facility contact.

Contact Address, City, State, ZIP: Need only be completed if the contact is at another location.

OPERATOR INFORMATION:

Name of Operator: Legal name of the person, firm, public organization, or other entity that operates the facility; usually the corporate name at the site. For Department of Defense or Coast Guard facilities, the base commander is the operator and may be identified by title, such as "Commanding Officer."

Operator Type: The legal status of the facility operator. Choices are the same as for land type.

Operator Street Address, City, State, ZIP: As above.

Current/Previous and Change Date: Indicate whether data is associated with Current Operator ("CP") or Previous Operator ("PP"). Indicate the date operator changed. Provide, in an attachment, this information for all previous facility operators.

OWNER INFORMATION:

Name of Owner: Legal name of the person, firm, public organization, or other entity that owns the facility; usually the parent corporate name. For Department of Defense or Coast Guard facilities, the base commander is the owner and may be identified by title, such as "Commanding Officer."

Owner Type: The legal status of the owner of the facility. Choices are the same as for land type.

Owner Street Address, City, State, ZIP: As above.

Current/Previous and Change Date: Indicate whether data is associated with Current Owner ("CO") or Previous Owner ("PO"). Indicate the date ownership changed. Provide, in an attachment, this information for all previous facility owners.

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**BUSINESS INFORMATION:**

NAICS Code Information: Choose one NAICS code as primary, and provide its narrative description. Add all secondary codes as appropriate, without description.

Brief Description of Business at Facility Site: Provide a short narrative outlining the nature of the primary business at the site of the permitted activity. For example, a paper mill might provide "Production of linerboard and corrugated cardboard by the Kraft process; direct printing of customer packaging." It is not necessary to include the permitted hazardous waste activity unless you are a commercial or captive off-site handler of hazardous wastes.

Closed Hazardous Waste Management Units: Provide a brief description of those closed hazardous waste units not subject to a post-closure care permit. Include dates of operation, of closure certification, and of clean-closure equivalency demonstration; indicate estimated dates as such.

Topographic Map, Scale Drawing, and Photograph: Attach to the application the following:

1. A topographic map extending one mile beyond the property boundary, depicting water intake and discharge structures; each hazardous waste treatment, storage, or disposal unit; each UIC well; wells, springs, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within ¼ mile of the facility property boundary. USGS 7.5-minute series topographic or orthophotographic maps are available for all areas of the state. Geographical Information Systems (GIS) data may also be acceptable.
2. For existing facilities, a scale drawing of the facility showing the location of all past, present, and proposed treatment, storage, and disposal areas, including solid waste management units, AND dated photographs of the facility clearly delineating all existing treatment, storage, and disposal areas, and sites of proposed treatment, storage, and disposal areas.

**REGULATORY INFORMATION:**

Permit Type, Number and Description: Enter all existing permits issued to the facility, beginning with your Georgia Hazardous Waste Facility Permit. Continue on an attachment as necessary.

Choices for Permit Type are: S - State, including Georgia Hazardous Waste Facility Permits

N - NPDES (whether Federal or State issued)

P - Federal Air Quality Permits

R - Federal RCRA. This will apply if you have a "Joint Permit" with EPD and EPA.

U - Underground Injection Control

F - EPA 404 Dredge and Fill

D - Department Of Energy, including radioactive materials or source licenses

T - Federal DOT, including transporter licenses

**FOR YOUR GEORGIA HAZARDOUS WASTE FACILITY PERMIT ONLY:**

Facility Indicator: Choose the appropriate descriptor:

X - TSD, but not a recycler C - TSD, and a commercial recycler

R - TSD, and a noncommercial recycler N - not a TSD.



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Description: Brief description of process. Include the date each process unit was placed into service.

WASTE INFORMATION:

Information describing each waste stream which you **generate**, treat, store, or dispose. A waste stream may comprise more than one waste code. For commercial off-site facilities, waste streams are to be divided first by process code, and second by waste treatment code, if such is applicable, from 40 CFR 264 Appendix I. If you normally track this information using an electronic data management system, you may attach instead a printed report from your data management system which includes the requested information.

Waste Stream #: Consecutive numbering is acceptable; if you desire to indicate waste streams by your own internal designation, please do so.

Amount and UOM: In digits, the total estimated annual units of waste managed per waste stream, in the units in which you measure the waste. Choices for UOM are as for Process Information above.

Waste Amt. in TONS: Convert your amounts and units to short tons and record for each waste stream. Indicate in a footnote any assumptions made regarding, for example, bulk density or specific gravity. Such assumptions must be briefly justified in the footnote.

Handling Description/Process Codes: Choices are as for Process Code in Process Information above.

Waste Codes: Enter all EPA waste codes, from 40 CFR 261, applicable to each waste stream. You may use such descriptors as "All P-listed wastes," or "All U-listed except U333 and U444." Do not use narrative such as "All wastes except those exhibiting reactivity." If desired, you may list waste codes on an attachment. Note that you must repeat the list of waste codes for each waste stream and process code; you may use "Same as Waste Stream #1," or the like, if desired.

CERTIFICATION: Certification must be made in accordance with 40 CFR 270.11, by a corporate officer, owner, or other such person. For Department of Defense or Coast Guard facilities, the base commander.