

RETURN TO

DATA ENTRY _____

PERMIT-BY-RULE WASTE DISPOSAL REPORT
LAND PROTECTION BRANCH
4244 INTERNATIONAL PARKWAY, SUITE 104
ATLANTA, GEORGIA 30354
(404) 362-2692
Fax: (404) 362-2580 or
E-mail: tamara.fischer@dnr.state.ga.us

PERMIT-BY-RULE WASTE DISPOSAL REPORT

**Please complete this section.
Type or print clearly.**

PBR Number: _____ Reporting Year: _____

Reporting Quarter:
___ Jan-Mar
___ Apr-June
___ July-Sept
___ Oct- Dec

Operator's Name: _____

Address: _____

Disposal Site Name: _____

Measuring Method:

On Site Scales _____ Off Site Scales: _____ Representative sample _____

Origin of Waste: _____ Tons Disposed:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***Please provide name of County or Incorporated Municipality. Do not include individuals or companies.**

TOTAL _____ Tons

Page _____ of _____