CERTIFICATION OF NON-FILER FORM 2019 HAZARDOUS WASTE REPORT
STATE OF GEORGIA
ENVIRONMENTAL PROTECTION DIVISION
LAND PROTECTION BRANCH
HAZARDOUS WASTE MANAGEMENT PROGRAM

If this site is not required to file the 2019 Hazardous Waste Report complete and return this certification form. The Georgia Environmental Protection Division will use this certification to record sites that are not required to report.

Return the form to:
Attention: Biennial Report
Georgia Environmental Protection Division
Land Protection Branch
Suite 1052, East Tower
2 Martin Luther King, Jr. Dr., SE
Atlanta, Georgia 30334-9000

EPA ID # | | | | | | | | | | | | |

Site Name _____

Site Location Address _____

City _____ State _____ Zip _____

Contact Name _____

Contact Telephone # __(_____)_____

Mailing Address _____

City _____ State _____ Zip _____

This site is not required to file the 2019 Hazardous Waste Report because:

- The site was not a RCRA Large Quantity Generator for any calendar month in 2019;

  AND

- The site did not treat, store, or dispose of RCRA hazardous wastes on site in units subject to RCRA permitting requirements in 2019.

It is expected that this site will not have to file the Biennial Hazardous Waste Report (CHECK ONE):

☐ For 2019 only. The site will retain the notification status of Large Quantity Generator or TSD.

☐ Permanently. The site continues to generate waste but does not anticipate generation rates in excess of 2,200 lbs. (1000 kg) per month. Attached is a completed RCRA Subtitle C Site Identification Form (8700-12) indicating the revised generator status.

☐ Permanently. This facility no longer generates hazardous waste and no longer requires an EPA ID# for any reason, including transportation, universal waste and used oil activities. Please deactivate the above listed EPA ID#. Reason (check one):

- ☐ This facility is no longer in business.
- ☐ This facility is still in business but does not require an EPA ID#.

Certification: I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature _____Date _____

Name and Official Title (type or print) _____