

ANNUAL ASBESTOS BLANKET NOTIFICATION FORM



I. FACILITY INFORMATION

Name of Facility: _____

Physical Address of Facility: _____

Estimate of Total Quantity to be Removed Under Blanket Notification (Calendar Year):

_____ SF _____ LF _____ CF

Facility Contact Person (Print) _____ Telephone _____

Calendar Year: _____

II. PLANNED LICENSED CONTRACTOR & CONTRACTOR AGENT

Removal Contractor/Company Name: _____ Telephone No: _____

Removal Contractor (Agent Name): _____ License No/Expiration: _____

III. PLANNED LANDFILL INFORMATION:

Planned Landfill Name: _____ Permit Number: _____

Landfill Address _____ Telephone _____

IV. FEE \$1,000 CHECK NO. _____ CHECK DATE _____

V. CERTIFICATION:

I certify that the projects will be conducted in accordance with the disposal and work practices of the Georgia Asbestos Removal and Encapsulation Rule 391-3-4, 40 CFR Part 61.140-61.156, and the Georgia Solid Waste Management Rule 391-3-4.

Signature / Title

Date

To Complete, follow these two steps:

Return Payment with COPY of the Application to:

EPD - Asbestos Fees, PO Box 101173, Atlanta, Georgia 30392

Return Application to:

EPD - Asbestos Blanket Notification, 4244 International Parkway, Atlanta, GA 30354 OR scan and email to asbestos.leadprogram@dnr.state.ga.us

FOR STATE USE ONLY

Received By: _____

Deposit Date: _____

Batch Number: _____

Sequence Number: _____