GEORGIA
DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

Jeffrey W. Cown, Director

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HAZARDOUS WASTE PERMIT PART A FORM ATTACHMENT

EPA ID Number

1. Facility Name

2. Facility's Legal Owner(s)

Full Name	**Date Became Owner** (__/__/____)
Owner Type ○ Private ○ Municipal ○ County ○ State ○ Federal ○ Other	
Street Address	
City	
State / **Country** / **Zip Code**	
Phone / **Fax** / **Email**	

Full Name	**Date Became Owner** (__/__/____)
Owner Type ○ Private ○ Municipal ○ County ○ State ○ Federal ○ Other	
Street Address	
City	
State / **Country** / **Zip Code**	
Phone / **Fax** / **Email**	

4. Facility's Legal Operator(s)

Full Name	**Date Became Operator** (__/__/____)
Operator Type ○ Private ○ Municipal ○ County ○ State ○ Federal ○ Other	
Street Address	
City	
State / **Country** / **Zip Code**	
Phone / **Fax** / **Email**	

Full Name	Date Became Operator
	/ /

Operator Type
○ Private ○ Municipal ○ County ○ State ○ Federal ○ Other

Street Address		
City		
State	**Country**	**Zip Code**
Phone	**Fax**	**Email**

22. Certification I certify under penalty of law that this document and all attachments were 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40CFR 270.10(b) and 270.11)**.

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)	Title

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)	Title

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