

# 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; post-closure care at a closed regulated unit; or RCRA corrective action. 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 Land Protection Branch at 404-656-2833 or 404-656-7802 (also refer to EPA's Part A guidance website:

<https://www.epa.gov/hwpermitting/resource-conservation-and-recovery-act-hazardous-waste-part-permit-application-form>).

Please provide answers to all questions included on the form; if a question does not apply, please indicate with "N/A" or other appropriate response. 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:

Chuck Mueller, Chief  
Land Protection Branch  
Georgia Environmental Protection Division  
2 Martin Luther King Jr. Drive, SE, Suite 1054  
Atlanta, Georgia 30334

## Line-By-Line Instructions For Completing The Application:

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 Land Protection Branch for instructions.

- 1) Facility Name: Include "Inc.," "Chemical Division," etc., as appropriate, including all foreign-language punctuation.
- 2) Reason for Submittal: Check the appropriate category based on the type of submittal.
- 3) Facility Existence Date: Enter the appropriate date that hazardous waste operations at the facility commenced, construction for the facility commenced, or the date operation is expected to begin.
- 4) Facility Status: Identify whether the facility is an operating treatment, storage or disposal facility; post-closure/corrective action facility; and/or HSWA corrective action facility.
- 5) Facility Location Address: The physical location of the facility, using the official county Emergency Management Agency address for your location. Be descriptive – state, for example, "East end of Example Road" not "near town," if no street address is available. County Road numbers are acceptable. For 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 you select "Other" for land type, a narrative explanation must be included in the Comments section.

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6) Facility Mailing Address: Include the mailing address if different from the facility location address.

7&8) Facility Permit Contact and Contact Mailing Address: The facility plant manager or environmental manager, as appropriate. Contact need not be the same as facility emergency coordinator.

9) A) Name, Address, Etc., of Facility's Legal Owner: Legal name(s), address(es), etc. of the person(s), firm(s), public organization(s), or other entity(ies) that own(s) the facility; usually the parent corporate name(s). For Department of Defense or Coast Guard facilities, the base commander is the owner and may be identified by title, such as "Commanding Officer."

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

10) NAICS Code Information: Choose one North American Industry Classification System (NAICS) code as primary, and provide its narrative description. Add all secondary codes as appropriate. (Ref. <https://www.census.gov/eos/www/naics>)

11) Nature of Business/Brief Description of Business at Facility: Provide a short narrative outlining the nature of the primary business at the facility. 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 waste.

12) Other Environmental Permits: Permit Type, Number and Description: Enter all existing permits issued to the facility. Continue in the Comments section of the application, as necessary. Choices for Permit Type are:

- S – State, including Georgia Hazardous Waste Facility Permits
- N – NPDES (whether Federal or State issues)
- P – Federal Air Quality Permits
- R – Federal RCRA
- 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

13) Process Information: Refer to EPA Part A internet guidance document Item #6.

14) Description of Hazardous Wastes: Refer to EPA Part A internet guidance document Item #7.

15) Clean Closed Hazardous Waste Management Units: Please complete the table for all hazardous waste units (i.e. regulated units) **not** currently subject to an operating, post-closure care or corrective action only permit.

16-18) Topographic Map, Scale Drawing, and Photographs: See Part A Application Form for more information.

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- 19) List of Affected Governments: Provide a list of contact names and addresses for each county in which the facility is located, each city government located wholly or partially within that county, and the government of each county and city having territorial boundaries within two miles of the hazardous waste facility. Contact persons should be the chair of each county commission and the mayor or city manager for each city. Include in the list a notation of the municipal fire district responsible for the facility, even if the facility has its own standalone fire department.
- 20) Comments: Use for supplemental facility information, as applicable.
- 21) 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. If there is more than one owner or operator, each must provide certification.



## HAZARDOUS WASTE PERMIT PART A FORM

EPA ID Number 

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**1. Facility Name**

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**2. Reason for Submittal**

<p><b>First-Time Applicant</b></p> <p><b>Modification (Check one)</b>          Class 1 not requiring approval          Class 1 requiring approval          Class 2          Class 3</p> <p><b>Renewal</b></p>
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**3. Facility Existence Date (mm/dd/yyyy)**

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**4. Facility Status (Check all that apply)**

<p><b>Operating TSD</b></p> <p><b>Post-Closure</b></p> <p><b>HSWA Corrective Action</b></p>
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**5. Facility Location Address**

<b>Street Address</b>			
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
<b>Latitude</b>		<b>Longitude</b>	
<b>Land Type:</b>			
Private	Municipal	County	State
Federal	Other		

**6. Facility Mailing Address**

Same as Location Address

<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**7. Facility Permit Contact**

<b>Full Name</b>		<b>Title</b>	
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	

**8. Facility Permit Contact Mailing Address**

Same as Location Address

<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**9. Legal Owner and Operator of the Facility**

Does the Facility have multiple owners and/or operators? If yes, please use Attachment 1.

Yes

No

**A. Name of Facility's Legal Owner**

Same as Location Address

<b>Full Name</b>				<b>Date Became Owner</b>				
		/				/		
<b>Are there any previous owners of this Facility? If yes, please list in an attachment.</b>							<b>Yes</b>	<b>No</b>
<b>Owner Type</b>		<b>Private</b>	<b>Municipal</b>	<b>County</b>	<b>State</b>	<b>Federal</b>	<b>Other</b>	
<b>Street Address</b>								
<b>City</b>								
<b>State</b>		<b>Country</b>		<b>Zip Code</b>				
<b>Phone</b>		<b>Fax</b>		<b>Email</b>				

**B. Name of Facility's Legal Operator**

Same as Facility's Legal Owner

<b>Full Name</b>				<b>Date Became Operator</b>				
		/				/		
<b>Are there any previous operators of this Facility? If yes, please list in an attachment.</b>							<b>Yes</b>	<b>No</b>
<b>Operator Type</b>		<b>Private</b>	<b>Municipal</b>	<b>County</b>	<b>State</b>	<b>Federal</b>	<b>Other</b>	
<b>Street Address</b>								
<b>City</b>								
<b>State</b>		<b>Country</b>		<b>Zip Code</b>				
<b>Phone</b>		<b>Fax</b>		<b>Email</b>				

**10. North American Industry Classification System (NAICS) Code(s) for the Facility (at least 5-digit codes)**

A. (Primary)	C.
B.	D.

**11. Nature of Business**



**16. Map**

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the entire facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids under- ground. Include all springs, rivers, and other surface water bodies in this map area. Include 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.

**17. Facility Drawing**

All existing facilities must include a scale drawing of the facility showing the location of all past, present, and proposed treatment, storage, and disposal areas, including but not limited to solid waste management units and areas of concern.

**18. Photographs**

All existing facilities must include dated photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. Use the process codes listed in item 14 to indicate the location of all storage, treatment, and disposal areas.

**19. List of Affected Governments**

Full Name		Title
Street Address		
City	State	Zip Code

Full Name		Title
Street Address		
City	State	Zip Code

Full Name		Title
Street Address		
City	State	Zip Code

Full Name		Title
Street Address		
City	State	Zip Code

Full Name		Title
Street Address		
City	State	Zip Code

Full Name		Title
Street Address		
City	State	Zip Code

**20. Comments** (include item number for each comment)

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**21. 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