



PART A APPLICATION

Revised September 3, 2004

Georgia Department of Natural Resources
Environmental Protection Division
Hazardous Waste Management Branch

EPD USE ONLY
RECEIPT DATE:

HANDLER INFORMATION

EPA ID NUMBER: _____

FACILITY NAME: _____

Facility Location Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Land Type: __ Facility Existence Date (mmddyyyy): _____

Facility Latitude (ddmmss): _____ Longitude (dddmmss): _____

Facility Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact: Last Name: _____ First Name: _____

Title: _____ Contact Telephone: _____ Mailing/location/other address?

Contact Address: _____

City: _____ State: _____ ZIP: _____

OPERATOR INFORMATION

Name of Operator: _____

Operator Type: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Current/Previous: __ Change Date (mmddyyyy): _____

OWNER INFORMATION

Name of Owner: _____

Owner Type: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Current/Previous: __ Change Date (mmddyyyy): _____

BUSINESS INFORMATION

NAICS Codes: Primary: _____ NAICS Code Description: _____

Secondary: _____

Brief Description of Business at Facility Site:

Closed Hazardous Waste Management Units:

Topographic Map, Scale Drawing, Photograph attached?

REGULATORY INFORMATION

Permit Type: S Permit Number: _____ Description: Georgia Hazardous Waste Facility Permit

Facility Indicator: Regulatory Status: Regulatory Status Description:

Cross-Reference ID: _____

OTHER ENVIRONMENTAL PERMITS (continue on an attachment as necessary):

Type: Number: _____ Description: _____

Type: Number: _____ Description: _____

Type: Number: _____ Description: _____

List of Affected Governments:

GEORGIA PART A APPLICATION

Page ___ of ___
Revised September 3, 2004

PROCESS INFORMATION:

<u>Process Code:</u>	<u>Process Total Amount:</u>	<u>UOM:</u>	<u>Process Units:</u>	<u>Description:</u>
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WASTE INFORMATION:

<u>Waste Stream #:</u>	<u>Annual Amount:</u>	<u>UOM:</u>	<u>Waste Amt. In TONS:</u>	<u>Handling Description/ Process Codes:</u>	<u>Waste Codes:</u>
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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 fine and imprisonment for knowing violations.

Signature

Typed name and title

Date