Georgia Environmental Protection Division
GEORGIA ANNUAL HAZARDOUS WASTE REPORT
Reporting Period January 1 thru December 31, 1983
FORM A
IDENTIFICATION

Please print/type with Elite type (12 characters per inch)

I. EPA I.D. NUMBER G A _ _ _ _ _ _ _ _ _ _

II. NAME OF INSTALLATION

_ _

III. INSTALLATION MAILING ADDRESS

_ _
Street or P.O.Box

_ _
City or Town State Zip Code

IV. LOCATION OF INSTALLATION (if different than Section III. above)

_ _
Street or Route Number

_ _
City or Town State Zip Code

_ _ _ _ _ _ _ _ _ _ _ _ _ _
County

V. INSTALLATION CONTACT

_ _
Name (last and first)

_ _ _ _ _ _ _ _ _ _ _ _ _ _
Phone No. (Area code & number)

VI. PROCESS IN USE (Check as appropriate)

SQG	GEN	TRN	T01	T02	T03	T04	S01	S02	S03	S04	D80	D81	D83

__ PRIVATE (Handle only self generated waste) __ COMMERCIAL (Handle waste generated from other sources)

VII. CERTIFICATION - I certify under penalty of Law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Print/Type Name & Title | Signature of Authorized Representative | Date Signed

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