Georgia Environmental Protection Division
GEORGIA BIENNIAL HAZARDOUS WASTE REPORT
Reporting Period January 1 thru December 31, 1985
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)

NHD	SQG	GEN	TRN	TO1	TO2	TO3	TO4	SO1	SO2	SO3	SO4	D80	D81	D83

Date on which NHD or SQG status was granted: _ _ _ _ _ _

___ PRIVATE (Handle only self-generated waste)

___ COMMERCIAL (Handle waste generated from other sources)

VII. SIC CODE _ _ _ _

VIII. 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