

We ask that completed forms be returned to: NC Solid Waste Section, 1646 Mail Service Center, Raleigh, NC 27699 or by email. If you have questions or require assistance in completing this report, contact Ethan Brown (ethan.brown@ncdenr.gov or 919.707.8249).

Facility Name: City of Bristol, Virginia Solid Waste Management Facility Permit: SWP#588

Facility Website (URL): \_\_\_\_\_

Physical Address	Mailing Address
Street 1: <u>2125 Shakesville Rd.</u>	Street 1: <u>2125 Shakesville Rd.</u>
Street 2: _____	Street 2: _____
City: <u>Bristol</u> County: _____	City: <u>Bristol</u>
State: <u>Virginia</u> Zip: <u>24201</u>	State: <u>Virginia</u> Zip: <u>24201</u>

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Allen J. Morris</u>	Name: <u>Jeffrey S. Blevins</u>
Phone: <u>(276) 645-3791</u> Fax: <u>(276) 591-5237</u>	Phone: <u>(276) 821-6070</u> Fax: <u>(276) 645-3791</u>
Email: <u>amorris@bristolva.org</u>	Email: <u>jsblevins@bristolva.org</u>

1. What type of facility is this?

- Municipal Solid Waste Landfill
  Transfer Station  
 Construction & Demolition Landfill
  Treatment and Processor  
 Industrial Landfill
  Materials Recovery  
 Other (specify) \_\_\_\_\_

2. If this facility is a Transfer Station, Treatment and Processor, or Materials Recovery Facility, please indicate the facility(s) that received your non-recycled waste material:

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
	MSW Landfill	
<b>TOTAL</b>		

