

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: ATLANTIC WASTE DISPOSAL, INC. Permit: VIRGINIA DEQ NO. 562

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>3474 ATLANTIC LANE</u>	Street 1: <u>SAME</u>
Street 2: _____	Street 2: _____
City: <u>WAVERLY</u> County: <u>SUSSEX</u>	City: _____
State: <u>Alabama</u> Zip: <u>23890</u>	State: _____ Zip: _____

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>MRS. TERRY DUESBERRY</u>	Name: <u>MICHAEL THOMAS</u>
Phone: <u>(804) 834-8300</u> Fax: <u>(804) 834-8005</u>	Phone: <u>(804) 834-8300</u> Fax: <u>(804) 834-3359</u>
Email: <u>TDUESBER@WM.COM</u>	Email: <u>MTHOMAS@WM.COM</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
TOTAL		

