



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: Union County Landfill DBA Upstate Regional MSW Permit: #442441-1101

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>868 Wildcat Road</u>	Street 1: <u>PO Box 188</u>
Street 2: _____	Street 2: _____
City: <u>Cross Anchor</u> County: <u>Union</u>	City: <u>Cross Anchor</u>
State: <u>South Carolina</u> Zip: <u>29331</u>	State: <u>South Carolina</u> Zip: <u>29331</u>

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Tony Davies</u>	Name: <u>Dan Pitts</u>
Phone: <u>(864) 444-0140</u> Fax: <u>(864) 969-4430</u>	Phone: <u>(864) 969-4460</u> Fax: <u>(864) 969-4430</u>
Email: <u>tdavies@republicservices.com</u>	Email: <u>dpitts@republicservices.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		

