

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: Palmetto Landfill Permit: 422401-1101

Facility Website (URL): n/a

| Physical Address | Mailing Address |
|--|--|
| Street 1: <u>251 New Hope rd</u> | Street 1: <u>251 New Hope rd</u> |
| Street 2: _____ | Street 2: _____ |
| City: <u>Wellford</u> County: <u>Spartanburg</u> | City: <u>Wellford</u> |
| State: <u>South Carolina</u> Zip: <u>29385</u> | State: <u>South Carolina</u> Zip: <u>29385</u> |

| Primary Facility Contact Person | Secondary Facility Contact Person |
|---|---|
| Name: <u>John Tilton</u> | Name: <u>Dan Moore</u> |
| Phone: <u>(803) 223-3235</u> Fax: <u>(864) 439-3422</u> | Phone: <u>(336) 253-0091</u> Fax: <u>(864) 439-3422</u> |
| Email: <u>jtilton@wm.com</u> | Email: <u>dmoore36@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 | | |

