

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: \_\_\_\_\_

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

Physical Address		Mailing Address	
Street 1: <u>2125 Shakesville Road</u>		Street 1: <u>2125 Shakesville Road</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 Morris</u>		Name: _____	
Phone: <u>(276) 645-3791</u> Fax: <u>(276) 591-5237</u>		Phone: _____ Fax: _____	
Email: <u>amorris@bristolva.org</u>		Email: _____	

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
<b>TOTAL</b>		

