

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: R&B LANDFILL INC Permit: 0006-0009D(MSWL)

Facility Website (URL): WWW.WM.COM

Physical Address	Mailing Address
Street 1: <u>610 BENNETT RD</u>	Street 1: <u>SAME</u>
Street 2: _____	Street 2: _____
City: <u>HOMER</u> County: <u>BANKS</u>	City: _____
State: <u>Alabama</u> Zip: <u>30547</u>	State: _____ Zip: _____

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>DON DANIEL</u>	Name: <u>JUDY CARVER</u>
Phone: <u>(678) 283-8252</u> Fax: <u>(706) 677-3006</u>	Phone: <u>(706) 677-2650</u> Fax: <u>(706) 677-3006</u>
Email: <u>DDANIEL5@WM.COM</u>	Email: <u>JCARVER22@WM.COM</u>

1. What type of facility is this?

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

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		

