

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: Hickory Hill Landfill Permit: 272401-1101

Facility Website (URL): wm.com

Physical Address	Mailing Address
Street 1: <u>2621 Low Country Drive</u>	Street 1: <u>2621 Low Country Drive</u>
Street 2: _____	Street 2: _____
City: <u>Ridgeland</u> County: <u>Jasper</u>	City: <u>Ridgeland</u>
State: <u>South Carolina</u> Zip: <u>29936</u>	State: <u>South Carolina</u> Zip: <u>29936</u>

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Mark Muckenfuss, District Manager</u>	Name: <u>Rachel Jones, Environmental Compliance Specialist</u>
Phone: <u>(843) 987-4643</u> Fax: <u>(843) 987-8594</u>	Phone: <u>(770) 545-0339</u> Fax: _____
Email: <u>mmuckenfuss@wm.com</u>	Email: <u>rjones33@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
<b>TOTAL</b>		

