

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: Twin Chimneys Landfill Permit: 231001-1102

Facility Website (URL): http://www.greenvillecounty.org/

Physical Address	Mailing Address
Street 1: <u>11075 Augusta Road</u>	Street 1: <u>same</u>
Street 2: _____	Street 2: _____
City: <u>Honea Path</u> County: <u>Greenville</u>	City: _____
State: <u>Alabama</u> Zip: <u>29654</u>	State: _____ Zip: _____

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Marcia Papin</u>	Name: <u>Susan Harrison</u>
Phone: <u>(864) 243-9672</u> Fax: <u>(864) 243-5276</u>	Phone: <u>(864) 243-9672</u> Fax: <u>(864) 243-5276</u>
Email: <u>mpapin@greenvillecounty.org</u>	Email: <u>sharrison@greenvillecounty.org</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>		

