

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: Pine Bluff Landfill

Permit: 028-039D(SL)

Facility Website (URL): www.wm.com

Physical Address	Mailing Address
Street 1: <u>13809 E Cherokee Drive</u>	Street 1: <u>same</u>
Street 2: _____	Street 2: _____
City: <u>Ball Ground</u> County: <u>Cherokee</u>	City: _____
State: <u>Georgia</u> Zip: <u>30107</u>	State: _____ Zip: _____
Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Brian Evola</u>	Name: <u>Faye Jenkins</u>
Phone: <u>(770) 479-2936</u> Fax: <u>(770) 479-3265</u>	Phone: <u>(770) 479-2936</u> Fax: <u>(770) 479-3265</u>
Email: <u>bevola@wm.com</u>	Email: <u>fjenkins@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		

