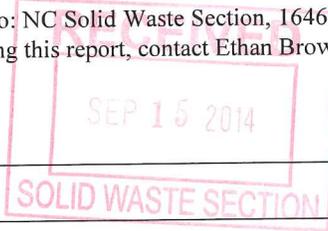


We ask that completed forms be returned to: NC Solid Waste Section, 1646 Mail Service Center, Raleigh, NC 27699 or by email. If you have questions or require assistance in completing this report, contact Ethan Brown (ethan.brown@ncdenr.gov or 919.707.8249).



Facility Name: R&B Landfill Permit: PERMIT # 006-009D (MSWL)

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>610 Bennett Road</u>	Street 1: <u>same as already mentioned</u>
Street 2: _____	Street 2: _____
City: <u>Homer</u> County: <u>Banks</u>	City: _____
State: <u>Georgia</u> Zip: <u>30547</u>	State: _____ Zip: _____

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Charlie Laws</u>	Name: <u>Dan DANIEL</u>
Phone: <u>(706) 677-2650</u> Fax: <u>(706) 677-3006</u>	Phone: <u>706/677-2650</u> Fax: <u>706/677-3006</u>
Email: <u>claws@wm.com</u>	Email: <u>ddaniel5@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		

