

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: ATLANTIC WASTE DISPOSAL, INC.

Permit: VIRGINIA DEQ NO. 562

Facility Website (URL): N/A

Physical Address	Mailing Address
Street 1: 3474 ATLANTIC LANE	Street 1: SAME
Street 2:	Street 2:
City: WAVERLY County: SUSSEX	City:
State: Virginia Zip: 23890	State: Zip:
Primary Facility Contact Person	Secondary Facility Contact Person
Name: TERRY DUESBERRY	Name: JASON WILLIAMS
Phone: (804) 834-8300 Fax: (804) 834-8005	Phone: (804) 834-8300 Fax: (804) 834-3359
Email: TDUESBER@WM.COM	Email: JLWILLIA@WM.COM

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>		

