

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: Richland County Landfill Inc Permit: 402401-1101

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>1047 Highway Church Road</u>	Street 1: <u>Same</u>
Street 2: _____	Street 2: _____
City: <u>Elgin</u> County: <u>Richland</u>	City: _____
State: <u>South Carolina</u> Zip: <u>29045</u>	State: _____ Zip: _____

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>John Tilton</u>	Name: <u>Carl Brazell</u>
Phone: <u>(803) 223-3235</u> Fax: <u>(803) 736-0995</u>	Phone: <u>(803) 518-5923</u> Fax: <u>(803) 736-0995</u>
Email: <u>jtilton@wm.com</u>	Email: <u>cbrazell@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		

