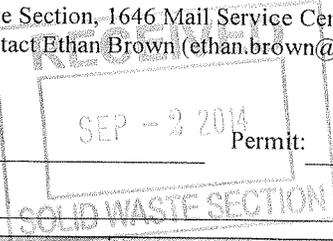


We ask that completed forms be returned to: NC Solid Waste Section, 1646 Mail Service Center, Raleigh, NC 27699 or by email. If you have questions or require assistance in completing this report, contact Ethan Brown (ethan.brown@ncdenr.gov or 919.707.8249).



Facility Name: Lakeway Sanitation and Recycling Permit: _____ SNL# 32-0280
 Facility Website (URL): wasteindustries.com

Physical Address		Mailing Address	
Street 1: <u>5155 Enka Hwy</u>		Street 1: <u>P.O. Box 1894</u>	
Street 2: _____		Street 2: _____	
City: <u>Morristown</u>	County: <u>hamblen</u>	City: <u>Morristown</u>	
State: <u>Tennessee</u>	Zip: <u>37813</u>	State: <u>Tennessee</u>	Zip: <u>37816</u>

Primary Facility Contact Person		Secondary Facility Contact Person	
Name: <u>Reid Stewart</u>		Name: <u>Amelia Bridges</u>	
Phone: <u>(423) 581-5655</u>	Fax: <u>(423) 587-5529</u>	Phone: <u>(423) 581-1053</u>	Fax: <u>(423) 581-0030</u>
Email: <u>reid.stewart@wasteindustries.com</u>		Email: <u>amy.bridges@wasteindustries.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		

