OS	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**OUT OF STATE FACILITY** Facility Annual Report For the period of **July 1, 2013-June 30, 2014**

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: Hickory Hill landfill Permit: 272401-1101

Facility Website (URL): www.wm.com

Physical Address	Mailing Address
Street 1: 2621 Low Country dr	Street 1: 2621 Low Country dr
Street 2:	Street 2:
City: Ridgealnd County: Jasper	City: Ridgeland
State: South Carolina Zip: 29936	State: South Carolina Zip: 29936

Primary Facility Contact Person	Secondary Facility Contact Person
Name: Mark Muckenfuss, District Manager	Name: Shawn Carroll, Environmental Protection Manager
Phone: (843) 987-4643 Fax: (843) 987-8594	Phone: (910) 274-8869 Fax: (910) 799-2826
Email: mmuckenfuss@wm.com	Email: scarrol3@wm.com

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	

3. Total waste received at this facility during the period of July 1, 2013, through June 30, 2014 from NORTH CAROLINA COUNTIES. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Wake (WMRA MRF)	85	82	60	82	35	51	41	41	40	40	40	22	619

Grand Total: 619.00

Return completed forms to: [illegible]

Or by email: [illegible]

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: ______________________ Date: 8/26/2014

Name: Mark Muckenfuss Title: District Manager

Phone Number: (843) 563-2607 Email: mmuckenfuss@wm.com