

We ask that completed forms be returned by August 1, 2011 to: NC Solid Waste Section, 401 Oberlin Road Suite 150, Raleigh, NC 27605 or by email. If you have questions or require assistance in completing this report, contact Ethan Brown (ethan.brown@ncdenr.gov or 919.508.8501).

Facility Name: Atlantic Waste Disposal, Inc. Permit: Virginia DEQ Permit #562

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>3474 Atlantic Lane</u>	Street 1: <u>Same as physical</u>
Street 2: _____	Street 2: _____
City: <u>Waverly</u> County: <u>Sussex</u>	City: _____
State: <u>Virginia</u> Zip: <u>23890</u>	State: _____ Zip: _____

Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Richard Nolan</u>	Name: <u>Terry Duesberry</u>
Phone: <u>(804) 834-8300</u> Fax: <u>(804) 834-3359</u>	Phone: <u>(804) 834-8300</u> Fax: <u>(804) 834-8005</u>
Email: <u>rnolan@wm.com</u>	Email: <u>tduesber@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		

