

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: Waste Management Richland Landfill Permit: 402401-1101

Facility Website (URL): wm.com

Physical Address	Mailing Address
Street 1: <u>1047 Hwy Church Rd</u>	Street 1: <u>Same</u>
Street 2: _____	Street 2: _____
City: <u>Elgin</u> County: <u>Kershaw</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: _____
Phone: <u>(803) 744-3364</u> Fax: <u>(803) 736-0995</u>	Phone: _____ Fax: _____
Email: <u>jtilton@wm.com</u>	Email: _____

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>		

