

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: LAKEWAY Recycling & Sanitation Permit: SNL 32-0280
 Facility Website (URL): _____

Physical Address		Mailing Address	
Street 1: <u>5155</u>		Street 1: <u>P.O. Box 189A</u>	
Street 2: <u>ENKA Hwy</u>		Street 2: _____	
City: <u>LOWLAND</u>	County: <u>HAMBLEN</u>	City: <u>MORRISTOWN</u>	
State: <u>TN</u>	Zip: <u>37778</u>	State: <u>TN</u>	Zip: <u>37816</u>

Primary Facility Contact Person		Secondary Facility Contact Person	
Name: <u>PATRICK McGUFFIN</u>		Name: <u>DAN WINTER</u>	
Phone: <u>423-581-5655</u>	Fax: <u>423-587-5529</u>	Phone: <u>423-581-0030</u>	Fax: _____
Email: <u>PATRICK@tidwaste.com</u>		Email: <u>DAN@tidwaste.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

