PART B: DISPOSAL IN A MUNICIPAL SOLID WASTE LANDFILL

| | | litional pages as necessary. | |
|----|--|-------------------------------|-----------------------------------|
| 1. | Name of landfill | | |
| 2. | Contact person | | |
| | Title | | |
| | Telephone Number | | |
| | Contact is | Landfill Owner | Landfill Operator |
| 3. | Mailing Address | | |
| | Street or Route # County | | |
| 5. | | n another sheet of paper, the | e numbers of all other State pern |
| 5. | State & Zip List, on this form or o | n another sheet of paper, the | e numbers of all other State pern |
| 5. | State & Zip List, on this form or of that regulate the operation. | n another sheet of paper, the | e numbers of all other State pern |
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