

WM TONTITOWN LANDFILL. LLC

A WASTE MANAGEMENT COMPANY 2210 Waste Management Drive Springdale, AR 72762

T: (479) 361-2069 F: (479) 361-5934

January 25, 2005

Mr. Steve Martin

Chief, Solid Waste Management Division

Arkansas Department of Environmental Quality

8001 National Drive

P.O. Box 8913

Little Rock, AR 72219-8913

REC'D SCAN \mathbf{X}

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Doc ID#:_Z

SUBJECT:

NAME/ADDRESS CHANGE (WASTE TIRE PROCESSING PERMIT)

TONTITOWN WASTE TIRE FACILITY

WM Tontitown Landfill, LLC (Waste Management)

AFIN: 72-00144

Permit Number:

0005-SWTP

Dear Mr. Martin:

This is in regard to our referenced facility and the recent facility name / address change.

We request that the following name and address changes be made:

Old Facility Address

New Facility Name & Mailing Address

WM Tontitown Landfill, LLC

Facility:

18633 Stutts Road, WCR 865LLC

Springdale, AR 72765

Mailing:

P.O. Box 1310

Springdale, AR 72765

Tontitown Waste Tire Facility

2210 Waste Management Drive Springdale, AR 72762

AFIN: 72-00144

Permit No.:

0005-SWTP

A completed application page is included for your use.

If you have any questions, please contact me at (501) 982-7336.

Sincerely.

James E. Dunbar, P.E.

Division Engineer

Waste Management of Arkansas, Inc.

Encs

Copy: Tontitown Waste Tire Processing, P.O.R.

ADEQ A R K A N S A S Department of Environmental Quality

Solid Waste Management Division Permit Transfer and/or Name Change

	,				
Transfer of Permit	□ Yes	M No	AFIN	72-	00144
Name Change	Y Yes	D No	Permit #:	000	5-SWTP
New facility Site name and Site Address Confirmation - (If you do not have a 911 site address and are in a 911 area you will be required to get one when submitting a transfer or name change.)					
SITE Name after Transfer or Name Change*	TONTITOWN WASTE TIRE FACILITY				
911 Site Address *	2210 WASTE MANAGEMENT DRIVE				
City, state, zip *	SPRINGDALE, AR 72762				
Owner information required if this is a transfer of permit. (If the same as site location please write "Same as site location" If the owner has not changed please write "Remains the same".)					
Owner Before Transfer Company Name		•-			
Authorized Signatory Authority	Please I	Print Name		Signature	
Owner After Transfer Company Name	-				
Owner After Transfer Address					
City, state, zip *		-			
Phone Number				ax Number	
Authorized Signatory Authority	Please	Print Name		Signature	
New invoice mailing address (If it is the same as site location, write "same as location above" if it is the same as Owner Location write "same as Owner Location above")					
mailing address	SAME AS LOCATION ABOVE				
city, state, zip, country	·				
Invoice phone					
Request submitted by	Jan	nes $\in \mathbb{A}$	unbor	Date:	JAN. 25, 2005
Company	WAS	TE MAI	VAGEMENT	Phone:	501-982-7336

OF ARKANSAS, INC.



WASHINGTON COUNTY

Washington County 911 Operations

2615 Brink Drive, Suite 104 Fayetteville, Arkansas Telephone 444-1721 Fax 444-1786

JOHN LUTHER Coordinator

Memorandum

Date:

October 4, 2004

To:

Utilitity Companies, Phone Companies, Creditors, Etc.

From:

Daryl Pemberton, Assistant 911 Coordinator

Re:

Verification of 9-1-1 Address

This memo is to serve as verification that the following E911 address is valid and has been assigned to **Waste Management**:

2210 Waste Management DR Springdale, AR 72762

The property listed above was changed, September 2004. The previous address was 18200 Stutts Rd. Should you have any questions regarding the above address, please call me at (479) 444-1721.

Thank you,

Daryl Pemberton

Assistant Coordinator 911