	ner or Operator: (the person or legal entity which controls facility's operation azon.com Services LLC	on; this may or may not be the same as the	facility name or the	official contact name)
5-0110	Official Contact Person Name: (Individual Responsible for a Facility) Vimal Vijaykumar	Title or Position: Business Environmental Leader		
1	PO Box 80842	City: Seattle	State: WA	<sup>Zip:</sup> 98108
	Phone: ( )484-252-1748	E-mail: amazon-eap-northamerica@amazon.com		
2	Local Contact Person Name: (if appropriate, write "same as #1")  Brandon Chan	Title or Position: Regional Environmental Engineer		
	Facility Address: (this may or may not be the same as street address) 625 Pine Lakes Drive, Louisville, TN 37853	Facility City: Rockford	State: TN	Zip: 37853
	Phone: ( ) 404-771-7620	chanbra@amazon.com		
	Write in the box (to the right) or circle the	number (above) to indicate where to send		
Stormwater runoff enters following stream(s) and/or lake(s): (for each outfall Russell Branch		nes and latitude/longitude)	Number of storm water 3	
Mate	are of business:	SIC code(s): (primary code listed as N	No.1, secondary, if a	pplicable, as No.2, etc.)