



Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] **Please return a copy of this invoice with your payment.**

Contact/Billing Information:	Facility Location Address:
Ms. Carole McLeod, Owner FFD II, LLC 131 Brickyard Road Mount Holly, NC 28120	Recycle Carolina 131 Brickyard Road Mount Holly, NC 28120

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0049	8/26/13		\$7,500.00
	Revised Invoice		

**A. Permit Fee Requirements:** Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

**B. Explanation of Invoice Amount is Based on Facility's Current Permit Application**

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
3616-Transfer	TRANSFER	1a. New Facility 10 year Permit	7/10/13	\$7,500.00	\$7,500.00
				Total Amount Due	\$7,500.00
				Amount Paid	\$0.00

**C. Remit Payment (including a copy of this invoice) To:**

Division of Waste Management  
 Solid Waste Section  
 1646 Mail Service Center  
 Raleigh, NC 27699-1646  
 Attn: Ellen Lorscheider

**PAID**  
 CK. NO. 1020  
 DATE 9-4-13

**D. Solid Waste Contacts:**

- Questions about billing process: Mary H. Johnson at (919) 707-8236  
or: Ellen Lorscheider at (919)707-8245
- Questions about the Regulations and Technical Assistance:  
 Ed Mussler (919) 707-8281 Landfills, Transfer Stations  
 Tony Gallagher (919) 707-8280 Land Application Sites, Compost Facilities

**E. Update Your Information:** Please indicate any changes in Facility or Contact Information.

5W013-0049  
P1266

PERMIT APPLICATION REVIEW FORM

Review Requested by: Larry Frost	Date Requested: 7/10/2013
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Facility Name and Permit ID	Recycle Carolina, 36## <sup>16</sup> TRANSFER-2013
Applicant (Owner) Name	FFD II, LLC
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input checked="" type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)
Permit Fee	<del>\$5,000</del> 7500.00 10 year
Date Application Received	7/10/2013
Contact Name, Title & Phone No.	Carile McLeod, Owner, (704) 591-9211
Contact Email Address	carole@wasterecyclingdisposal.com
Company Name	FFD II, LLC
911 Address	131 Brickyard Road
Mailing Address	131 Brickyard Road
City/State/Zip	Mount Holly, North Carolina 28120
Parent Company	FFD II, LLC
Known Subsidiaries	NA
Other Known Related or Associated Business Names	NA
Known Counties of Operation	Mecklenburg, Gaston, Cabarrus, Lincoln, Iredell, Union and Cleveland in NC and Chester, Cherokee, Lancaster and York in SC
Does the Applicant have a Past Or Current Solid Waste Permit?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: Facility Type Permit No.: Permit No.
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Needed <input type="checkbox"/>
Other Notes	New Permit Application, need permit ID and P-number

## Johnson, Mary H

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**From:** Carole McLeod <carole@wasterecyclingdisposal.com>  
**Sent:** Monday, August 26, 2013 4:45 PM  
**To:** Johnson, Mary H  
**Subject:** Re: Solid Waste Invoice SW013-0049 REVISED

Thank you

I would like to send this in now, is that ok or do I need to wait?

Carole McLeod  
704-591-9211 cell  
iPhone

On Aug 26, 2013, at 4:22 PM, "Johnson, Mary H" <[mary.johnson@ncdenr.gov](mailto:mary.johnson@ncdenr.gov)> wrote:

Ms. McLeod,

Attached is the revised invoice reflecting the change you requested regarding the 10 year permit for your facility, Recycle Carolina.

If you have questions, please let me know.

Thanks.

*Mary H. Johnson*  
Accounting Technician

DENR, Division of Waste Management  
MAILING ADDRESS: 1646 Mail Service Center, Raleigh, NC 27699-1646  
PHYSICAL ADDRESS: Green Square Complex, 217 W. Jones Street, Raleigh, NC 27603  
Phone & Fax: 919-707-8236  
[Mary.johnson@ncdenr.gov](mailto:Mary.johnson@ncdenr.gov)  
<http://portal.ncdenr.org/web/wm/sw>

Email correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.

<SW013-0049 Recycle Carolina 8-26-13 REVISED.pdf>