



North Carolina Department of Environment and Natural Resources
 Division of Waste Management
 Solid Waste Section

INVOICE

Division of Waste Management
 Solid Waste Section
 1646 Mail Service Center
 Raleigh, NC 27699-1646
 phone: (919) 707-8236 fax: (919) 707-8236
 email: mary.johnson@ncdenr.gov

To: Amy Brooks
 Dean Brooks
 1195 Beal Road
 Goldston, NC 27252

Date: 3/16/2015
 Invoice #: SW015-0026

Description	Amount Due
Facility-Application: Dean Brooks (1905-COMPOST-) 1195 Beal Road Goldston, NC 27252 Permit Renewal Application (Amendment- Five-Year Renewal) received on 1/21/2015	\$1,250.00
Total Amount Due	\$1,250.00
Date Due	4/15/2015

Payment Options:

E-check - Available online at <http://go.ncdenr.gov/swpay>
 Requires bank account and routing information. You will need to use the zip code in the description box and the invoice number shown on this invoice to access your account. If a zip code is not listed, use the code: 99999 along with the invoice number.

Credit Card - Available online at <http://go.ncdenr.gov/swpay>
 Accepts MasterCard, Visa, and Discover cards. You will need to use the zip code in the description box and the invoice number shown on this invoice to access your account. If a zip code is not listed, use the code: 99999 along with the invoice number.
 *Convenience Fee of 2.65% added to amount invoiced.]

Paper check - 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. Please return a copy of this invoice with your payment.

[G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.]

Explanation of Invoice Amount is Based on Facility's Current Permit Application:

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.

Solid Waste Contacts:

Billing process:
 Mary H. Johnson (919) 707-8236
 Ellen Lorscheider (919) 707-8245

Regulations and Technical Assistance:
 Ed Mussler (919) 707-8281 Landfills, Transfer Stations
 Tony Gallagher (919) 707-8280 Land Application Sites, Compost Facilities

PAID
 CK. NO. 14151
 DATE 3/26/15

More information available on the web:

North Carolina Department of Environment and Natural Resources (DENR) - <http://portal.ncdenr.org/>
 North Carolina Solid Waste Program - <http://portal.ncdenr.org/web/wm/sw>
 North Carolina Electronics Management Program - <http://portal.ncdenr.org/web/sw/electronics>

Remit paper checks to

N.C. Division of Waste Management
 Solid Waste Section
 1646 Mail Service Center
 Raleigh, NC 27699-1646

SW015-0026
P 1004

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Tony Gallagher</u>	Date Requested:	<u>3/13/2015</u>
Facility Name and Permit ID	<u>Brooks Compost Facility SWC 1905 - Compost-</u>		
Applicant (Owner) Name	<u>Dean Brooks</u>		
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input 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 checked="" type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" 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	<u>\$1,250.00</u>		
Date Application Received	<u>1/21/2015</u>		
Contact Name, Title & Phone #	<u>Dean Brooks, Owner & 919-837-5914</u>		
Email Address	<u>amy@brookscontractor.com</u>		
Company	<u>DBA Brooks Contractor</u>		
911 Address	<u>1195 Beal Road</u>		
Mailing Address	<u>Same as above</u>		
City/State/Zip	<u>Goldston, NC 27704</u>		
Parent Company	<u>N/A</u>		
Known Subsidiaries	<u>N/A</u>		
Other known names business has operated under	<u>N/A</u>		
Known Counties of Operation	<u>Chatham</u>		
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: Large type III Compost <u>facility</u> Permit #: <u>SWC 1905</u>		
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/> <u>N/A</u>		
Other notes	<u>_____</u>		

Dean Brooks

Facility Name -
Brooks Compost
Facility

APPLICATION FOR NEW PERMIT DATA SHEET (Revised March 2012)

Data Field	Description	Data
Site_Name	M: name given to the facility. Name can permit name, but does not have to.	Brooks Compost Facility
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	1195 Beal road
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Goldston
State	M: two letter US postal service abbreviation for the state where the facility is located.	NC
Zip	M: zip code for the location address.	27252
County	M: county name where facility is located.	Chatham
Latitude	M: decimal degrees, should be between 33 and 37.	35.551634
Longitude	M: decimal degrees, should be between -75 and -85.	-79.375432
Horiz_Collection_Method	O: applies to how the coordinates were collected: 001=GPS or 002=geocode or 003=from map	1
Supplemental_Location	O: descriptive text for locating a facility when address is not practical.	
Geometric_Type	M: 001=Fixed or 002=Mobile, e.g. Facility is Fixed, a septage pumper is Mobile	1
Reference_Point	O: description of point where coordinates were collected at the facility, 001=front door, 002=permitted feature, 003=for mobile, 004=undefined point on facility	2
Status	M: description of the overall facility; Open or Closed.	open
Owner	M: classification of the owner of the facility as either Public or Private entities.	Private
Start_Date	M: date on which the facility began to be of interest to the program, Facility Registration Date; Facility's Original Permit Issue Date; Facility's First Inspection Date; Program's Start Date; Department's Creation Date (07/01/1989)	7/22/1999
Start_Date_Qualifier	O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date.	Facility's Original Permit Issue Date
End_Date	O: date on which the facility ceased to be of interest to the program.	
End_Date_Qualifier	O: description of event represented by End_Date field, e.g. Date of Final Closure.	
PermitID	M: unique id number used for permit	SWC 1905
LocationID	M: id number used in location table to identify the facility or environmental interest subject to this permit. This number is assigned and is only needed if permit relates to an existing site.	Large Type III SWC 1905
Permit_Name	M: Common Name used for this permit	Brooks Compost Facility
Orig_PermitIssueDate	M: Date when first permit issued.	7/22/1999
PermitIssueDate	M: Date MOST recent permit issued.	1/22/2010
PermitExpDate	M: Date when current permit expires.	1/22/2015
PermitStatus	M: Active=Accepting/handling waste; Inactive=Not accepting waste; Proposed=Application in-house for NEW permit; Expired=Past Expiration date but not officially closed; Post-Closure=Not taking waste but monitoring; Closed=Not accepting waste and 'official' closure letter sent; Post-Closure Complete=Not taking waste and monitoring complete; County=Non-facility within a county	Active
Rule	M: block of rules governing site e.g. .1600, .0500, .1100, .0800, etc.	0.14
EnvMonitoring	M: environmental monitoring required, yes is required or no is not required.	no
PrimaryWaste_Type	M: primary waste type handled under this permit: MSW, CD, Indus, Tire, LCID, Medical, YW, Septage, HHW, WG	Food Waste
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	compost
Owner_Name	M: name of owner as appears on the permit.	Dean Brooks
Operator_Name	M: name of operator/facility manager.	Dean Brooks