



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: Emily Henderson, Environmental Engineer  
 International Paper  
 865 John L Riegel Rd  
 Riegglewood, NC 28456

Date: 11/20/2014  
 Invoice #: SW014-0101

Description	Amount Due
Facility-Application: International Paper (2402-INDUS-1972) 865 John L Riegel Road Riegelwood, NC 28456 Permit Renewal Application (Amendment - Next Phase of the Approved Facility Plan) received on 6/27/2014	\$9,000.00
Total Amount Due	<b>\$9,000.00</b>
Date Due	12/20/2014

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

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

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. You may also pay using e-check by connecting to: <http://portal.ncdenr.org/web/wm/sw/epayment>  
 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. Proceed with your payment by following the instructions on the e-payment screen.  
 [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

**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>

**PAID**  
 CK. NO. 18048864451  
 DATE 12-8-14

5W014-0101  
P 0036

**PERMIT APPLICATION REVIEW FORM**

Review Requested by:	<u>Geof Little</u>	Date Requested:	<u>11/19/2014</u>
----------------------	--------------------	-----------------	-------------------

Facility Name and Permit ID	<u>International Paper 2402-INDUS-1972</u>
Applicant (Owner) Name	<u>International Paper</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 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>\$ 9,000</u>
Date Application Received	<u>June 27, 2014</u>
Contact Name, Title & Phone #	<u>Emily Henderson / Environmental Engineer / 910-362-4621</u>
Company	<u>International Paper</u> <i>Emily.henderson@ipaper.com</i>
911 Address	<u>865 John L. Riegel Road / Riegelwood, NC 28456</u>
Mailing Address	<u>Same</u>
City/State/Zip	<u>Same</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>Columbus</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: <u>LF</u> Permit #: <u>2402-INDUS-1972</u>
Does the applicant have other DENR permits?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____
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"/>
Are the cost estimates sufficient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/>
Other notes	_____