



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: Nathan Arnett, Environmental Engineer
 Cherry Point LCID
 PCS BOX 8006
 Cherry Point, NC 28533-0006

Date: 6/17/2015
 Invoice #: SW015-0055

Description	Amount Due
Facility-Application: Cherry Point LCID (25B-LCID-) Rifle Range Road Cherry Point, NC 28533 Permit Renewal Application (Amendment- Five-Year Renewal) received on 5/29/2015	\$500.00
Total Amount Due	\$500.00
Date Due	7/17/2015

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. ACH 9053936150
 DATE 7-2-15

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

SW015-0055
P0208

PERMIT APPLICATION REVIEW FORM

Review Requested by:	Pat Backus
Date Requested:	6/16/2015
Facility Name and Permit ID	25B-LCID- MCAS Cherry Point LCID
Applicant (Owner) Name	US Marine Corps Air Station - Cherry Point
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 type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" type="checkbox"/> (2)b. Amendment – Renewal/Review <input checked="" type="checkbox"/> 5YR <input type="checkbox"/> 10YR <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) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	
Permit Fee	\$500
Date Application Received	5/29/2015
Contact Name, Title & Phone #	Nathan Arnett, Environmental Engineer, (252) 466-5271
Email Address	nathan.arnett@usmc.mil
Company	MCAS Cherry Point
911 Address	Rifle Range Road
Mailing Address	PSC Box 8006, Marine Corps Air Station
City/State/Zip	Cherry Point, NC 28533-0006
Parent Company	
Known Subsidiaries	
Other known names business has operated under	
Known Counties of Operation	Craven
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: LCID Permit #: 25B Transfer Permit #: 25-10T
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	

Demand Deposit
Receive Account: XXXXX0392
Effective Entry Date: 06/30/15
Payment Reason: Vendor Payment
Contract Number
Reference Number: W3FLPV15J1XQ20009
Voucher
Reference Number: DOV0025744
Transaction Creation
Date: 06/29/2015

Payee
NC DEPT OF ENVIRONMENT & NATUR

Payer
DFAS-CL MARINE CORPS

Entity
Number: 1

Remittance Advice / Accounts Receivable Open Item

Original Invoice Number
Reference: SW0150055
Action: Payment on Account

Amount Paid:	\$500.00
Invoice Amount:	\$500.00

Number of Included Segments: 10
159000187

Control Number:

Number of Transaction Sets: 1
159000187

Group Control Number:

----- End of Functional Group -----

Number of Functional Groups: 1
159000187

Interchange Control:

----- End of Interchange -----

***** END OF REPORT *****

ACH Remittance Reports 07/02/2015 07:52 AM

From: FIRST CITIZENS BANK
ACH File:150701.T

Originating Company: DFAS-CLEVELAND

CTX CAPSW USMC 062915

Batch: 16363
06/30/15

Effective Entry Date:

Company ID: 3053936150

Settlement Date: 07/01/15

Discretionary Data: DO SYMBOL 6102

Originating DFI: 05393615

# Addenda / Company	Trace Number	Type	Amount
0007 NC DEPT OF ENVIR	01518100-9415342	DEPOSIT	
\$500.00CR			
ID: 1XQ20		DDA	RDFI:
053100300			
DFI ACCT: XXXXX0392			

Interchange Control Header

Sender ID: DFAS CLEVELAND Date: 06/29/15
Receiver ID: VENDOR PAYMENT Time: 19:27:00
Version: 00401 Acknowledgement
Requested: NO
Control Number: 159000187

Functional Group Header

Sender's Code: DFAS CLEV Date: 06/29/15
Receiver's Code: CAPS-W PAYMENT Time: 19:27:00
Version: 004010 Control Number:
159000187

Agency Code: Accredited Standards Committee X12

X12.4 Payment Order/Remittance Advice

Control Number: 159000187

Payment Accompanies Remittance Advice

Amount: \$500.00 CR

by Automated Clearing House (ACH)

Corporate Trade Exchange (CTX) (ACH)

ABA Transit Routing Number Including Check Digits (9 digits)

ODFI: 053936150

Agency Location Code (ALC)

Account: XXXXX6102

Originating Company ID: 9053936150

ABA Transit Routing Number Including Check Digits (9 digits)

RDFI: 053100300