



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: Joe Slater, Operator  
 Slater Industries Treatment and Processing Facil.  
 5334 Shallowford Road  
 Lewisville, NC 27023

Date: 8/11/2015  
 Invoice #: SW015-0070

Description	Amount Due
Facility-Application: Slater Industries Treatment & Processing Facility (3422-TP-) 945 Valleystream Road Winston-Salem, NC 27104 (Amendment- Five-Year Renewal)	\$1,250.00
<b>Total Amount Due</b>	<b>\$1,250.00</b>
Date Due	9/10/2015

**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. 00004425  
 DATE 9-1-13

**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

SW015-0070  
P0532

**PERMIT APPLICATION REVIEW FORM**

Review Requested by:	Christine Ritter
Date Requested:	8/10/2015
Facility Name and Permit ID	Slater Industries Treatment and Processing Facility Permit # 3422-TP
Applicant (Owner) Name	Joe Slater
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 ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> ) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	2000
Permit Fee	\$1250.00
Date Application Received	4/28/2015
Contact Name, Title & Phone #	Joe Slater, Operator, (336) 416-6097
Email Address	Jslater1@triad.rr.com
Company	Slater Industries
911 Address	945 Valley Stream Road Winston-Salem, NC 27104
Mailing Address	5334 Shallowford Road Lewisville, NC 27023
City/State/Zip	_____
Parent Company	Slater Industries
Known Subsidiaries	_____
Other known names business has operated under	_____
Known Counties of Operation	Forsyth
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: <b>T&amp;P</b> Permit #: <b>3422-TP</b>
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input type="checkbox"/>
Other notes	_____