



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: Tim McQueen, Operations Manager
 Pharmaceutical Dim. dba Ozone Waste Solutions
 7353-A Friendly Avenue
 Greensboro, NC 27410

Date: 10/9/2014
 Invoice #: SW014-0090

Description	Amount Due
Facility-Application: Ozone Waste Solutions (4126-MWP-2014) 7353 West Friendly Avenue Greensboro, NC 27410 Permit Modification Application (Modification- Change to Approved Plans (NO CHR)) received on 10/1/2014	\$500.00
Total Amount Due	\$500.00
Date Due	11/8/2014

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

PAID
 CK. NO. 7718
 DATE 11-12-14

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>

SWD14-0090
P1270

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Larry Frost</u>
Date Requested:	<u>10/8/2014</u>
Facility Name and Permit ID	<u>4126-MWP-2014 Ozone Waste Solutions</u>
Applicant (Owner) Name	<u>Ozone Waste Solutions</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 type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input type="checkbox"/> (2)b. Amendment – Renewal/Review <input type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input checked="" 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	<u>6,000 TPY</u>
Permit Fee	<u>\$500.00</u>
Date Application Received	<u>10/1/2014</u>
Contact Name, Title & Phone #	<u>Tim McQueen, Chief Operating Officer, 336.550.4037</u>
Email Address	<u>tmcqueen@phdreturns.com</u>
Company	<u>Ozone Waste Solutions</u>
911 Address	<u>7353-A West Friendly Avenue</u>
Mailing Address	<u>7353-A West Friendly Avenue</u>
City/State/Zip	<u>Greensboro, NC 27410</u>
Parent Company	<u>Pharmaceutical Dimensions, Inc.</u>
Known Subsidiaries	<u>NA</u>
Other known names business has operated under	<u>NA</u>
Known Counties of Operation	<u>All 100</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: Med Waste Permit #: 4126
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	<u>PTO modification for change in the ownership of the property leased by OWS.</u>