



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: Jeff Lees  
 JS Weeks Sand, Inc.  
 PO Box 540  
 Cameron, NC 28326

Date: 5/21/2015  
 Invoice #: SW015-0048

Description	Amount Due
Facility-Application: Weeks Sandpit #2 (43F-LCID-2010) 20796 Hwy 24-27 Cameron, NC 28326 Permit Modification Application (Modification-Subsequent Permit to Operate (NO CHR)) received on 11/12/2013	\$250.00
<b>Total Amount Due</b>	<b>\$250.00</b>
Date Due	6/20/2015

**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. Credit Card 15052674868  
 DATE 5.27.15 254

**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

SW015-0048  
P 206

**PERMIT APPLICATION REVIEW FORM**

Review Requested by:	<u>Elizabeth Werner</u>	Date Requested:	<u>5/21/15</u>
----------------------	-------------------------	-----------------	----------------

Facility Name and Permit ID	<u>Weeks Sandpit #2 LCID 43F-LCID-2010</u>
Applicant (Owner) Name	<u>JS Weeks Sand, Inc.</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 – Five-year Renewal <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)
Permit Fee	<u>\$ 250.00</u>
Date Application Received	<u>11/12/13</u>
Contact Name, Title & Phone #	<u>Joseph Weeks</u> <i>Jebb Lees</i> <i>Weekshop@Windstream.net</i>
Company	<u>JS Weeks Sand, Inc.</u>
911 Address	<u>20710 Highway 24/27 Cameron, NC 28326</u>
Mailing Address	<u>20710 Highway 24/27</u>
City/State/Zip	<u>Cameron/NC/28326</u>
Parent Company	<u>JS Weeks Sand, Inc.</u>
Known Subsidiaries	<u>NA</u>
Other known names business has operated under	<u>NA</u>
Known Counties of Operation	<u>Harnett</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>LCID</u> Permit #: <u>43F</u>
Does the applicant have other DENR permits?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>
Other notes	_____