



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: James Maides, President  
 Maysville C&D Recycling & Recovery Facility  
 11710 Highway 17  
 Maysville, NC 28555

Date: 5/11/2015  
 Invoice #: SW015-0044

Description	Amount Due
Facility-Application: Maysville C&D Recycling & Recovery Facility (5203-CDLF-2013) 11710 Highway 17 Maysville, NC 28555 Permit Modification Application (Modification- Change to Approved Plans (NO CHR)) received on 5/6/2015	\$500.00
<b>Total Amount Due</b>	<b>\$500.00</b>
Date Due	6/10/2015

**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.]

**Registration Fee Amount is Based on Facility's Current Permit Application:**

Pursuant to North Carolina General Statute 130A-209.33, a fee is computed for each permit application for a facility or activity. The fee shall be used to pay the cost of the permit application process. An application for a permit is not complete until all fees are received.

**Solid Waste Contacts:**

Billing and Registration process:  
 Mary H. Johnson (919) 707-8236  
 Elizabeth Cook (919) 707-8245

Regulations and Technical Assistance:  
 Elizabeth Cook (919) 707-8245 Landfills, Transfer Stations  
 Tony Gallagher (919) 707-8280 Land Application Sites, Compost Facilities

**PAID**  
 CK. NO. 50439  
 DATE 5 26 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  
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5W015-0044  
P 1246

**PERMIT APPLICATION REVIEW FORM**

Review Requested by: John Murray	Date Requested: 5/8/2015
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Facility Name and Permit ID	<u>Maysville C&amp;D Recycling &amp; Recovery Facility</u> 5203-CDLF-2013
Applicant (Owner) Name	<u>Green Recycling Solutions LLC</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>\$500.00</u>
Date Application Received	<u>5/6/2015</u>
Contact Name, Title & Phone No.	<u>James Maides, President, 910-938-5900</u>
Contact Email Address	<u>JamesMaides@csbenc.com</u>
Company Name	<u>Green Recycling Solutions LLC [Operator]</u>
911 Address	<u>11710 Highway 17</u>
Mailing Address	<u>11710 Highway 17</u>
City/State/Zip	<u>Maysville NC 28555</u>
Parent Company	<u>Same</u>
Known Subsidiaries	<u>Unknown</u>
Other Known Related or Associated Business Names	<u>Unknown</u>
Known Counties of Operation	<u>Jones, Craven, Carteret, Onslow, Duplin and Lenoir</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: CDLF Permit No.: 5203-CDLF-2013
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"/>
Other Notes	<u>Modification to the Operation Plans.</u>