



North Carolina Department of Environment and Natural Resources

Pat McCrory  
Governor

Donald R. van der Vaart  
Secretary

January 6, 2015

Seascope at Holden Plantation Marina  
1612 Military Cutoff Road, Suite 108  
Wilmington, NC 28403

**Re: Permit to Operate a Septage Management Facility  
Seascope Marina at Holden Plantation NCS-01002**

Dear Seascope at Holden Plantation Marina:

The Division of Waste Management, Solid Waste Section, has received your "Application for a Permit to Operate a Septage Management Facility" and payment in the amount of \$200.00

You are hereby issued a **2015 Permit to Operate a Septage Management Facility** for the following facilities:

**Septage Detention or Treatment Facility SDTF-10-19**

This permit is valid from January 1, 2015 until December 31, 2015. If you have any questions or need to make any changes to this permit please feel free to contact Liz Patterson, Environmental Technician, at 919-707-8286.

Sincerely,

Martin A. Gallagher, Environmental Supervisor  
Composting & Land Application Branch

cc: John College, Environmental Senior Specialist, Washington Regional Office  
Brunswick County Health Department

S:/Solid\_Waste/CLA/SEPTAGE/Firm Permits/Firm Permits 2015/P-01002-2015

NCS-01002

APPLICATION FOR A PERMIT TO OPERATE A SEPTAGE MANAGEMENT FACILITY  
(NON-PUMPER - \$200 FEE PER FACILITY)

ENTERED

DIVISION OF WASTE MANAGEMENT - SOLID WASTE SECTION  
1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1649

(1.) Facility name: SEASCAPE AT HOLDEN PLANTATION MARINA  
Street address of office 11012 Military Cutoff Rd, Ste 108  
Wilmington, NC 28403  
Mailing address (if different) \_\_\_\_\_

County Brunswick

(2.) Facility owner's name SEASCAPE AT HOLDEN PLANTATION MARINA  
Mailing address Same  
Phone: 910-250-2021 Email: \_\_\_\_\_

(3.) Facility operator's name \_\_\_\_\_ Facility operator's title \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

(4.) Type(s) of septage managed:  
Domestic  Portable Toilet Waste \_\_\_\_\_ Grease (restaurant) \_\_\_\_\_  
Treatment Plant \_\_\_\_\_ Industrial/Commercial \_\_\_\_\_

(5) Facility Types: Check all that are applicable and provide the permit numbers.  
a) Septage land application site \_\_\_\_\_  
b) Boat pump-out storage  SDTF-10-19 Exp. 9/1/2016  
c) Septage storage tanks \_\_\_\_\_  
d) Septage treatment \_\_\_\_\_  
e) Grease treatment \_\_\_\_\_

(6) Name and Permit Number of all permitted Septage Management Firms using facility :

- (1) ~~SDTF-10-19~~
- (2) SEASCAPE MARINA NCS-01002
- (3) \_\_\_\_\_

(Use additional sheets if necessary)

PAID

CK. NO. 6587  
DATE 11/30/14  
\$200.00

Certification Statement

I certify that the information and representations in this application for a permit are true, complete, and accurate to the best of my knowledge and belief. I am aware that a permit may be suspended or revoked upon a finding that its issuance was based upon incorrect or inadequate information that materially affected the decision to issue the permit and that there are criminal penalties for knowingly making a false statement, representation, or certification.

[Signature]  
Signature\*

11-4-2014  
Date

LEE BROWN  
Print Name

Community mgr.  
Title

\*Signature of company official required.