



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: Jason Gibson  
 Carolina Compost, Inc.  
 1570 Kepley Road  
 Lexington, NC 27292

Date: 12/19/2014  
 Invoice #: SW014-0107

Description	Amount Due
Facility-Application: Carolina Compost, Inc. (Non Permit) Free Pilgrim Church Road Thomasville, NC 27360 Permit Renewal Application (New Facility) received on 12/12/2014	\$1,750.00
<b>Total Amount Due</b>	<b>\$1,750.00</b>
<b>Date Due</b>	<b>1/18/2015</b>

**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. 1007 \$1750.00  
 DATE 12-29-14

**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>

**Remit paper checks to**

N.C. Division of Waste Management  
 Solid Waste Section  
 1646 Mail Service Center  
 Raleigh, NC 27699-1646

**PERMIT APPLICATION REVIEW FORM**

SW014-0107  
P1289

Review Requested by: Donna Wilson	Date Requested: 12/19/2014
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Facility Name and Permit ID	<u>Carolina Compost (new permit)</u>
Applicant (Owner) Name	<u>Carolina Compost, Inc.</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input checked="" 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 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>
Permit Fee	<u>\$1750</u>
Date Application Received	<u>12/12/2014</u>
Contact Name, Title & Phone No.	Jason Gibson, owner, 336-250-9848
Contact Email Address	sue@64portables.com
Company Name	<u>Carolina Compost, Inc</u>
911 Address	<u>Free Pilgrim Church Road, Thomasville NC</u>
Mailing Address	1570 Kepley Rd
City/State/Zip	Lexington NC 27292
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other Known Related or Associated Business Names	<u>64 Portables, Inc.</u>
Known Counties of Operation	<u>Davidson</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: septage Permit No.: NCS-00942
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>
Other Notes	<u>This will be a new type 4 compost facility, and will need a new permit number and P number.</u>

Data Field	Description	Data
Site_Name	M: name given to the facility. Name can permit name, but does not have to.	Carolina Compost
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	558 Pilgrim Church Rd.
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Thomasville
State	M: two letter US postal service abbreviation for the state where the facility is located.	NC
Zip	M: zip code for the location address.	27360
County	M: county name where facility is located.	Davidson
Latitude	M: decimal degrees, should be between 33 and 37.	35.803563
Longitude	M: decimal degrees, should be between -75 and -85.	-80.135258
Horiz_Collection_Method	O: applies to how the coordinates were collected: 001=GPS or 002=geocode or 003=from map	
Supplemental_Location	O: descriptive text for locating a facility when address is not practical.	
Geometric_Type	M: 001=Fixed or 002=Mobile, e.g. Facility is Fixed, a septage pumper is Mobile	1
Reference_Point	O: description of point where coordinates were collected at the facility, 001=front door, 002=permitted feature, 003=for mobile, 004=undefined point on facility	
Status	M: description of the overall facility; Open or Closed.	
Owner	M: classification of the owner of the facility as either Public or Private entities.	private
Start_Date	M: date on which the facility began to be of interest to the program, Facility Registration Date; Facility's Original Permit Issue Date; Facility's First Inspection Date; Program's Start Date; Department's Creation Date (07/01/1989)	
Start_Date_Qualifier	O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date.	
End_Date	O: date on which the facility ceased to be of interest to the program.	
End_Date_Qualifier	O: description of event represented by End_Date field, e.g. Date of Final Closure.	
PermitID	M: unique id number used for permit	
LocationID	M: id number used in location table to identify the facility or environmental interest subject to this permit. This number is assigned and is only needed if permit relates to an existing site.	
Permit_Name	M: Common Name used for this permit	Carolina Compost
Orig_PermitIssueDate	M: Date when first permit issued.	
PermitIssueDate	M: Date MOST recent permit issued.	
PermitExpDate	M: Date when current permit expires.	
PermitStatus	M: Active=Accepting/handling waste; Inactive=Not accepting waste; Proposed=Application in-house for NEW permit; Expired=Past Expiration date but not officially closed; Post-Closure=Not taking waste but monitoring; Closed=Not accepting waste and 'official' closure letter sent; Post-Closure Complete=Not taking waste and monitoring complete; County=Non-facility within a county	Proposed
Rule	M: block of rules governing site e.g. .1600, .0500, .1100, .0800, etc.	0.14
EnvMonitoring	M: environmental monitoring required, yes is required or no is not required.	no
PrimaryWaste_Type	M: primary waste type handled under this permit: MSW, CD, Indus, Tire, LCID, Medical, YW, Septage, HHW, WG	Septage, YW
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	Compost
Owner_Name	M: name of owner as appears on the permit.	Carolina Compost, Inc.
Operator_Name	M: name of operator/facility manager.	Jason Gibson