

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

CASH DISBURSEMENTS CODE SHEET

PLEASE USE YOUR TAB KEY TO ACCESS AVAILABLE FIELDS

Division: Waste Management

Vendor Number: Grp. Letter New Vendor

Vendor Name: Coastal Fiber & Recycling, LLC

Vendor Address: PO Box 2139
Wilmington, NC 28402

Remit Code/
Message: Reimbursement of permit fee - cancelled permit request

Matching Invoices Only

Buy Entity: 16E FY:

PO Number: Partial Pmt.

PO Line #: AMT:

NCG # FED #

BID #

* Is NC OPENBook required? *

Invoice Number	Invoice Date	Amount	Cr	Company	Account	Center	1099 Code	Accrual Code
SW015-0028	6/9/15	5,000.00		1602	435100	2394		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Sales Tax Amt
Freight Amt
Gross Amt

5,000.00

Comments:

FAS Number:

County Code: Budget Code:

Pay Entity: 16PT

PT = Trade Vendors
PE = Employee Vendors
PN = Non-Trade Vendors

Controller's Office Use Only:

Control #

Date

Prepared By: [Signature] Date: 6-9-15

Approved By: Date:

Entered By: Date:

Division Director's approval: Date:
(if required)

→ (PC = Contract Vendors - Use Contract Expenditure Report) →

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Name (as shown on your income tax return)
Coastal Fiber & Recycling, LLC
 Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
PO Box 2139
 City, state, and ZIP code
Wilmington, NC 28402

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Employer identification number

4	7	-	1	9	6	7	4	8	5
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *James Allen* Date ▶ 6/9/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



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: Jeremy Alper
 Coastal Fiber & Recycling, LLC
 PO Box 2139
 Wilmington, NC 28402

Date: 3/17/2015
 Invoice #: SW015-0028

Description	Amount Due
Facility-Application: Coastal Fiber & Recycling, LLC (Non permit) 2923 Hwy. 421 N. Wilmington, NC 28401 New Application for Permit (New Facility) received on 3/12/2015	\$5,000.00
Total Amount Due	\$5,000.00
Date Due	4/16/2015

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 16224965085
 DATE 4-30-15

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
 Raleigh, NC 27699-1646

5W015-0028

P1292

PERMIT APPLICATION REVIEW FORM

0512 TRANSFER-2015

Review Requested by:	Pat Backus
Date Requested:	3/17/2015
Facility Name and Permit ID	Coastal Fiber & Recycling, LLC (New permit)
Applicant (Owner) Name	Coastal Fiber & Recycling, LLC
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 – Renewal/Review <input type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input 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	
Permit Fee	\$5,000
Date Application Received	3/12/2015
Contact Name, Title & Phone #	Jeremy Alper 910-409-9156
Email Address	Jeremy@coastalfiber.com Jralper@seathammotals.com
Company	Coastal Fiber & Recycling, LLC
911 Address	2923 Hwy 421 N, Wilmington, NC 28401
Mailing Address	PO Box 2139
City/State/Zip	Wilmington, NC 28402
Parent Company	
Known Subsidiaries	
Other known names business has operated under	
Known Counties of Operation	New Hanover
Does the applicant have a past or current solid waste permit?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
	Facility Type: Permit #:
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>
Other notes	

APPLICATION FOR NEW PERMIT DATA SHEET (Revised March 2012)

Data Field	Description	Data
Site_Name	M: name given to the facility. Name can permit name, but does not have to.	Coastal Fiber & Recycling, LLC
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	2923 Hwy 421 Norrth
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Wilmington
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.	28401
County	M: county name where facility is located.	New Hanover
Latitude	M: decimal degrees, should be between 33 and 37.	34.279773
Longitude	M: decimal degrees, should be between -75 and -85.	-77.962454
Horiz_Collection_Method	O: applies to how the coordinates were collected: 001=GPS or 002=geocode or 003=from map	3
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	4
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	Coastal Fiber & Recycling, LLC
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.	0.04
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	CD
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	Trans
Owner_Name	M: name of owner as appears on the permit.	Coastal Fiber & Recycling, LLC
Operator_Name	M: name of operator/facility manager.	Coastal Fiber & Recycling, LLC