



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. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Stephen

Stephen

Applicant Address:	Contact/Billing Information:	Facility Location Address:
	Mr. Steven Candelori Specialized Landscape Services 1017 Center Grove Church Rd Moncure NC 27559	Mr. Steven Candelori Chatham Stump Dump 1017 Center Grove Church Rd Moncure NC 27559

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW09-0045	06-11-2009		\$1000.00

A. Permit Fee Requirements: 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. Permit fees are due 30 days from the invoice date and an application is deemed incomplete until all fees are received.

B. Explanation of Invoice Amount is Based on Facility's Current Permit Application

Purposed Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
	LCID	New-LCID Land Permit	6-9-09	\$1000.00	\$1000.00
Total Amount Due					\$1000.00
Amount Paid					

C. Remit Payment (including a copy of this invoice) To:

Division of Waste Management
 Solid Waste Section
 1646 Mail Service Center
 Raleigh, NC 27699-1646
 Attn: Ellen Lorscheider

VOID

D. Solid Waste Contacts:

- Questions about billing process: Ellen Lorscheider at (919) 508-8499 or Jeff Skabo (919)508-8504
- Questions about the Regulations and Technical Assistance:
 Ed Mussler (919) 508-8495 Landfills, Transfer Stations
 Michael Scott (919) 508-8513 Land Application Sites, Compost Facilities

E. Update Your Information: Please indicate any changes in Facility or Contact Information.

**SOLID WASTE SECTION PERMIT APPLICATION
COMPLIANCE REVIEW REQUEST
AND PERMIT FEE INVOICE REQUEST**

Submit to the Field Operations Branch Head (or Compliance Officer) and to Jeff Skabo

Review Requested by:	<u>Agyemang Adu-Poku</u>	Date Requested:	<u>6/10/09</u>
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Name of facility and permit number	<u>Chatham Stump Dump</u>
Applicant (Owner) Name	<u>Specialized Landscape Services</u>
Description of Permit Request	<u>New LCID Landfill Permit</u>
Permit Fee Action	<u>\$1,000</u>
Date Application Received	<u>6/09/09</u>
Contact Name and Title	<u>Stephen Candelori, CEO</u>
Company	<u>Specialized Landscape Services</u>
911 Address	<u>1017 Center Grove Church Road</u>
Mailing Address	<u>1017 Center Grove Church Road</u>
City/State/Zip	<u>Moncure, NC 27559</u>
Parent Company	<u>n/a</u>
Known Subsidiaries	<u>n/a</u>
Other known names business has operated under	<u>n/a</u>
Known Counties of Operation	<u>n/a</u>
Does the applicant have a past or current solid waste permit? If Yes:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: _____ Permit #: _____
Does the applicant have other DENR permits? If Yes:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input type="checkbox"/>
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>
Other notes	<u>n/a</u>

Please confirm that the compliance review requirements for this application have been satisfied.

P1184
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