

# 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: Josh Mitchell, Public Works Director  
Alexander County CDLF  
621 Liledoun Road Box 12  
Taylorsville, NC 28681

Date: 2/1/2016  
Invoice #: SW016-0010

Description	Amount Due
Facility-Application: Alexander County CDLF (0201-CDLF-1997) 2500 Paynes Dairy Road Taylorsville, NC 28681 Permit Renewal Application (Amendment- Five-Year Renewal) received on 3/26/2014	\$9,000.00
Total Amount Due	\$9,000.00
Date Due	3/2/2016

### 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

### 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>

**PAID**  
CK. NO. 00225246  
DATE 2-9-16

### Remit paper checks to

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

SW016-0010

PERMIT APPLICATION REVIEW FORM

P0816

Review Requested by:	<u>Larry Frost</u>
Date Requested:	<u>1/29/2016</u>
Facility Name and Permit ID	<del>0202T TRANSFER-1998 Alexander Co. Transfer Station</del> <u>0201-CDLF-1997 Alexander County CDLF</u>
Applicant (Owner) Name	<u>Alexander County</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 checked="" type="checkbox"/> (2)b. Amendment – Renewal/Review <input checked="" 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 ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> ) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>6,000</u>
Permit Fee	<u>\$9,000.00</u>
Date Application Received	<u>3/26/2014</u>
Contact Name, Title & Phone #	<u>Josh Mitchell, Public Works Director, 828.632.1101</u>
Email Address	<u>jimitchell@alexandercountync.gov</u>
Company	<u>Alexander County</u>
911 Address	<del>621 Liledoun Road</del> <u>2500 Paynes Dairy Rd</u>
Mailing Address	<u>621 Liledoun Road, Box 12</u>
City/State/Zip	<u>Taylorsville, NC 28681</u>
Parent Company	<u>Alexander County</u>
Known Subsidiaries	<u>NA</u>
Other known names business has operated under	<u>NA</u>
Known Counties of Operation	<u>Alexander County</u>
Does the applicant have a past or current solid waste permit?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>INDUS</u> Permit #:
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	<u>FA is unchanged from previous year.</u> <u>Application is DIN 25554.</u>