

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: Billy Chastain, Solid Waste Supervisor
Clay County
PO Box 118
Hayesville, NC 28904

Date: 11/12/2015
Invoice #: SW015-0095

Description	Amount Due
Facility-Application: Clay County Transfer Station (2202T-TRANSFER-1997) 1160 Hinton Center Road Hayesville, NC 28904 Permit Renewal Application (Amendment- Five-Year Renewal) received on 11/2/2015	\$3,000.00
Total Amount Due	\$3,000.00
Date Due	12/12/2015

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

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

PAID
CK. NO. 100263
DATE 11-24-15

SW015-0095

PD724

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Allen Gaither</u>
Date Requested:	<u>11/4/2015</u>
Facility Name and Permit ID	<u>Clay County Transfer Station, 2202T-TRANSFER-1997</u>
Applicant (Owner) Name	<u>Clay 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 (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	<u>N/A</u>
Permit Fee	<u>\$3,000</u>
Date Application Received	<u>11/2/2015</u>
Contact Name, Title & Phone #	<u>Mr. Billy Chastain, Solid Waste Supervisor, (828) 389-9133</u>
Email Address	<u>clayco.solidwaste@claync.org</u>
Company	<u>Clay County</u>
911 Address	<u>1160 Hinton Center Road</u>
Mailing Address	<u>P.O. Box 118</u>
City/State/Zip	<u>Hayesville, NC 28904</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>Clay County</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: <u>MSWLF, TS</u> Permit #: <u>22-01, 02</u>
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	