



North Carolina Department of Environmental Quality
 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: Nathan Arnett, Environmental Engineer
 Cherry Point WWTP
 MCAS Postal Service Code Box 8003
 Cherry Point, NC 28533-0003

Date: 5/26/2016
 Invoice #: SW016-0052

Description	Amount Due
Facility-Application: Cherry Point WWTP (Non-permit) <i>CCB0080</i> 4376 Roosevelt Blvd. Cherry Point, NC 28533-0006 New Application for Permit (New Facility) received on 5/18/2016	\$0.00
Total Amount Due	\$0.00
Date Due	6/25/2016

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>

Remit paper checks to

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

SW016-00 52

P1305

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Elizabeth Werner</u>
Date Requested:	<u>5/26/2018</u>
Facility Name and Permit ID	<u>New structural fill – Cherry Point WWTP CCB00XX</u>
Applicant (Owner) Name	<u>Marine Corps Air Station Cherry Point</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 – 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	<u>NA</u>
Permit Fee	<u>NA</u>
Date Application Received	<u>5/19/2016</u>
Contact Name, Title & Phone #	<u>Nathan Arnett, Environmental Engineer, 252-466-5271</u>
Email Address	<u>nathan.arnett@usmc.mil</u>
Company	<u>MCAS Cherry Point</u>
911 Address	<u>4376 Roosevelt Blvd, MCAS Cherry Point NC 28533-0006</u>
Mailing Address	<u>MCAS Postal Service Code Box 8003</u>
City/State/Zip	<u>Cherry Point, NC 28533-0003</u>
Parent Company	<u>NA</u>
Known Subsidiaries	<u>NA</u>
Other known names business has operated under	<u>NA</u>
Known Counties of Operation	
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: INDUS Permit #: CCB0011
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>No permit fee associated with a structural fill</u>

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.	Cherry Point WWTP
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	4376 Roosevelt Blvd, MCAS
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Cherry Point
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.	28533-0003
County	M: county name where facility is located.	Craven
Latitude	M: decimal degrees, should be between 33 and 37.	34°54'47.217"N 34.913116
Longitude	M: decimal degrees, should be between -75 and -85.	76°54'24.805"W -76.70689
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	
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.	new structural fill
Owner	M: classification of the owner of the facility as either Public or Private entities.	MCAS Cherry Point
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)	June/July 2016
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.	August 2016
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	CCB00XX
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	Cherry Point WWTP
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.	SB 729 130A-309.219
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	coal combustion residuals (CCR)
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	structural fill
Owner_Name	M: name of owner as appears on the permit.	MCAS Cherry Point
Operator_Name	M: name of operator/facility manager.	