North Carolina Department of Environmenal 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: Kyle Little, Compliance Manager
Daniels Sharpsmart, Inc.
111 West Jackson Blvd., Suite 720
Chicago, IL 60604

Date: 8/2/2016
Invoice #: **SW016-0065**

Description	Amount Due
Facility-Application: Daniels Sharpsmart, Inc. (Non-permit) 3617-MWP-2016 1851 Chespark Drive Gastonia, NC 28052 New Application for Permit (New Facility) received on 7/26/2016	$50.00
Total Amount Due	**$50.00**
Date Due	9/1/2016

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

PAID
CK. NO. 32050
DATE 8-2-16

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

SW016-0065
P1306

PERMIT APPLICATION REVIEW FORM

Review Requested by:	Larry Frost
Date Requested:	7/29/2016
Facility Name and Permit ID	Daniels Sharpsmart, Inc.
Applicant (Owner) Name	Daniels Sharpsmart, Inc.
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	☒ (1)a. New – New Facility ☐ (1)b. New – Expand Facility Boundary ☐ (1)c. New – Expand Waste Boundary ☐ (1)d. New – Substantial Amendment ☐ (2)a. Amendment – Next Phase of the Approved Facility Plan ☐ (2)b. Amendment – Renewal/Review ☐ 5YR ☐ 10YR ☐ (2)c. Amendment – Change in Ownership ☐ (3)a. Modification – Change to Approved Plans **(No CHR)** ☐ (3)b. Modification – Subsequent Permit to Operate **(No CHR)** ☐ (3)c. Modification – Five-year Limited Review ☐ (4) Major Permit Modification
Permitted Annual Tonnage	1500 TPY
Permit Fee	$50
Date Application Received	7/26/2016
Contact Name, Title & Phone #	Kyle Little, Compliance Manger, (312) 285-9087
Email Address	KLittle@danielshealth.com
Company	Daniels Sharpsmart, Inc.
911 Address	1851 Chespark Dr. Gastonia, NC 28052
Mailing Address	111 West Jackson Blvd. Suite 720
City/State/Zip	Chicago, IL 60604;
Parent Company	Daniels Sharpsmart, Inc.
Known Subsidiaries	
Other known names business has operated under	Daniels Health
Known Counties of Operation	
Does the applicant have a past or current solid waste permit?	Yes ☐ No ☒ Unknown ☐ Facility Type: INDUS Permit #:
Did the permit applicant submit Financial Assurance cost estimates?	Yes ☒ No ☐ Not Needed ☐
Other notes	Application is DIN 26531, proposed medical waste facility in Gaston County, I need a P-number

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.	Daniels Sharpsmart, Inc.
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	1851 Chespark Dr.
Address2	M: second line of physical address, used when necessary.	NA
City	M: city, town or locality where facility is located.	Gastonia
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.	28052
County	M: county name where facility is located.	Gaston
Latitude	M: decimal degrees, should be between 33 and 37.	35.288
Longitude	M: decimal degrees, should be between -75 and -85.	-81.223
Horiz_Collection_Method	O: applies to how the coordinates were collected: 001=GPS or 002=geocode or 003=from map	003
Supplemental_Location	O: descriptive text for locating a facility when address is not practical.	NA
Geometric_Type	M: 001=Fixed or 002=Mobile, e.g. Facility is Fixed, a septage pumper is Mobile	001
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	004
Status	M: description of the overall facility; Open or Closed.	Closed/Proposed
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)	7/26/2016
Start_Date_Qualifier	O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date.	NA
End_Date	O: date on which the facility ceased to be of interest to the program.	NA
End_Date_Qualifier	O: description of event represented by End_Date field, e.g. Date of Final Closure.	NA
PermitID	M: unique id number used for permit	will be needed later
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.	***needed now for data entry***
Permit_Name	M: Common Name used for this permit	Daniels Sharpsmart, Inc.
Orig_PermitIssueDate	M: Date when first permit issued.	NA
PermitIssueDate	M: Date MOST recent permit issued.	NA
PermitExpDate	M: Date when current permit expires.	NA
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.	,1200
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	Medical
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	TP
Owner_Name	M: name of owner as appears on the permit.	Daniels Sharpsmart, Inc.
Operator_Name	M: name of operator/facility manager.	Daniels Sharpsmart, Inc.