



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: Peter Gallins
 Gallins Family Farm
 222 Rocky Dale Lane
 Mocksville, NC 27028

Date: 12/12/2013
 Invoice #: SW014-0113

Description	Amount Due
Facility-Application: Gallins Family Farm (3005-COMPOST-2014) 222 Rocky Dale Lane Mocksville, NC 27028 New Application for Permit (New Facility) received on 12/12/2013	\$0.00
Total Amount Due	\$0.00
Date Due	1/11/2014

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

3005-Compost-2014
P 1274

PERMIT APPLICATION REVIEW FORM

Review Requested by:	Tony Gallagher	Date Requested:	5/20/2014
----------------------	----------------	-----------------	-----------

Facility Name and Permit ID	Gallins Family Farm, ^{SWCD} SWDE 30-02
Applicant (Owner) Name	Peter Gallins
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 – Five-year Renewal <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)
Permit Fee	N/A
Date Application Received	12/12/2013
Contact Name, Title & Phone #	Peter Gallins (336) 407-0961
Email Address	petergallins@gmail.com
Company	Gallins Family Farm
911 Address	222 Rocky Dale Lane
Mailing Address	222 Rocky Dale Lane
City/State/Zip	Mocksville, NC 27028
Parent Company	N/A
Known Subsidiaries	N/A
Other known names business has operated under	N/A
Known Counties of Operation	Davie
Does the applicant have a past or current solid waste permit?	Yes No x Unknown <input type="checkbox"/> Facility Type: <u>Demo compost facility</u> Permit #: <u>SWCD 30-02</u>
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A x Not Needed
Other notes	_____

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.	Gallins Family Farm
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	222 Rocky Dale Lane
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Mocksville
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.	27028
County	M: county name where facility is located.	Davie
Latitude	M: decimal degrees, should be between 33 and 37.	35.97526
Longitude	M: decimal degrees, should be between -75 and -85.	-80.54005
Horiz_Collection_Method	O: applies to how the coordinates were collected: 001=GPS or 002=geocode or 003=from map	1
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	2
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	2
Status	M: description of the overall facility; Open or Closed.	open
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)	4/4/2011
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.	
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	
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	
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	
Rule	M: block of rules governing site e.g. .1600, .0500, .1100, .0800, etc.	0.14
EnvMonitoring	M: environmental monitoring required, yes is required or no is not required.	Yes
PrimaryWaste_Type	M: primary waste type handled under this permit: MSW, CD, Indus, Tire, LCID, Medical, YW, Septage, HHW, WG	FoodWaste
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	Compost
Owner_Name	M: name of owner as appears on the permit.	Peter M. Gallins & Lyndsy Soltau Gallins
Operator_Name	M: name of operator/facility manager.	Peter M. Gallins