



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: Nicole Bruns
 Craven Ag Services Inc
 2115 Highway 55 W
 New Bern, NC 28562

Date: 8/15/2011
 Invoice #: SW011-0064

Description	Amount Due
Facility-Application: Craven Ag Service Inc (2514-COMPOST-2014) 2115 Hwy 55 West New Bern, NC 28562 Permit Renewal Application () received on 8/4/2011	\$1,750.00
Total Amount Due	\$1,750.00
Date Due	9/14/2011

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. _____
 DATE 8-24-11

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

SW011-0064
 2514-Compost-2014
 P 1233

Data Field	Description	Data
Site_Name	M: name given to the facility. Name can permit name, but does not have to.	Craven Ag Services Compost Facility
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	5391 River Road
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Vanceboro
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.	28586
County	M: county name where facility is located.	Craven
Latitude	M: decimal degrees, should be between 33 and 37.	35.25117
Longitude	M: decimal degrees, should be between -75 and -85.	-77.18531
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	1
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.	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)	6/4/2009
Start_Date_Qualifier	O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date.	Approval of composting demonstration
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	2514-COMPOST-2014
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.	P1233
Permit_Name	M: Common Name used for this permit	Craven Ag Services Compost Facility
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	Active
Rule	M: block of rules governing site e.g. .1600, .0500, .1100, .0800, etc.	1400
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	LCID
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.	Craven Ag Services, Inc.
Operator_Name	M: name of operator/facility manager.	J. W. (Billy) Dunham

Johnson, Mary H

From: Wilson, Donna
Sent: Friday, May 23, 2014 4:12 PM
To: Brown, Ethan; Johnson, Mary H
Subject: new facility ID for Craven Ag Services Compost Facility
Attachments: New Permit DATA sheet Craven Ag May 2014.xls

Hello Ethan and Mary – I'm requesting a new permit number for Craven Ag Services Compost Facility. This is a site of an existing compost demo, and that demo ID SWCD-2501 will change to inactive when the new ID begins. The permit hasn't been issued yet but will be issued soon. Tracker does have a P number for it, P1233.

A Data sheet for it is attached. I believe the new ID will be 2514-COMPOST-2014.
Thanks, Donna

Donna J. Wilson
Environmental Engineer
Solid Waste Section/Division of Waste Management/NC DENR
Phone 919-707-8255
Email - donna.wilson@ncdenr.gov
Section webpage - <http://portal.ncdenr.org/web/wm/sw>

Office address - 217 W. Jones St, Raleigh NC 27603
Mailing and delivery address - 1646 Mail Service Center, Raleigh NC 27699-1646

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