

# 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: Darrren Steinhilber, Solid Waste Services  
Mecklenburg Co Central Compost  
700 N Tryon Street  
Charlotte, NC 28202

Date: 3/16/2016  
Invoice #: SW016-0021

| Description  | Amount Due        |
|--|-------------------|
| Facility-Application:<br>Mecklenburg County-Compost Central (6012-COMPOST-1991)<br>5631 West Blvd.<br>Charlotte, NC 28208<br>Permit Renewal Application (Amendment- Five-Year Renewal) received on 2/23/2016 | \$1,250.00        |
| Total Amount Due   | <b>\$1,250.00</b> |
| Date Due   | 4/15/2016         |

### 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. 4289762  
DATE 4-25-16

### 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

SW016-0021

PO419

**PERMIT APPLICATION REVIEW FORM**

|   |   |
|---|---|
| Review Requested by:  | Perry Sugg  |
| Date Requested:   | 3/16/2016   |
| Facility Name and Permit ID   | Mecklenburg County - Compost Central/ Permit 6012-Compost - 199.  |
| Applicant (Owner) Name  | Mecklenburg County  |
| Description of Permit Request<br>[This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)] | <input type="checkbox"/> (1)a. New – New Facility<br><input type="checkbox"/> (1)b. New – Expand Facility Boundary<br><input type="checkbox"/> (1)c. New – Expand Waste Boundary<br><input type="checkbox"/> (1)d. New – Substantial Amendment<br><input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan<br><input checked="" type="checkbox"/> <b>(2)b. Amendment – Renewal/Review</b> <input checked="" type="checkbox"/> <b>5YR</b> <input type="checkbox"/> 10YR<br><input type="checkbox"/> (2)c. Amendment – Change in Ownership<br><input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR)<br><input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)<br><input type="checkbox"/> (3)c. Modification – Five-year Limited Review<br><input type="checkbox"/> (4) Major Permit Modification |
| Permitted Annual Tonnage  | 125,000 tons/year   |
| Permit Fee  | \$1250.00   |
| Date Application Received   | 2/23/2016   |
| Contact Name, Title & Phone #   | Darren Steinhilber, Solid Waste Services, (980) 314.3857  |
| Email Address   | Darren.steinhilber@mecklenburgcounty.nc.gov   |
| Company Name  | Mecklenburg County NC   |
| 911 Address   | 5631 West Boulevard, Charlotte NC 28208   |
| Mailing Address   | 700 North Tryon Street  |
| City/State/Zip  | Charlotte NC 28202  |
| Parent Company  | Mecklenburg County NC   |
| Known Subsidiaries  | n/a   |
| Other known names business has operated under   | n/a   |
| Known Counties of Operation   | Mecklenburg   |
| Does the applicant have a past or current solid waste permit?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/><br>Facility Type: <b>Large Type 1 Compost</b> Permit #: <b>6012-Compost</b>  |
| Did Applicant submit Financial Assurance cost estimates?  | Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A</b> <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>   |
| Other Notes   | 5-year Permit Renewal (existing expires May 31, 2016)   |