



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. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

<b>Applicant Address:</b>	<b>Contact/Billing Information:</b>	<b>Facility Location Address:</b>
	Mr. Ray Hoffman Republic Services of North Carolina, LLC 1220 Commerce Street, SW Conover, NC 28613	Beaufort County Transfer Station 500 Flanders Filters Road Washington, NC 27889

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0021	4-12-2012		\$3,000.00

**A. Permit Fee Requirements:** 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.

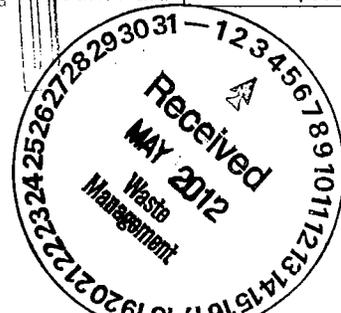
**B. Explanation of Invoice Amount is Based on Facility's Current Permit Application**

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
0703T-TRANSFER-1997	TRANSFER	Permit Amendment (Change in Ownership)	3/28/2012	\$3,000.00	\$3,000.00
Total Amount Due					\$3,000.00
Amount Paid					\$0.00

**C. Remit Payment (including a copy of this invoice) To:**

Division of Waste Management  
 Solid Waste Section  
 1646 Mail Service Center  
 Raleigh, NC 27699-1646  
 Attn: Ellen Lorscheider

RECEIVED  
 APR 23 2012  
 By: \_\_\_\_\_



**D. Solid Waste Contacts:**

1. Questions about billing process: Ellen Lorscheider at (919) 707-8445 or Liz Patterson at (919) 707-8286

2. Questions about the Regulations and Technical Assistance:  
 Ed Mussler (919) 707-8231 Landfills, Transfer Stations  
 Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

**PAID**  
 CK # 6547450  
 \$3,000.00  
 5/7/12  
 n/a

**E. Update Your Information:** Please indicate any changes in Facility or Contact Information.

Lawson  
 #6077779

Vendor # 545633  
 4330-600-595010

(S) ybs

**PERMIT APPLICATION REVIEW FORM**

Review Requested by:	<u>Pat Backus</u>	Date Requested:	<u>4/10/2012</u>
Facility Name and Permit ID	<u>Beaufort County Transfer Station, 07-03T</u>		
Applicant (Owner) Name	<u>Republic Services of North Carolina, LLC</u>		
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input 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 checked="" type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> )		
Permit Fee	<u>\$ 3,000</u>		
Date Application Received	<u>3/28/2012</u>		
Contact Name, Title & Phone #	<u>Ray Hoffman, (828) 695-2055</u>		
Company	<u>Republic Services of North Carolina, LLC</u>		
911 Address	<u>500 Flanders Filters Road, Washington, NC 27889</u>		
Mailing Address	<u>1220 Commerce Street, SW</u>		
City/State/Zip	<u>Conover, NC 28613</u>		
Parent Company	<u>Republic Services, Inc.</u>		
Known Subsidiaries	<u>Republic Services of North Carolina, LLC</u>		
Other known names business has operated under	<u>_____</u>		
Known Counties of Operation	<u>Multiple</u>		
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: _____ Permit #: _____		
Does the applicant have other DENR permits?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____		
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input type="checkbox"/>		
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a <input type="checkbox"/>		
Other notes	<u>I have requested a financial assurance estimate. I do not know all the facilities that Republic operates in NC.</u>		