



2011

Permit and Registration

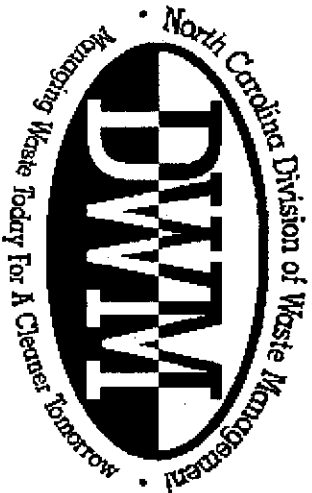
Panacea Biofuels

is here by issued a Septage Management Firm Permit,

Permit Number NCS-01160

And by virtue of completing the annual training requirements is hereby registered as a

Septage Management Firm
in the State of North Carolina.



This permit to operate a Septage Management Firm is issued to the above named person, business or entity alone and is not transferable to any other person, business or entity. Firm operation shall be in accordance with the provisions of N.C. General Statute 130A-291.1 - 130A-291.3, Title 15A of the N.C. Administrative Code 13B .0800 *et seq.*, conditions of the permit, and representations made in the application and accompanying documents for a permit.

The permit holder is authorized to discharge septage only at the location(s) listed below:

1. VLS Recovery Services (Mauldin, SC)
2. Crowell Dairy Farms, Inc. SWC-11-12, Asheville, NC

This permit does not entitle the permit holder to operate a Septage Land Application Site, a Septage Detention or Treatment Facility, or any other solid waste management facility; not specified herein.

Failure to operate as permitted may result in the Department suspending or revoking this permit, initiating action to enjoin the unpermitted operation, imposing administrative penalties, or invoking any other remedy as provided in Chapter 130A, Article 1, part 2 of the North Carolina General Statutes. This permit and registration expires on **December 31, 2011.**

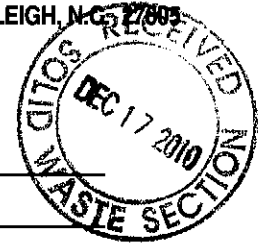
Date 1/12/11

Signed

ENTERED
11/11/2011

APPLICATION FOR PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM

DIVISION OF WASTE MANAGEMENT - SOLID WASTE SECTION - 401 OBERLIN RD., STE. 150, RALEIGH, N.C. 27605



(1.) Firm name: (The "Firm name" must be exactly as it is shown on your vehicle(s).)

PANACEA Biofuels
Street address of office: 341 Old Spartanburg Rd
City: Wellford State: SC Zip: 29385
Mailing address (if different): _____
City: _____ State: _____ Zip: _____
Phone: 864-949-8000 X-102 Fax: 864-949-8110
E-Mail: wbobo@panaceabiofuels.com
County: SPARTANBURG Septage Management Firm permit number: NCS # 1160

(2.) Firm owner's name: Jim McMillan + Buddy Carter

Mailing address (if different): _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

(3.) Firm operator's name: Wayne Bobo Firm operator's title: President

Mailing address (if different): _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____



(4.) Type(s) of septage pumped: Write in the number of gallons pumped in 2009 (Example: Domestic: 50,000).



Domestic	Portable Toilet Waste	Grease (Restaurant)	Treatment Plant	Industrial/Commercial
0	0	160,000	0	0

(5.) N.C. Counties of Operation: Western NC

(List each county you do business in)



(6.) Total Number of Pumper Vehicles Operated: 2
Number used for: Domestic Septage: 0 Grease (restaurant): 2
Other: 0 Portable Toilet Waste: 0
Vehicle Information: (use additional paper if needed)

	License Tag #	Vehicle Identification #	Tank Capacity
1	<u>P 717 281</u>	<u>2HTSDAAL11H371105</u>	<u>1900 gal</u>
2	<u>P 717 282</u>	<u>1M1AA18Y91W142346</u>	<u>3500 gal</u>
3			
4			
5			

APPLICATION CONTINUED ON PAGE 2

APPLICATION FOR PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM (CONTINUED FROM PAGE 1)

(7.) Septage Disposal Method: (check one)



VLS RECOVERY SERVICES (MAULDIN, SC)

a) Approved wastewater treatment plant: () yes () no. If yes, submit Wastewater Treatment Authorization for each plant, as indicated in Subparagraph .0817(d)(11) of the Septage Management Rules.

b) Septage Land Application Site (SLAS) Permit Numbers: (use additional sheets if needed)
SLAS#: _____ Expiration Date: _____ SLAS#: _____ Expiration Date: _____

c) Septage Detention or Treatment Facility (SDTF) Permit Numbers: (use additional sheets if needed)
SDTF#: _____ Expiration Date: _____ SDTF#: _____ Expiration Date: _____

SWC-11-12 CROWELL DAIRY FARM



(8.) Septage Management Firm Operator Training Completed:

Date: 9/25 Location: Asheville
Training Sponsored or Provided by: NC Pumpers Group
Hours for Septage Management: 4 Hours for Portable Sanitation: _____

(9.) Septage Land Application Site Operator Training Completed:

Date: _____ Location: _____ Hours: _____
Training Sponsored or Provided by: _____

(10.) Registration type requested: **CHECK ONE**



Registered Portable Sanitation Firm: _____
Registered Septage Management Firm: _____
Registered Portable Sanitation and Septage Management Firm: _____

Certification Statement

I certify that the information and representations in this application for a permit are true, complete, and accurate to the best of my knowledge and belief. I am aware that a permit may be suspended or revoked upon a finding that its issuance was based upon incorrect or inadequate information that materially affected the decision to issue the permit and that there are criminal penalties for knowingly making a false statement, representation, or certification.

Wayne Bobo
Signature*

12/7/10
Date

Wayne Bobo
Print Name

President
Title

*Signature of company official required

Other Comments:

PAID
CK. NO. 1252 \$800.00
DATE 12/17/10

**AUTHORIZATION TO DISCHARGE SEPTAGE AT A SEPTAGE LAND APPLICATION
SITE PERMITTED TO SOMEONE OTHER THAN YOURSELF**

(This form is used by a land application site permit holder to indicate that permission has been given to a permitted Septage Management Firm to land apply septage on the permit holders land application site.)

I, Mike Crowell
(Site Operator)

523 Pond Rd. Asheville NC 28806
(Operator Address)

do hereby authorize: Wayne Bobo
(Owner of Septage Management Firm)

PANACEA Biofuels NCS # 1160
(Name of Septage Management Firm)

341 Old Spartanburg Rd, Wellford SC 29385
(Septage Management Firm Address)

to use septage disposal site # 21340 for the disposal of 169,000 gallons of septage* in 20 11.

Date: 12/7/2010 Signed Michael P. Crowell
(Site Operator)

* As defined in G.S. 130-A-290(a)(32). The site will be operated in accordance with 15A NCAC 13B .0800 - Septage Management Rules

Return the properly completed form to:
North Carolina Department of Environment and Natural Resources
Division of Waste Management - Solid Waste Section
401 Oberlin Road, Ste. 150, Raleigh, N.C. 27605

**AUTHORIZATION TO DISCHARGE SEPT
TREATMENT FACI**

North Carolina Department of Environment
Division of Waste Management - Solid
401 Oberlin Rd., Ste. 150, Raleigh

1/12/2011
AUTHORIZATION STILL
VALID UNTIL
JAN 1, 2012
PER MR. MOORE

Fee assessments and waste determinations will be required at the facility. The facility has the ultimate prerogative to deny discharge of wastewater stream.

I, VLS RECOVERY SERVICES
305 SOUTH MAIN STREET
(Plant Operator and Name of Plant) (Address)

864-962-9953 do hereby authorize PANACEA Biofuels - Wayne Bobo
(Phone Number) (Owner/Operator of Septage Management Firm)

of PANACEA Biofuels NCS # _____
(Septage Management Firm Name and NCS number)

to dispose of: domestic septage _____, portable toilet waste _____

grease septage (grease trap pumpings) commercial/industrial septage _____ from

NORTH CAROLINA, SOUTH CAROLINA, GEORGIA
(County or other Geographic Area)

at the above named wastewater treatment facility. Septage shall be discharged at:
305 SOUTH MAIN ST VLS RECOVERY SERVICES
(Location)

between the hours of 7am to 5pm Monday thru Friday

Reintroducing partially treated liquid into a grease trap is acceptable Yes No

This authorization shall be valid until JAN 1, 2012
(Usually December 31, Year)

Signed [Signature] Date 7-17-09
(Facility Operator)

Sworn to and subscribed before me this 17 day of July, 2009
[Signature] My Commission expires: 8-16-2010
(Notary Public)

(OFFICIAL SEAL)

Note: Falsification of this document by the septage management firm shall lead to permit revocation.