



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.

Applicant Address:	Contact/Billing Information:	Facility Location Address:
	Mr. Thomas A. Womble, President Central Carolina Holdings 6322 Poplar Tent Road Concord, NC 28027	US Tire Disposal 6322 Poplar Tent Road Concord, NC 28027

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0044	7-6-2012		\$1,250.00

**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
1310-TIRETP-	TP	Amendment (5 Year Renewal)	9/1/2011	\$1,250.00	\$1,250.00
Total Amount Due					\$1,250.00
Amount Paid					<b>\$0.00</b>

**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

**D. Solid Waste Contacts:**

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

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

**PAID**  
 CK. NO. 120122  
 DATE 7-17-13

P0167 SW012-0043  
 ✓ P0974 SW012-0044

**PERMIT APPLICATION REVIEW FORM**

Review Requested by:	<u>Geof Little</u>	Date Requested:	<u>07/06/12</u>
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Facility Name and Permit ID	<u>US Tire Recycling LP</u> <u>1303-TIRELF-1988</u> <u>Landfill and Processing Facility</u> <b>U3 TIRE DISPOSAL</b> <b>1310-TIRETP</b>
Applicant (Owner) Name	<u>Thomas A. Womble</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 checked="" 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 ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> )
Permit Fee	<u>\$ 1,250 LF</u> <u>\$ 1,250 TP</u>
Date Application Received	<u>09/2011</u>
Contact Name, Title & Phone #	<u>Thomas A. Womble</u> <u>President</u> <u>919-499-2301</u>
Company	<u>Central Carolina Holdings</u>
911 Address	<u>6322 Poplar Tent Road</u> <u>Concord NC 28027</u>
Mailing Address	<u>6322 Poplar Tent Road</u> <u>Concord NC 28027</u>
City/State/Zip	<u>Concord NC 28027</u>
Parent Company	<u>Central Carolina Holdings</u>
Known Subsidiaries	_____
Other known names business has operated under	<u>US Tire Disposal</u>
Known Counties of Operation	_____
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: <u>LF</u> Permit #: <u>1303-TIRELF</u>
Does the applicant have other DENR permits?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input type="checkbox"/>
Are the cost estimates sufficient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/>
Other notes	_____