



North Carolina Department of Environment and Natural Resources
 Division of Waste Management
 Solid Waste Section



INVOICE 2012

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. Charles Brushwood Integrated Solid Waste Director Davidson County Integrated Solid Waste 1242 Old US Hwy 29 Thomasville, NC 27360-0024	Davidson Co MSW Lined Landfill 220 Davidson County Landfill Road Lexington, NC 27292

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0046	7-19-2012		\$30,000.00

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
2906-MSWLF-1994	MSWLF	Amendment	07/02/2012	30,000.00	30,000.00
Total Amount Due					\$30,000.00
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

PAID
 CK #548905
 \$30,000.00 8/6/12

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.

PERMIT APPLICATION REVIEW FORM

Review Requested by:	John Murray	Date Requested:	7/13/2012
Facility Name and Permit ID	Davidson Co MSW Lined Landfil, 29-061-MSWLF-1994		
Applicant (Owner) Name	Davidson County Integrated Solid Waste		
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 checked="" type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input 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 (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)		
Permit Fee	\$ 30,000		
Date Application Received	6/22/2012		
Contact Name, Title & Phone #	Charles Brushwood - Integrated Solid Waste Director (336) 242-2284		
Company	Davidson County Integrated Solid Waste		
911 Address	220 Davidson County Landfill Road lexington, NC 27292		
Mailing Address	1242 Old US Hwy 29, Thomasville, NC 27360-0024		
City/State/Zip	Thomasville, NC 27360		
Parent Company	Davidson County Integrated Solid Waste County		
Known Subsidiaries	NA		
Other known names business has operated under	NA		
Known Counties of Operation	Davidson County		
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>MSW, C&DLF, ,</u> Permit #: <u>29-06, 29-02,</u>		
Does the applicant have other DENR permits?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Division: <u>DAQ</u> Facility Type: <u>Methane Gas Recovery</u> 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 type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>		
Other notes	Permit to Construct, Phase 2, Area 2.		

CHARLIE.BRUSHWOOD@DAVIDSONCOUNTYNC.GOV