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

NCDENR

INVOICE 2013

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.**

Contact/Billing Information:	Facility Location Address:
Mr. Chris Marriott, SW Disposal Manager City of Durham 101 City Hall Plaza Durham, NC 27701	City of Durham Transfer Station 2115 East Club Blvd. Durham, NC 27701

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0040	6/26/13		$500.00

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
3212T-TRANSFER-1999	TRANSFER	3a. Modification – Change to Approved Plans	6/19/13	$500.00	$500.00
				Total Amount Due	$500.00
				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

D. Solid Waste Contacts:

1. Questions about billing process: Mary H. Johnson at (919) 707-8236
   or: Ellen Lorscheider at (919)707-8245

2. Questions about the Regulations and Technical Assistance:
   Ed Mussler (919) 707-8281 Landfills, Transfer Stations
   Tony Gallagher (919) 707-8280 Land Application Sites, Compost Facilities

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

NC Solid Waste Invoice

PAID
CK. NO. 00747026
DATE 7-12-13

SW013-0040
P0926

PERMIT APPLICATION REVIEW FORM

Review Requested by: Pat Backus	Date Requested: 6/26/2013

Facility Name and Permit ID	3212T-TRANSFER-1999 City of Durham Transfer Station
Applicant (Owner) Name	City of Durham (Owner) – Republic Services (Operator)
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	☐ (1)a. New – New Facility ☐ (1)b. New – Expand Facility Boundary ☐ (1)c. New – Expand Waste Boundary ☐ (1)d. New – Substantial Amendment ☐ (2)a. Amendment – Next Phase of the Approved Facility Plan ☐ (2)b. Amendment – Five-year Renewal ☐ (2)c. Amendment – Change in Ownership ☒ (3)a. Modification – Change to Approved Plans **(No CHR)** ☐ (3)b. Modification – Subsequent Permit to Operate **(No CHR)**
Permit Fee	$500
Date Application Received	6/19/2013
Contact Name, Title & Phone No.	Chris Marriott, SW Disposal Manager, (919)560-4186 x 322253
Contact Email Address	Chris.marriott@durnamnc.gov
Company Name	City of Durham
911 Address	2115 East Club Boulevard, Durham, NC
Mailing Address	101 City Hall Plaza
City/State/Zip	Durham, NC 27701
Parent Company	Operator – Waste Industries
Known Subsidiaries	Known Subsidiaries
Other Known Related or Associated Business Names	Related or Associated Business Names
Known Counties of Operation	Counties of Operation
Does the Applicant have a Past Or Current Solid Waste Permit?	Yes ☒ No ☐ Unknown ☐ Facility Type: Facility Type Permit No.: Permit No.
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes ☐ No ☐ N/A☐ Not Needed ☒
Other Notes	New contract for operator and a few minor changes.