



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:
Ms. Gwen Matthews, Director Halifax County Department of Public Utilities PO Box 70 Halifax, NC 27839	Halifax County CDLF 921 Liles Road Halifax, NC 27839

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0012	2-12-2013		\$9,000.00

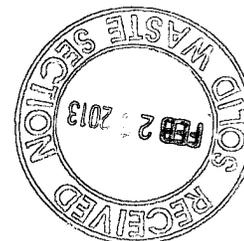
A. Permit Fee Requirements: Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

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

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
4204-CDLF-1998	CDLF	Amendment	2/4/2013	\$9,000.00	\$9,000.00
Total Amount Due					\$9,000.00
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



D. Solid Waste Contacts:

- Questions about billing process: Ellen Lorscheider at (919) 707-8245
- Questions about the Regulations and Technical Assistance:
 Ed Mussler (919) 707-8281 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. 422721
 DATE 2-25-13

5W013-0012
P0802

PERMIT APPLICATION REVIEW FORM

Review Requested by: Larry Frost	Date Requested: 2/5/2013
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Facility Name and Permit ID	Halifax County CDLF, 4204-CDLF-1998
Applicant (Owner) Name	<u>Halifax County Government</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 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	<u>\$9000</u>
Date Application Received	<u>2/4/2013</u>
Contact Name, Title & Phone No.	<u>Gwen Matthews, Director, 252.583.1451</u>
Contact Email Address	<u>matthewsg@halifaxnc.com</u>
Company Name	<u>Halifax County Department of Public Utilities</u>
911 Address	<u>921 Liles Road, Halifax, NC 27839</u>
Mailing Address	<u>P.O.Box 70</u>
City/State/Zip	<u>Halifax, NC 27839</u>
Parent Company	<u>NA</u>
Known Subsidiaries	<u>NA</u>
Other Known Related or Associated Business Names	<u>NA</u>
Known Counties of Operation	<u>Halifax</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: C&D, TS and ILF Permit No.: 4204
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"/>
Other Notes	<u>Application under review</u>