



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



COPY

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. Larry Craig, Solid Waste Superintendent City of Sanford PO Box 3729 Sanford, NC 27331	City of Sanford Compost Facility 601 N. 5 th Street Sanford, NC 27330

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0013	2-12-2013		\$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
5303-COMPOST-1992	COMPOST	Modification	2/6/2013	\$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

PAID
 CK #00269951
 \$500.00

D. **Solid Waste Contacts:**

1. Questions about billing process: Ellen Lorscheider at (919) 707-8245
2. 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.

SW013-0013
P0441

PERMIT APPLICATION REVIEW FORM

Review Requested by: Donna Wilson		Date Requested: 2/8/2013
Facility Name and Permit ID	<u>City of Sanford Compost Facility, 5303-COMPOST</u>	
Applicant (Owner) Name	<u>City of Sanford</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 type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input checked="" 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>\$500</u>	
Date Application Received	<u>2/6/2013</u>	
Contact Name, Title & Phone No.	<u>Larry Craig, Solid Waste Supt., 919-775-8319</u>	
Contact Email Address	<u>larry.craig@sanfordnc.net</u>	
Company Name	<u>City of Sanford</u>	
911 Address	<u>601 N. 5th St, Sanford NC 27330</u>	
Mailing Address	<u>P. O. Box 3729</u>	
City/State/Zip	<u>Sanford, NC 27331</u>	
Parent Company	<u>N/A</u>	
Known Subsidiaries	<u>N/A</u>	
Other Known Related or Associated Business Names	<u>N/A</u>	
Known Counties of Operation	<u>Lee</u>	
Does the Applicant have a Past Or Current Solid Waste Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: Facility Type Permit No.:	
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>	
Other Notes	<u>Modification to change from Large Type 3 to Large Type 1</u>	