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

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:**
Ms. Julie Lewis, Compliance Manager WM Healthcare Solutions, Inc. 1001 Fannin Street, Suite 4000 Houston, Texas 77002	WM Healthcare Solutions, Inc. 329 West Maple Street Yadkinville, NC 27055

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0033	5/13/13		$1,750.00

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
9904-TP-2013	TP	1a. New Facility	5/10/13	$1,750	$1,750.00
				Total Amount Due	$1,750.00
				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. NO. 0010820040
DATE 5-14-13

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.

SW013-0033
P 1260

PERMIT APPLICATION REVIEW FORM

Review Requested by: Larry Frost	Date Requested: 5/10/2013

Facility Name and Permit ID	needed 9904-TP-2013
Applicant (Owner) Name	WM Healthcare Solutions, Inc.
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	$1,750
Date Application Received	5/10/2013
Contact Name, Title & Phone No.	Julie Lewis, Compliance Manager (321) 385-5430
Contact Email Address	Jlewis13@wm.com
Company Name	WM Healthcare Solutions, Inc.
911 Address	329 West Maple Street, Yadkinville, NC 27055
Mailing Address	1001 Fannin Street, Suite 4000
City/State/Zip	Houston, Texas 77002
Parent Company	WM Healthcare Solutions, Inc.
Known Subsidiaries	NA
Other Known Related or Associated Business Names	NA
Known Counties of Operation	All of North Carolina and several other states
Does the Applicant have a Past Or Current Solid Waste Permit?	Yes ☒ No ☐ Unknown ☐ Facility Type: many Permit No.: many
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes ☐ No ☐ N/A☒ Not Needed ☐
Other Notes	New facility, check was attached – fees paid.

APPLICATION FOR NEW PERMIT DATA SHEET (Revised March 2012)

Data Field	Description	Data
Site_Name	M: name given to the facility. Name can permit name, but does not have to.	WM Healthcare Solutions, Inc.
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	329 West Maple Street
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Yadkinville
State	M: two letter US postal service abbreviation for the state where the facility is located.	North Carolina
Zip	M: zip code for the location address.	27055
County	M: county name where facility is located.	Yadkin
Latitude	M: decimal degrees, should be between 33 and 37.	36.1256
Longitude	M: decimal degrees, should be between -75 and -85.	-80.6656
Horiz_Collection_Method	O: applies to how the coordinates were collected: 001=GPS or 002=geocode or 003=from map	003
Supplemental_Location	O: descriptive text for locating a facility when address is not practical.	NA
Geometric_Type	M: 001=Fixed or 002=Mobile, e.g. Facility is Fixed, a septage pumper is Mobile	001
Reference_Point	O: description of point where coordinates were collected at the facility, 001=front door, 002=permitted feature, 003=for mobile, 004=undefined point on facility	001
Status	M: description of the overall facility; Open or Closed.	Closed
Owner	M: classification of the owner of the facility as either Public or Private entities.	Private
Start_Date	M: date on which the facility began to be of interest to the program, Facility Registration Date; Facility's Original Permit Issue Date; Facility's First Inspection Date; Program's Start Date; Department's Creation Date (07/01/1989)	05/10/2013
Start_Date_Qualifier	O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date.	Permit Application
End_Date	O: date on which the facility ceased to be of interest to the program.	NA
End_Date_Qualifier	O: description of event represented by End_Date field, e.g. Date of Final Closure.	NA
PermitID	M: unique id number used for permit	NEEDED
LocationID	M: id number used in location table to identify the facility or environmental interest subject to this permit. This number is assigned and is only needed if permit relates to an existing site.	NEEDED
Permit_Name	M: Common Name used for this permit	WM Healthcare Solutions, Inc.
Orig_PermitIssueDate	M: Date when first permit issued.	NA
PermitIssueDate	M: Date MOST recent permit issued.	NA
PermitExpDate	M: Date when current permit expires.	NA
PermitStatus	M: Active=Accepting/handling waste; Inactive=Not accepting waste; Proposed=Application in-house for NEW permit; Expired=Past Expiration date but not officially closed; Post-Closure=Not taking waste but monitoring; Closed=Not accepting waste and 'official' closure letter sent; Post-Closure Complete=Not taking waste and monitoring complete; County=Non-facility within a county	Proposed
Rule	M: block of rules governing site e.g. .1600, .0500, .1100, .0800, etc.	.1200
EnvMonitoring	M: environmental monitoring required, yes is required or no is not required.	North Carolina
PrimaryWaste_Type	M: primary waste type handled under this permit: MSW, CD, Indus, Tire, LCID, Medical, YW, Septage, HHW, WG	MW
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	TP
Owner_Name	M: name of owner as appears on the permit.	WM Healthcare Solutions, Inc.
Operator_Name	M: name of operator/facility manager.	Julie Lewis