



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

# INVOICE

Division of Waste Management  
 Solid Waste Section  
 1646 Mail Service Center  
 Raleigh, NC 27699-1646  
 phone: (919) 707-8236 fax: (919) 707-8236  
 email: mary.johnson@ncdenr.gov

To: Mike Cummings, Solid Waste Manager  
 Edgecombe County Transfer Station  
 PO Box 10  
 Tarboro, NC 27886

Date: 4/8/2014  
 Invoice #: SW014-0028

Description	Amount Due
Facility-Application: Edgecombe County Solid Waste Department (3302T-TRANSFER-1998) 1601 Colonial Road Tarboro, NC 27886 Permit Modification Application (Amendment- Ten Year Permit Renewal) received on 4/4/2014	\$5,500.00
<b>Total Amount Due</b>	<b>\$5,500.00</b>
Date Due	5/8/2014

**Remit Payment (including a copy of this invoice) To:**

**N.C. Division of Waste Management  
 Solid Waste Section  
 1646 Mail Service Center  
 Raleigh, NC 27699-1646  
 Attn: Ellen Lorscheider**

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. Please return a copy of this invoice with your payment. You may also pay using e-check by connecting to: <http://portal.ncdenr.org/web/wm/sw/epayment>  
 You will need to use the zip code in the description box and the invoice number shown on this invoice to access your account. If a zip code is not listed use the code: 99999 along with the invoice number. Proceed with your payment by following the instructions on the e-payment screen.  
 [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.]

**Explanation of Invoice Amount is Based on Facility's Current Permit Application:**

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.

**Solid Waste Contacts:**

Billing process:  
 Mary H. Johnson (919) 707-8236  
 Ellen Lorscheider (919) 707-8245

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

**PAID**  
 CK. NO. 00-346705  
 DATE 5-5-14

**More information available on the web:**

North Carolina Department of Environment and Natural Resources (DENR) - <http://portal.ncdenr.org/>  
 North Carolina Solid Waste Program - <http://portal.ncdenr.org/web/wm/sw>  
 North Carolina Electronics Management Program - <http://portal.ncdenr.org/web/sw/electronics>

W014-0028

PERMIT APPLICATION REVIEW FORM

PO 841

Review Requested by:	<u>Ming Chao</u>
Date Requested:	<u>4/7/2014</u>
Facility Name and Permit ID	<u>Edgecombe County Transfer Station, 3302T-TRANSFER-1998</u>
Applicant (Owner) Name	<u>Edgecombe County</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 checked="" type="checkbox"/> (2)b. Amendment – Renewal/Review <input type="checkbox"/> 5YR <input checked="" type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> ) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>58,800 (based on max. 210 tpd and 280 operation days)</u>
Permit Fee	<u>\$5,500</u>
Date Application Received	<u>4/4/2014</u>
Contact Name, Title & Phone #	<u>Mike Cummings, Solid Waste Manager, 252-827-4253</u>
Email Address	<u>mcummings@co.edgecombe.nc.us</u>
Company	<u>Edgecombe County Solid Waste Department</u>
911 Address	<u>1601 Colonial Road, Tarboro, NC 27886</u>
Mailing Address	<u>P.O. Box 10</u>
City/State/Zip	<u>Tarboro, North Carolina 27886</u>
Parent Company	<u>Edgecombe County</u>
Known Subsidiaries	<u>NA</u>
Other known names business has operated under	<u>NA</u>
Known Counties of Operation	<u>Edgecombe County</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:    CDLF (on top of closed MSWLF)    Permit #: 33-01
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	<u>NA</u>