



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. Yongsheng Yi, Senior Area Manager R.J. Reynolds Tobacco Company PO Box 2959 Winston-Salem, NC 27102	Rural Hall Landfill 7855 Doral Drive Winston-Salem, NC

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0044	7/2/13		\$1,500.00

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
3405-INDUS-1986	INDUS	Permit Modification 130-A-295.8(c)(15)	10/3/12	\$1,500.00	\$1,500.00
Total Amount Due					\$1,500.00
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. NO. 7016857541
 DATE 2-6-14

D. Solid Waste Contacts:

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

5W013-0044
 P0055

**SOLID WASTE SECTION PERMIT APPLICATION
 COMPLIANCE REVIEW REQUEST
 AND PERMIT FEE INVOICE REQUEST**

Submit to the Field Operations Branch Head (or Compliance Officer) and to Jeff Skabo

Review Requested by:	<u>John Murray</u>	Date Requested:	<u>7/2/2013</u>
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Name of facility and permit number	<u>Rural Hall Landfill 34-05</u> <i>3405-INDUS-1986</i>
Applicant (Owner) Name	<u>R. J. Reynolds Tobacco Co.</u>
Description of Permit Request	<u>Landfill Closure Modification, Enhanced Final Cover</u>
Permit Fee Action	<u>\$1,500.00</u>
Date Application Received	<u>10/3/ 2012</u>
Contact Name and Title	<u>Ms. Yongsheng Yi, Senior Area Manager</u> <i>Yiyi@RJRT.com</i>
Company	<u>R.J. Reynolds Tobacco Company</u>
911 Address	<u>7855 Doral Drive</u>
Mailing Address	<u>PO Box 2959</u>
City/State/Zip	<u>Winston-Salem, NC 27102</u>
Parent Company	<u>Reynolds American, Inc.</u>
Known Subsidiaries	<u>NA</u>
Other known names business has operated under	<u>NA</u>
Known Counties of Operation	<u>Forsyth, Stokes, Davie</u>
Does the applicant have a past or current solid waste permit? If Yes:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>Sanitary LF, 1989</u> Permit #: <u>34-05</u>
Does the applicant have other DENR permits? If Yes:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Division: <u>see attached</u> Facility Type: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>
Other notes	<u>Closure Construction CQA Report 10/3/2012</u>

Please confirm that the compliance review requirements for this application have been satisfied.

*Permit Modification (C)
 120-A-195.8(c)(15)*

7.2.2013

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336-741-5146

CURLS@rjrt.com