



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. Carole McLeod, Owner FFD II, LLC 131 Brickyard Road Mount Holly, NC 28120	Recycle Carolina 131 Brickyard Road Mount Holly, NC 28120

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0049	8/26/13		\$7,500.00
	Revised Invoice		

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
<i>3616-Transfer</i>	TRANSFER	1a. New Facility	7/10/13	\$7,500.00	\$7,500.00
		10 year Permit		Total Amount Due	\$7,500.00
				Amount Paid	\$0.00

3616-TRANSFER-2013

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. 1020
 DATE 9-4-13

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.

5W013-0049
P1266

PERMIT APPLICATION REVIEW FORM

Review Requested by: Larry Frost	Date Requested: 7/10/2013
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Facility Name and Permit ID	<u>Recycle Carolina, 36¹⁶##-TRANSFER-2013</u>
Applicant (Owner) Name	<u>FFD II, LLC</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input checked="" 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 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	\$5,000 <u>7500.00 10 year</u>
Date Application Received	<u>7/10/2013</u>
Contact Name, Title & Phone No.	<u>Carile McLeod, Owner, (704) 591-9211</u>
Contact Email Address	<u>carole@wasterecyclingdisposal.com</u>
Company Name	<u>FFD II, LLC</u>
911 Address	<u>131 Brickyard Road</u>
Mailing Address	<u>131 Brickyard Road</u>
City/State/Zip	<u>Mount Holly, North Carolina 28120</u>
Parent Company	<u>FFD II, LLC</u>
Known Subsidiaries	<u>NA</u>
Other Known Related or Associated Business Names	<u>NA</u>
Known Counties of Operation	<u>Mecklenburg, Gaston, Cabarrus, Lincoln, Iredell, Union and Cleveland in NC and Chester, Cherokee, Lancaster and York in SC</u>
Does the Applicant have a Past Or Current Solid Waste Permit?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: Facility Type Permit No.: Permit No.
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>New Permit Application, need permit ID and P-number</u>

Johnson, Mary H

From: Carole McLeod <carole@wasterecyclingdisposal.com>
Sent: Monday, August 26, 2013 4:45 PM
To: Johnson, Mary H
Subject: Re: Solid Waste Invoice SW013-0049 REVISED

Thank you

I would like to send this in now, is that ok or do I need to wait?

Carole McLeod
704-591-9211 cell
iPhone

On Aug 26, 2013, at 4:22 PM, "Johnson, Mary H" <mary.johnson@ncdenr.gov> wrote:

Ms. McLeod,

Attached is the revised invoice reflecting the change you requested regarding the 10 year permit for your facility, Recycle Carolina.

If you have questions, please let me know.

Thanks.

Mary H. Johnson
Accounting Technician

DENR, Division of Waste Management
MAILING ADDRESS: 1646 Mail Service Center, Raleigh, NC 27699-1646
PHYSICAL ADDRESS: Green Square Complex, 217 W. Jones Street, Raleigh, NC 27603
Phone & Fax: 919-707-8236
Mary.johnson@ncdenr.gov
<http://portal.ncdenr.org/web/wm/sw>

Email correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.

<SW013-0049 Recycle Carolina 8-26-13 REVISED.pdf>

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.	Recycle Carolina
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	131 Brickyard Road
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Mount Holly
State	M: two letter US postal service abbreviation for the state where the facility is located.	NC
Zip	M: zip code for the location address.	28120
County	M: county name where facility is located.	Gaston
Latitude	M: decimal degrees, should be between 33 and 37.	35.3055
Longitude	M: decimal degrees, should be between -75 and -85.	-81.0365
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	002
Status	M: description of the overall facility; Open or Closed.	Closed - Proposed
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)	7/10/2013
Start_Date_Qualifier	O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date.	NA
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	Recycle Carolina
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.	.0400
EnvMonitoring	M: environmental monitoring required, yes is required or no is not required.	NO
PrimaryWaste_Type	M: primary waste type handled under this permit: MSW, CD, Indus, Tire, LCID, Medical, YW, Septage, HHW, WG	CD
PrimaryOperation_Type	M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention	Trans
Owner_Name	M: name of owner as appears on the permit.	FFD II, LLC
Operator_Name	M: name of operator/facility manager.	Carole McLeod, Owner