



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. Gail Hay, PE Manage Technical & Planning Support Div. City of Greensboro PO Box 3136 Greensboro, NC 27403	City of Greensboro 2503 White Street Greensboro, NC 27405

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0061	8/27/13		\$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
4103-CDLF-1998	CDLF	3a. Modification	8/8/13	\$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. 307113
 DATE 9-10-13

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.

SW013-0061
 P0801

PERMIT APPLICATION REVIEW FORM

Review Requested by: Pat Backus Date Requested: 8/27/2013

Facility Name and Permit ID	4103-CDLF-1998 City of Greensboro	
Applicant (Owner) Name	City of Greensboro	
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	\$1,500	
Date Application Received	8/8/2013	
Contact Name, Title & Phone No.	Gail Hay, P.E., Manage Technical & Planning Support Division, 336-373-4188	
Contact Email Address	Gail.Hay@greensboro-nc.gov	
Company Name	City of Greensboro	
911 Address	2503 White Street	
Mailing Address	P.O. Box 3136	
City/State/Zip	Greensboro, NC 27403	
Parent Company	City of Greensboro	
Known Subsidiaries	Known Subsidiaries	
Other Known Related or Associated Business Names	Related or Associated Business Names	
Known Counties of Operation	Guilford	
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: MSWLF, CDLF, TS, Compost Permit No.: 41-03, 41-12,	
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>DO NOT CHANGE CONTACT INFORMATION FOR GREENSBORO. THIS RELATES TO PARTIAL CLOSURE AND IS A SPECIAL SITUATION.</u>	