



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:
Mr. Tim McQueen, Operations Manager Pharmaceutical Dimensions dba Ozone Waste Solutions 7353-A Friendly Avenue Greensboro, NC 27410	Ozone Waste Solutions 7353 West Friendly Avenue Greensboro, NC 27410

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0070	10/10/13		\$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
New Permit	T&P	New Facility (5 Yr)	9-6-13	\$1,750.00	\$1,750.00
				Total Amount Due	\$1,750.00
				Amount Paid	\$0.00

4126-MWP-2014

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. 7076
 DATE 10-16-13

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.

SW 013-0070

PERMIT APPLICATION REVIEW FORM

P 1270

Review Requested by:	<u>Larry Frost</u>
Date Requested:	October 10, 2013
Facility Name and Permit ID	<u>Need Location ID now and Permit ID soon</u>
Applicant (Owner) Name	<u>Pharmaceutical Dimensions dba Ozone Waste Solutions</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 – Renewal/Review <input checked="" type="checkbox"/> 5YR <input type="checkbox"/> 10YR <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) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>700</u>
Permit Fee	<u>\$1,750</u>
Date Application Received	September 6, 2013.
Contact Name, Title & Phone #	<u>Tim McQueen, Operations Manager, 336.550.4037</u>
Email Address	<u>tmcqueen@phdreturns.com</u>
Company	<u>Pharmaceutical Dimensions dba Ozone Waste Solutions</u>
911 Address	<u>7353 West Friendly Avenue</u>
Mailing Address	<u>7353-A West Friendly Avenue</u>
City/State/Zip	<u>Greensboro, NC 27410</u>
Parent Company	<u>Pharmaceutical Dimensions dba Ozone Waste Solutions</u>
Known Subsidiaries	<u>See above</u>
Other known names business has operated under	<u>unknown</u>
Known Counties of Operation	<u>All of North Carolina and contiguous states.</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: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Needed <input type="checkbox"/>
Other notes	<u>Proposed Medical Waste Treatment Facility</u>

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.	Ozone Waste Solutions
Address1	M: first line of physical address assigned by local 911 service, may be different than mailing address.	7353 West Friendly Avenue
Address2	M: second line of physical address, used when necessary.	
City	M: city, town or locality where facility is located.	Greensboro
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.	27410
County	M: county name where facility is located.	Guilford
Latitude	M: decimal degrees, should be between 33 and 37.	36.0855
Longitude	M: decimal degrees, should be between -75 and -85.	-79.9265
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	004
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)	9/6/2013
Start_Date_Qualifier	O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date.	Receipt of initial 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	Ozone Waste Solutions
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.	NO
PrimaryWaste_Type	M: primary waste type handled under this permit: MSW, CD, Indus, Tire, LCID, Medical, YW, Septage, HHW, WG	Medical
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.	Pharmaceutical Dimensions
Operator_Name	M: name of operator/facility manager.	Tim McQueen