



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. James Maides, President<br>Green Recycling Solutions, LLC<br>11710 Highway 17<br>Maysville, NC 28555 | Maysville CDLF<br>11710 Highway 17<br>Maysville, NC 28555 |

| INVOICE NUMBER | INVOICE DATE | DUE DATE | AMOUNT DUE  |
|----------------|--------------|----------|-------------|
| SW013-0074     | 10/31/13     |          | \$15,000.00 |
|                |              |          |             |

**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        | CDLF          | New Facility     | 9/30/13          | \$15,000.00      | \$15,000.00  |
|                   |               |                  |                  | Total Amount Due | \$15,000.00  |
|                   |               |                  |                  | Amount Paid      | \$0.00       |

*5203-CDLF-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. 0600  
 DATE 5-19-14

**D. Solid Waste Contacts:**

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

2. 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.

SW013-0074  
P 1246

**PERMIT APPLICATION REVIEW FORM**

|                                  |                            |
|----------------------------------|----------------------------|
| Review Requested by: Geof Little | Date Requested: 10/31/2013 |
|----------------------------------|----------------------------|

|   |  |
|---|--|
| Facility Name and Permit ID   | <u>Maysville Construction and Demolition Debris Landfill</u>   |
| Applicant (Owner) Name  | <u>Green Recycling Solutions LLC</u>   |
| Description of Permit Request<br>[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<br><input type="checkbox"/> (1)b. New – Expand Facility Boundary<br><input type="checkbox"/> (1)c. New – Expand Waste Boundary<br><input type="checkbox"/> (1)d. New – Substantial Amendment<br><input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan<br><input type="checkbox"/> (2)b. Amendment – Five-year Renewal<br><input type="checkbox"/> (2)c. Amendment – Change in Ownership<br><input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR)<br><input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR) |
| Permit Fee  | <u>\$15,000</u>  |
| Date Application Received   | <u>9/30/2013</u>   |
| Contact Name, Title & Phone No.   | <u>James Maides, President, 910-938-5900</u>   |
| Contact Email Address   | <u>JamesMaides@csbenc.com</u>  |
| Company Name  | <u>Green Recycling Solutions LLC [Operator]</u>  |
| 911 Address   | <u>11710 Highway 17</u>  |
| Mailing Address   | <u>11710 Highway 17</u>  |
| City/State/Zip  | <u>Maysville NC 28555</u>  |
| Parent Company  | <u>Same</u>  |
| Known Subsidiaries  | <u>Unknown</u>   |
| Other Known Related or Associated Business Names  | <u>Unknown</u>   |
| Known Counties of Operation   | <u>Jones, Craven, Carteret, Onslow, Duplin and Lenoir</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"/><br>Facility Type: T&P    Permit No.: 52-02  |
| 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   | Enter Other Notes  |