



North Carolina Department of Environment and Natural Resources
 Division of Waste Management
 Solid Waste Section

INVOICE

Division of Waste Management
 Solid Waste Section
 1646 Mail Service Center
 Raleigh, NC 27699-1646
 phone: (919) 707-8236 fax: (919) 707-8236
 email: mary.johnson@ncdenr.gov

To: Howard Davenport, Plant Manager
 WM Healthcare Solutions Inc
 301 East Saint David's Road
 Creswell, NC 27928

Date: 4/30/2014
 Invoice #: SW014-0036

Description	Amount Due
Facility-Application: Waste Management Healthcare Solutions (9407TP-TP-2011) 301 East Saint David's Road Creswell, NC 27928 Permit Renewal Application (Amendment- Five-Year Renewal) received on 4/29/2014	\$1,250.00
Total Amount Due	\$1,250.00
Date Due	5/30/2014

Remit Payment (including a copy of this invoice) To:

**N.C. Division of Waste Management
 Solid Waste Section
 1646 Mail Service Center
 Raleigh, NC 27699-1646
 Attn: Ellen Lorscheider**

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. Please return a copy of this invoice with your payment. You may also pay using e-check by connecting to: <http://portal.ncdenr.org/web/wm/sw/epayment>
 You will need to use the zip code in the description box and the invoice number shown on this invoice to access your account. If a zip code is not listed use the code: 99999 along with the invoice number. Proceed with your payment by following the instructions on the e-payment screen.
 [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.]

Explanation of Invoice Amount is Based on Facility's Current Permit Application:

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.

Solid Waste Contacts:

Billing process:
 Mary H. Johnson (919) 707-8236
 Ellen Lorscheider (919) 707-8245

Regulations and Technical Assistance:
 Ed Mussler (919) 707-8281 Landfills, Transfer Stations
 Tony Gallagher (919) 707-8280 Land Application Sites, Compost Facilities

PAID
 CK. NO 0011598067
 DATE 5-22-14

More information available on the web:

North Carolina Department of Environment and Natural Resources (DENR) - <http://portal.ncdenr.org/>
 North Carolina Solid Waste Program - <http://portal.ncdenr.org/web/wm/sw>
 North Carolina Electronics Management Program - <http://portal.ncdenr.org/web/sw/electronics>

SW014-0036
P1025

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Larry Frost</u>
Date Requested:	<u>4/30/2014</u>
Facility Name and Permit ID	<u>Waste Management Healthcare Solutions, 9407TP-TP-2011</u>
Applicant (Owner) Name	<u>WM Healthcare Solutions, Inc</u>
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 checked="" 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>NA</u>
Permit Fee	<u>\$1250</u>
Date Application Received	<u>4/29/2014</u>
Contact Name, Title & Phone #	<u>Howard Davenport, Plant Manager – (252) 797-3849</u>
Email Address	<u>hdavenpo@wm.com</u>
Company	<u>WM Healthcare Solutions, Inc</u>
911 Address	<u>301 East Saint David's Road</u>
Mailing Address	<u>301 East Saint David's Road</u>
City/State/Zip	<u>Creswell, NC 27928</u>
Parent Company	<u>WM Healthcare Solutions, Inc</u>
Known Subsidiaries	
Other known names business has operated under	
Known Counties of Operation	<u>All of NC</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"/> Facility Type: Med Waste Permit #:
Did the permit applicant submit Financial Assurance cost	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>
Other notes	<u>Alternate contact:</u> <u>Jason Wrubel, District Manager WMHS</u> <u>Waste Management</u> <u>7382 Talona Dr</u> <u>West Melbourne FL 32904</u> <u>Cell-321-338-5430, jwrubel@wm.com</u>