



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	SLAS	COUNTY: Haywood PERMIT NO.: 44-06 FILE TYPE: COMPLIANCE
Closed MSWLF	HHW	White goods	Incin	T&P	FIRM	
CDFL	Tire T&P / Collection	Tire Monofill	Industrial Landfill	<input checked="" type="checkbox"/> DEMO	SDTF	

Date of Audit:4/18/07

Date of Last Audit:2/07/07

FACILITY NAME AND ADDRESS:

Blue Ridge Paper Products Industrial Landfill
 State Road 1550
 Canton, N. C. 28716

GPS COORDINATES: (Decimal Degrees) N: 35.54962 W: 082.87472

FACILITY CONTACT NAME AND PHONE NUMBER:

Jim Giaque
 Telephone 828-646-2028

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Jim Giaque
 Blue Ridge Paper Products, Inc.
 P. O. Box 4000
 Canton, N. C. 28716

AUDIT PARTICIPANTS:

Jim Patterson, NCDENR-Solid Waste Section
 Jim Giaque, Blue Ridge Paper Products, Inc.

STATUS OF PERMIT:

Jim Coffey, Western Regional Engineer, in a letter dated December 14, 2006 gave Blue Ridge Paper approval to continue to operate the landfill until the permit is issued for the next cell.

PURPOSE OF AUDIT:

Inspection of Industrial Landfill

NOTICE OF VIOLATION(S) (citation and explanation):

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

N/A

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AREAS OF CONCERN AND COMMENTS:

1. Eroded areas have been filled with soil and seeded.
2. Overall operations look good.

Please contact me if you have any questions or concerns regarding this audit report.

__James E. Patterson_____(signature) Phone: 828-296-4700_____
Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer – e-mail or copy to super

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