



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	<input checked="" type="checkbox"/>	SLAS		COUNTY:Haywood
Closed MSWLF	HHW	White goods	Incin	T&P		FIRM		PERMIT NO.:44-10
CDLF	Tire T&P / Collection	Tire Monofill	Industrial Landfill	DEMO		SDTF		FILE TYPE: COMPLIANCE

Date of Audit:3/27/07

Date of Last Audit: 6/6/07

FACILITY NAME AND ADDRESS:

Sunburst Trout Company
 128 Raceway Place
 Canton, N. C. 28716

GPS COORDINATES: (Decimal Degrees) N:35.41154 W:082.41154

FACILITY CONTACT NAME AND PHONE NUMBER:

Chris Inman
 Telephone: 828-648-3010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Same as above

AUDIT PARTICIPANTS:

Jim Patterson, NCDENR-Solid Waste Section
 Chris Inman, Sunburst Trout Company

STATUS OF PERMIT:

Active- Permit to operate issued

PURPOSE OF AUDIT:

Inspection of Solid Waste Compost Facility

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

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

AREAS OF CONCERN AND COMMENTS:

1. Facility currently operating in a temporary location.
2. A new bin type system is planned for the composting operations. This system will utilize 6 bins in the location of the old composting area and include a new 30 ft. by 30 ft. covered finish product storage area. Construction of the new facility is scheduled to begin on April 9.

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

Delivered on : <u>[Click and type date]</u> by		hand delivery		US Mail		ified No. <u>[]</u>
--	--	---------------	--	---------	--	----------------------