



State of North Carolina
Department of Environment, Health, and Natural Resources
Winston-Salem Regional Office

James B. Hunt, Jr., Governor

Jonathan B. Howes, Secretary

DIVISION OF ENVIRONMENTAL MANAGEMENT
GROUNDWATER SECTION

NOTICE OF VIOLATION OF SUBCHAPTER 2N
CRITERIA AND STANDARDS APPLICABLE TO
UNDERGROUND STORAGE TANKS

April 14, 1993

CERTIFIED MAIL NUMBER P 131 598 025
RETURN RECEIPT REQUESTED

Draper Corporation
Attn: Denny Walker
5644 Hornaday Rd.
Greensboro, NC 27409

SUBJECT: Draper Corporation, 5644 Hornaday Rd., Greensboro,
Guilford County, NC

Dear Mr. Walker:

On March 9, 1993, this office determined that an underground storage tank system (UST) at the subject location is not in compliance with North Carolina Administrative Code (NCAC Title 15A Subchapter 2N "Criteria and Standards Applicable to Underground Storage Tanks"). It is our understanding that you and/or your firm are the owner/operator of the UST System. If you feel that you are not responsible for the following violations, please notify this office within seven (7) working days.

The violation(s) is(are) as follows:

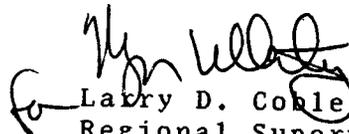
Failure to completely perform and/or report the initial site characterization (aka 45-day report) as outlined in 15A NCAC 2N .0704 within the time frame stated in the NORR of December 30, 1992. Upon receipt of this notice you must file a report with this office addressing all the requirements of section 15A NCAC 2N .0704 by May 10, 1993.

Failure to conduct and/or report the investigation for soil and ground-water clean-up (aka Comprehensive Site Assessment) as outlined in 15A NCAC 2N .0706 within the time frame stated in the NORR of December 30, 1992. Upon receipt of this notice you must file a report addressing all the requirements of section 15A NCAC 2N .0706 by May 10, 1993.

Failure to comply with any of the aforementioned criteria and standards may result in enforcement action against you which may include: (1) a civil penalty assessment of up to \$10,000 for each day of continuing violation (G.S. 143-215.6), (2) criminal penalty proceedings under circumstance as outlined under G.S. 143-215.6B, (3) referral of your site to the Federal Trust Fund which must seek cost recovery from responsible parties for any and all expenses incurred, (4) a request to the Attorney General to institute an action for injunctive relief and, (5) the issuance of a special order.

It is your responsibility to comply with these criteria and standards. Copies of 15A NCAC 2N are available at this office. Should you have questions concerning the notice or the requirements of the criteria and standards, please contact Kelly C. Gage at P.O. Box 18807, Greensboro, NC 27419 or telephone (919) 373-7565.

Sincerely,


Larry D. Coole
Regional Supervisor

cc: Office of Attorney General
Incident Management Unit
~~WSRO 111~~
Guilford County Emergency Services
Guilford County Emergency Management

P 131 598 025



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Draper Corp.	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

ON NOV

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Draper Corporation
Attn: Denny Walker
5644 Hornaday Rd.
Greensboro, NC 27409

4a. Article Number

P.131.598.025

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

4-16-93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.