CITY OF GREENSBORO

NORTH CAROLINA

P.O. BOX 3136
GREENSBORO, NC 27402-3136

TEMPORARY WASTEWATER DISCHARGE PERMIT
APPLICATION FOR THE DISCHARGE OF SPECIAL WASTEWATER

Please Print or Type

Company name, mailing address and telephone number:

Draper Corporation
5646 Hornaday Rd.
Greensboro, N.C. 27409

Zip Code 27409 Telephone No. 852-4200 FAX No. _____

Address (Location) of Company: (If same as above, check ✓)

Zip Code _____ Telephone No. _____ FAX No. _____

Name, title, and telephone number of person authorized to represent this firm in official dealings with the City of Greensboro:

Mr. Danny Walker

Source of Special Discharge: (including concentrations of pollutants of concern): UST Excavation - rainwater accumulation Monitoring well adjacent to excavation showed levels below city of Greensboro groundwater standards. no further lab analysis required as per Martha Groome.

PLEASE ATTACH LABORATORY DATA FOR VERIFICATION.

Estimated Volume of Discharge: 5000 gallons

Describe any pretreatment proposed for the discharge: _____

PROPOSED DISCHARGE DATE(S): 4-29-93 thru 5-19-93
(Not to exceed 21 calendar days)

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