ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244294

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4649221514

APPLICANT/OWNER: Chris Bailey | APPLICANT ADDRESS: 144 Blue Grass Cir Mooresville NC 28117

SITE ADDRESS: 179 Judas Rd, Mooresville NC 28166 | PHONE: 704-798-1738 | ALT. PHONE 704-929-1552 (Adam)

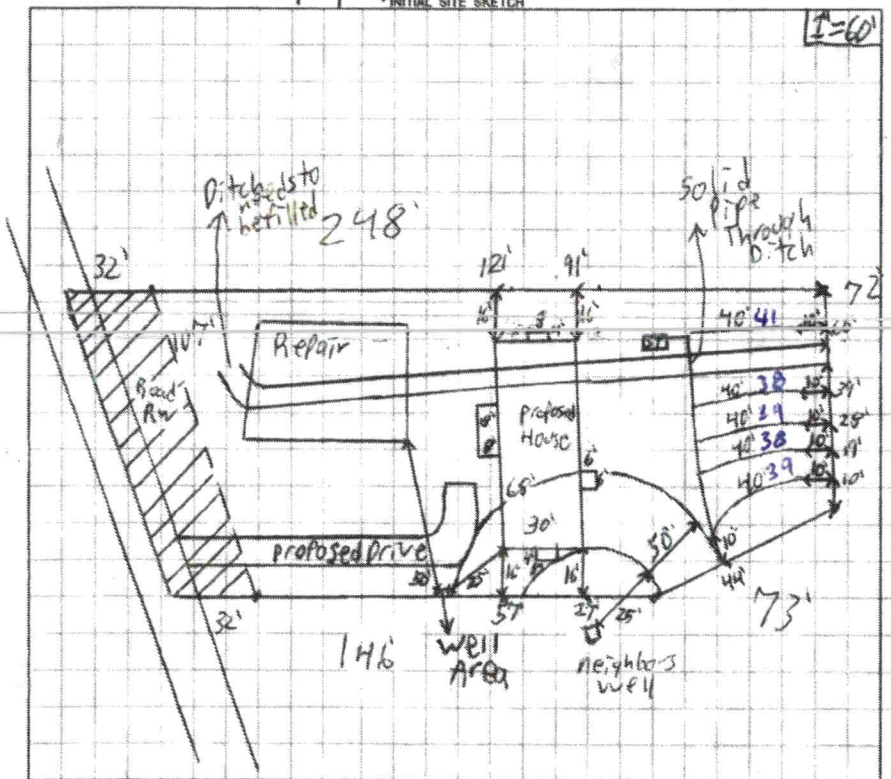
SITE DIRECTIONS: NC 115 N to L on connector Rd, S on Cornelius Rd, R on Judas Rd, Lot will be on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sandra O Williams | SECTION: — | LOT # 2 | LOT AREA: 0.583 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .13

Septic Tank	1000 (gal)	STB	1012	Date	8-10-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity Lannel 50% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	PM PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	200'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on contour, Ditch needs to be filled and Storm water needs to be diverted. A varience may be needed for the well on the property. Do not Drive on Sore material or manipulate Drainfield in any way. Both side docks must be uncovered to meet zoning requirements.

INITIAL SITE SKETCH



AS BUILT SKETCH

LOyout NOT FESIBLE
INSTALLED AS
SHOWN
ONLY 195FT
INSTALLED

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-23-20 Installed by: STEVE JORDAN

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 1/23/2020 OPERATION PERMIT by: [signature] Date: 9-24-2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 1/23/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 1644221546
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Sandra Williams
ADDRESS: 187 Judas Rd Mooresville NC 28117
PROPOSED FACILITY: New Single Family PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 187 Judas Rd Mooresville NC 28117

APPLICATION DATE 4/28/19
DATE EVALUATED: 6/7/19
PROPERTY SIZE: 0.583 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-6	G Slightly compacted	Fr SS SP SaP	—	60"	Little Increase starting at 24" more common	—	PS .3
		6-32	C SBK	Fr SS SP SaP					
		32-60	CL SBK	Fr SS SP SaP					
2	SS	0-7	C Slightly compacted	Fr SS SP SaP	—	60"	Little Increase starting at 20"	—	PS .3
		7-20	C SBK	Fr SS SP SaP					
		20-60	CL SBK	Fr SS SP SaP					
3	SS	0-7	C Slightly compacted	Fr SS SP SaP	Few Prominent Mottles at 48"	60"	—	—	PS .3
		7-44	C SBK	Fr SS SP SaP					
		44-60	CL SBK	Fr SS SP SaP					
4	SS	0-9	C Slightly compacted	Fr SS SP SaP	—	60"	Little Increase at 42"	—	PS .3
		9-16	C Rock	Fr SS SP SaP					
		16-39	C SBK	Fr SS SP SaP					
		39-60	CL SBK	Fr SS SP SaP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	200'
System Type(s)	Gravity 50%	Pump 50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: [illegible]
OTHER(S) PRESENT: _____

COMMENTS: Cloudy Rainy [illegible]

Updated February 2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 2 of 2
PROPERTY ID #: 4642275174
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Sandra Williams
ADDRESS: 187 Jud as Rd Mooresville NC 28117
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 179 Jud as Rd Mooresville NC 28117
APPLICATION DATE 4/28/19
DATE EVALUATED: 6/7/19
PROPERTY SIZE: 0.583 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-7	C slightly compacted	Fr SS SP Stp	—	60"	Litho inclusions starting at 27" more common at bottom	—	PS 3
		7-30	C SBK	Fr SS SP Stp					
		30-60	CL SBK	Fr SS SP Stp					
2		0-16	C slightly compacted Rock	Fr SS SP Stp	—	60"	Litho inclusions starting at 22"	—	PS 3
		16-21	C SBK	Fr SS SP Stp					
		21-60	CL SBK	Fr SS SP Stp					
3									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Usable Space (.1945)	200'	200'
System Type(s)	Conv. 50%	Pump 50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

$105.00
#244294
1/10/20

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

Ltd Relayout

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes **Address:** _____ **Zip:** _____

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Chris Bailey **Address:** 144 Bluegrass Cir Mooresville NC **Zip:** 28117

Owner Email: chrisbailey8178@gmail.com **Phone:** 704 798-1738 **Alt. Phone:** _____

Property Information:

Street Address: 179 Judas Rd. Mooresville NC. 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Cornelius Rd to Judas Rd.

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 1-10-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PRELIMINARY FOR REVIEW ONLY

REFERENCE:

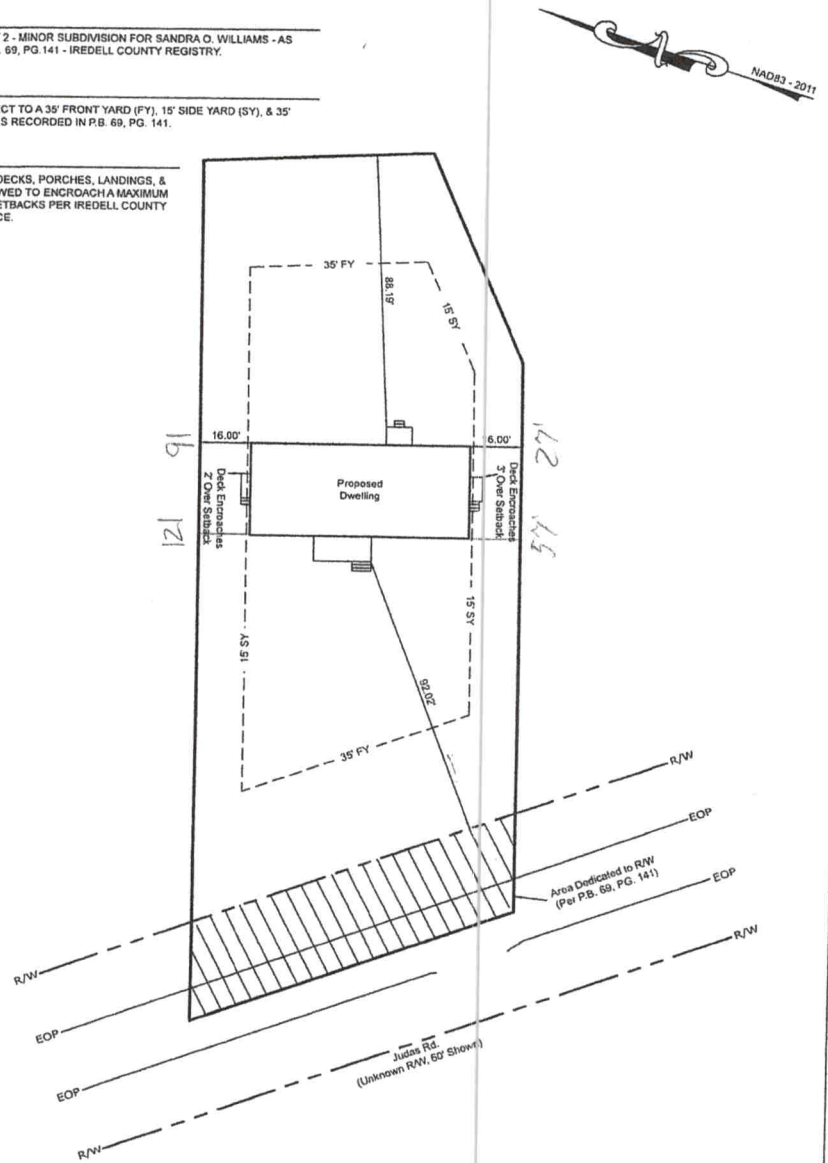
BEING ALL OF LOT 2 - MINOR SUBDIVISION FOR SANDRA O. WILLIAMS - AS RECORDED IN P.B. 69, PG.141 - IREDELL COUNTY REGISTRY.

SETBACKS:

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) AS RECORDED IN P.B. 69, PG. 141.

NOTES:

ALL UNCOVERED DECKS, PORCHES, LANDINGS, & STAIRS ARE ALLOWED TO ENCROACH A MAXIMUM OF 3' OVER THE SETBACKS PER IREDELL COUNTY ZONING ORDINANCE.



LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plat Plan For:

Anderson

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 30'	
DEED REF: 2647 - 2049	PIN NO: 4649-22-1514
DATE OF MAP: 01-21-20	SURVEY DATE: 01-20-20
REVISION:	DRAWING FILE: 20190315

179 Judas Rd., Mooresville, NC 28117
Davidson TWSP. - Iredell County - North Carolina

Anderson

PRELIMINARY FOR REVIEW ONLY

REFERENCE:

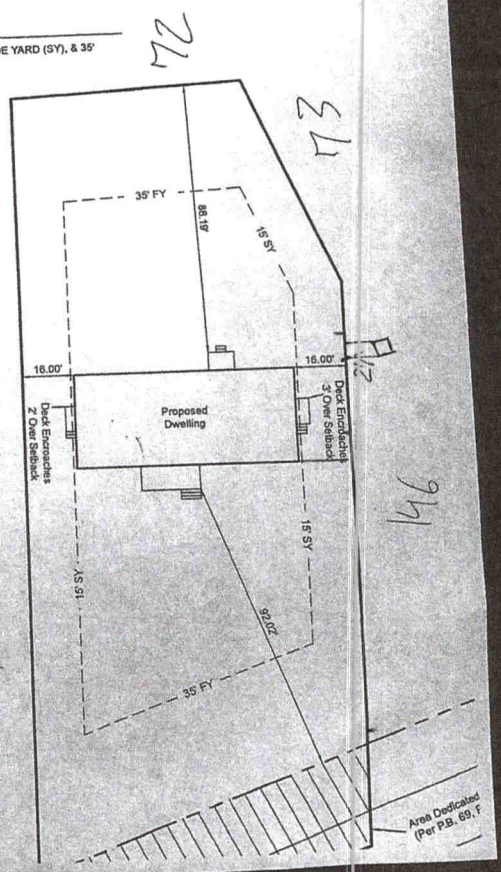
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NOTES:

ALL UNCOVERED DECKS, PORCHES, LANDINGS, & STAIRS ARE ALLOWED TO ENCROACH A MAXIMUM OF 3' OVER THE SETBACKS PER IREDELL COUNTY ZONING ORDINANCE.



4'x 8' composite decks / steps with white vinyl handrails x Both side doors x

NOTE:
The left side will be over 3' once we go back to building a 4x8 deck (NOT a 3'x8' deck

DRIVEWAY WILL COME STRAIGHT INTO HOME FROM RIGHT SIDE OF PROPERTY AND TURN IN FRONT OF THE HOME PRIOR TO RE-PAVE AREA

SKETCH OF DRIVEWAY EXAMPLE FOR JUDAS RD

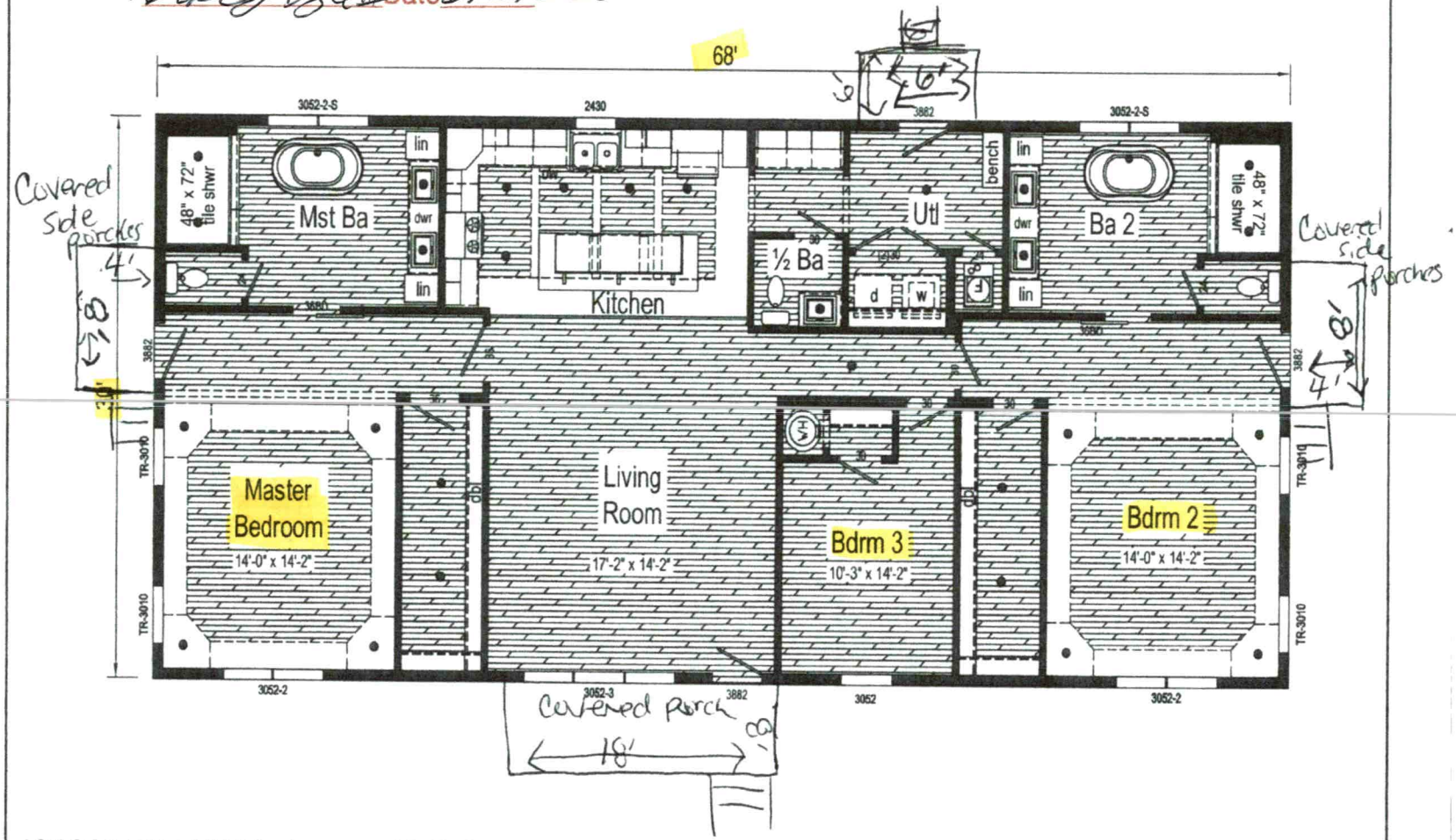
NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.

Acknowledgement of
Plans Submittal ONLY!

Date 1-10-20

Date 1/23/2020

Modular
Home is 30' x 68'



JC1SS0151-V 3268 Approx. 2040 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3268	Revisions Date / No.		Scale: 1/8" = 1'-0"	Date: 11/27/2019	Cust: Anderson	Model/Eng. No.: JC1SS0151-V
Title: Literature				Drawn By: JR	Reference: NONE	Dlr: Clayton Statesville	Pg.: LIT
						S/N: .	

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
244294
Issue Date: 05/02/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4649221514.000	179 JUDAS ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: WILLIAMS SANDRA O	Applicant: RIVERA KIMBERLY C
Address: 187 JUDAS RD	Address: 144 BLUE GRASS CIRCLE
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	175930	TOTAL FEES:	$ 77.25

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244294

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4649221514

APPLICANT/OWNER: Kimberly Rivera | APPLICANT ADDRESS: 144 Blue grass Cir. Mooresville NC 28117

SITE ADDRESS: 179 Judas Rd Mooresville NC 28117 | PHONE: 704-892-1115 | ALT. PHONE 704-677-4336

SITE DIRECTIONS: 115N to L on Connector Rd, S on Cornelius Rd, R on Judas Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

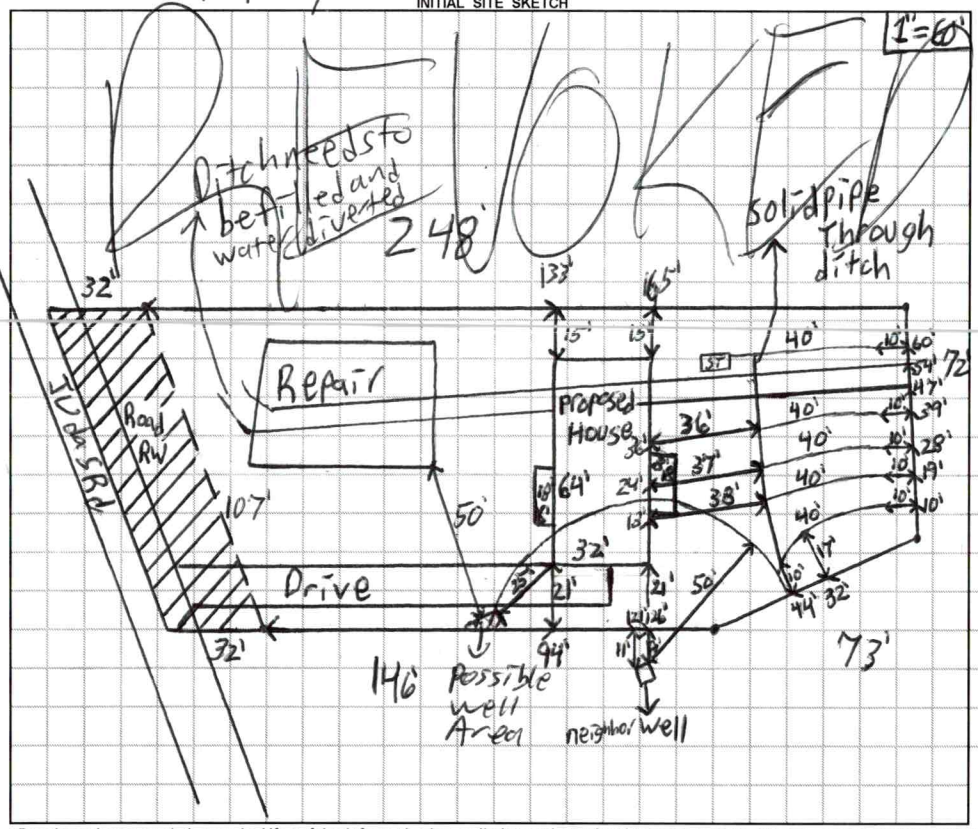
SUBDIVISION: | SECTION: — | LOT # — | LOT AREA: .583acres | DESIGN FLOW: 360GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity Panel 50% Reduction			
Pump Make		Model			Serial #		Repair System Description:	PM PPBPS			
# Nitrification Fields	1	# Lines	5		Linear Ft	200'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		36"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. Ditch needs to be filled and storm water diverted. A variance may be needed for the well on property.

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

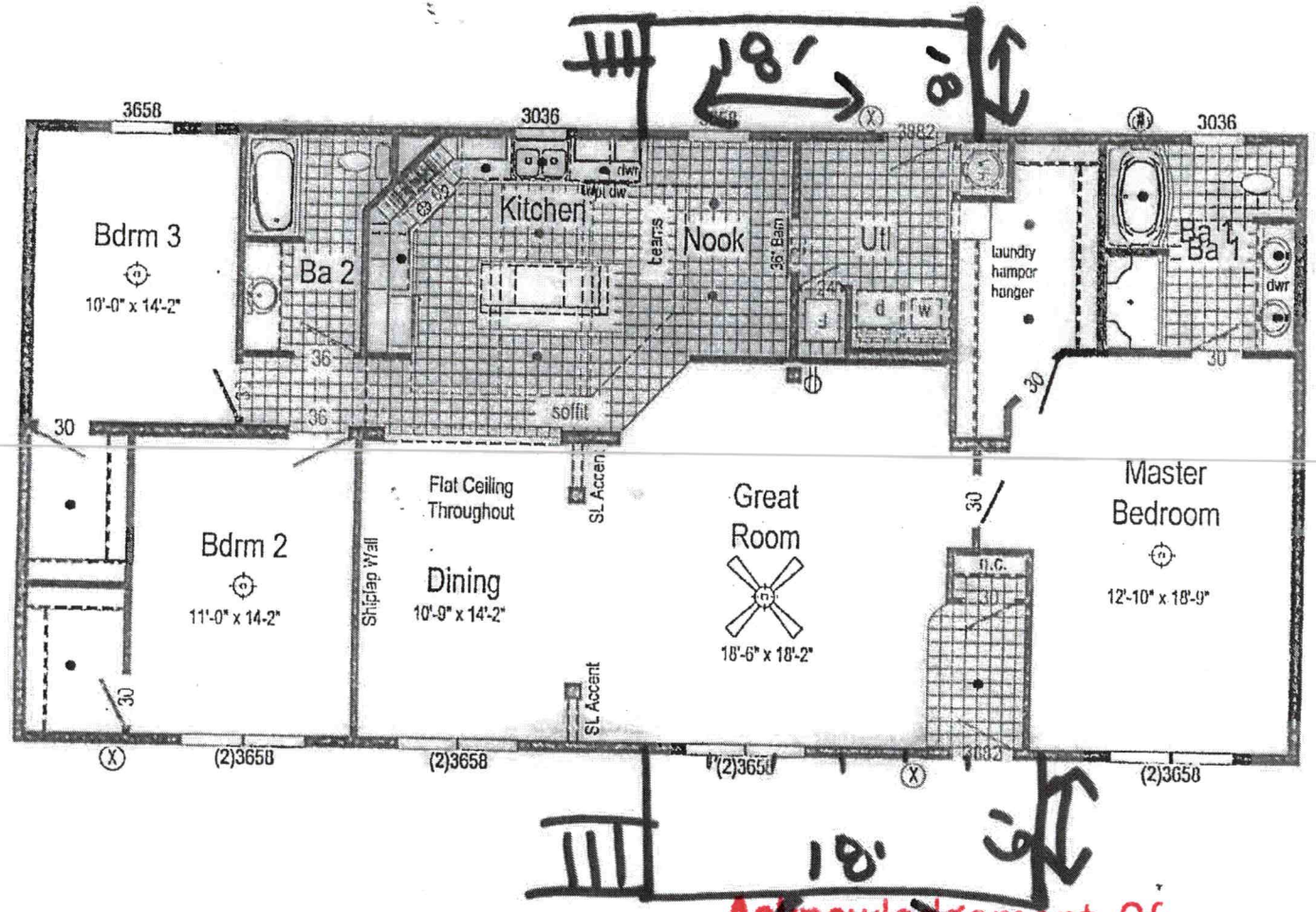
Owner / Applicant Signature: | Date: 9-30-19 | Installed by:

IMPROVEMENT PERMIT by: Patrick E Ryle III | Date: 07/10/19 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick E Ryle III | Date: 07/10/19 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

The Boardwalk



Driveway side

Acknowledgement Of
Plans Submittal ONLY!

Date 6/18/19

Date 07/10/19

64X32

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

1-11-2020 (Date)

Owner: Chris Bailey
Address: 144 Bluegrass Circle
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
179 Judas Road PIN 4649221514
24292

I, Christopher Joe Bailey voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 7-10-19 (date) for a system
Gravity Panel 30% Reduction (system name)
for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
01/13/2020 (**Date**)

Owner: Chris Bailey
Address: 144 Blue Grass Cr. Mooresville NC 28117

Subject: Notice of Intent to Revoke/Suspend 179 Judas Rd Troutman, NC 28166 (**specify name/location**) Improvement Permit/Construction Authorization

Dear Chris Bailey:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 179 Judas Rd Troutman, NC 28166 (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization 244294 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
~Cannot have 2 permits on the same lot.	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 01/13/2020. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Patrick J Rydell

Signature of DHHS Authorized Agent