SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☑ **NEW SEPTIC** ☐ **REPAIR** ☐ **USE EXISTING** ☐ **MODIFIED PLOT PLAN** ☐ **ALTERATION**
☐ **A2** ☐ **EOP/AOWE**

File # 12671B Accela Project # SP26-097	Assigned inspector: Patrick- Troy
☑ IP $250.00: JM 10/6/26	**EOP/AOWE**
☐ IP Commercial $450.00:	☐ $35 Fee Paid
☐ CA $200 ☐OP $200:	**A2**
☐Alteration $300:	☐ IP/CA COMBO $180:
☐ Modified Plot Plan $100.00:	☐ IP/CA COMBO OP $200:
☐ Use Existing $100.00:	☐ IP ONLY $250:
☐ Use Existing Approved ☐ Use Existing Denied	☐ CA & OP $400:
	☐ A2 IP/CA Modified Plot Plan $40:
	☐ A2 Alteration $120:
	☐ IP/CA COMBO Commercial $260:
	☐ IP/CA COMBO Commercial OP $200:
☐ Send IP permit for signature:	☐ Signature received:
☐ Release Permit Hold & Add Occupancy Hold:	☐ This septic system requires a certified operation contract before final hold is released
☐ Certified operator contract is on file	☐ Septic file complete:
☐ Release final hold in Accela:	☐ Scanned To OnBase:

Comments:
System denied - Please send denial letter copy
Denial letter mailed - 10/28/26 MA

MECKLENBURG COUNTY
HEALTH DEPARTMENT

126713

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 13711270
STREET ADDRESS: 4509 WOODLAND AV
CITY: MINT HILL
STATE: NC **ZIP:** 28227
SUBDIVISION NAME:
LOT #: 58-59 **LOT SIZE (acres):**
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ◉ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 2005
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 10

FOUNDATION TYPE:

◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☐ N/A

12. **PROPERTY OWNER:**

NAME: Olypia & Wright LLC
ADDRESS: 529 W Summit Ave
CITY: Charlotte
STATE: NC ZIP: 28203
WORK PHONE: 336-428-0230
MOBILE PHONE:
FAX:
E-MAIL: permits@owhomes.com, paula@owhomes.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. 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. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

AB (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. 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. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Andrew Balogh
Property Owner's or Owner's Legal Representative Signature

8/20/26
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

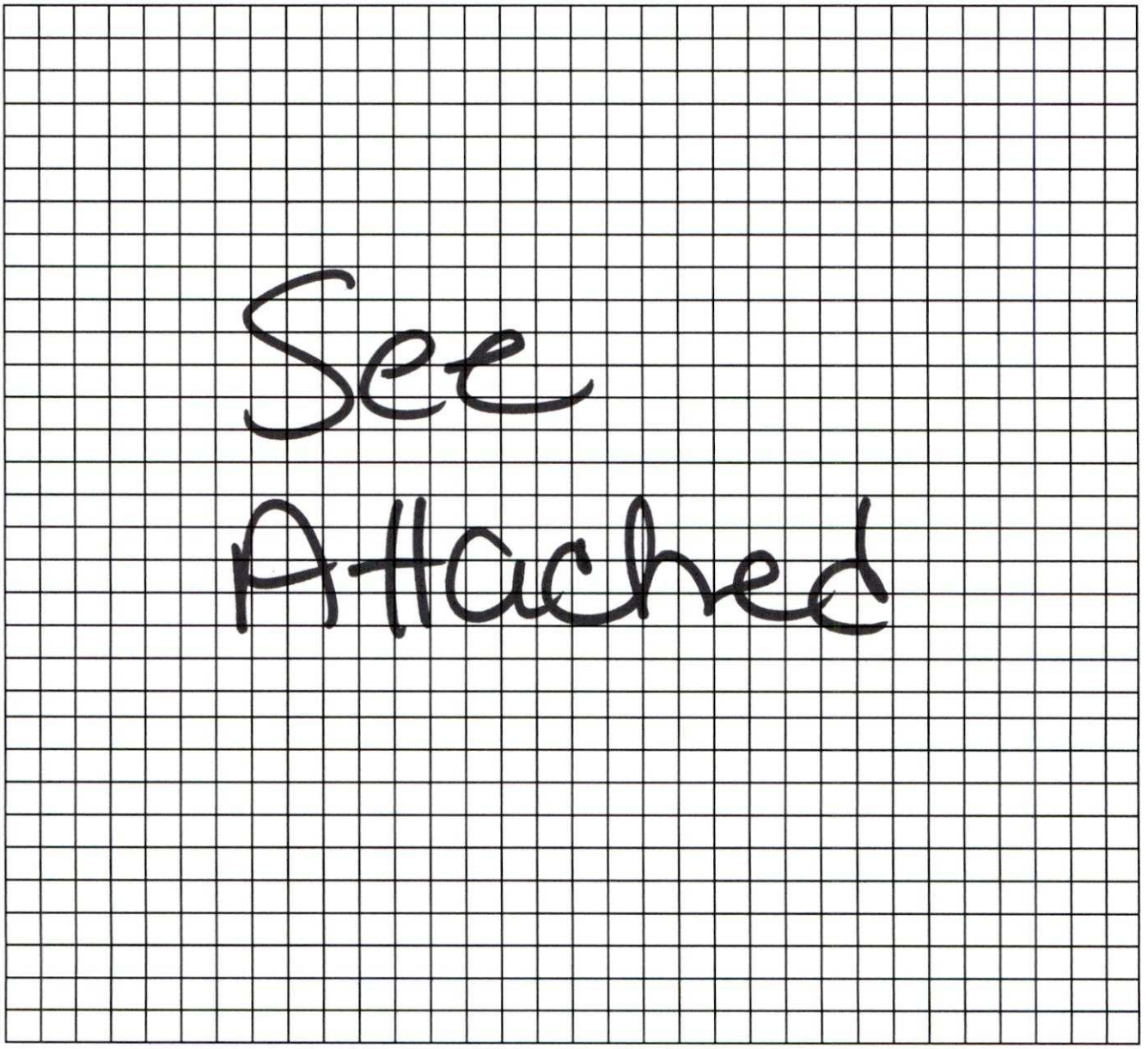
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 4509 Woodland Ave Tax Parcel #: 13711270

Subdivision Name: _____ Lot #: _____

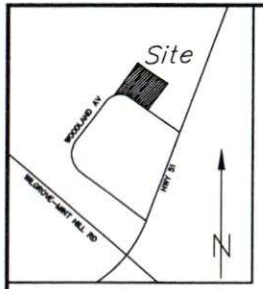


Andrew Balogh
Property Owner's or Owner's Legal Representative Signature

8/20/26
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19



VICINITY MAP
(Not to Scale)

CERTIFICATION:

NORTH CAROLINA PROFESSIONAL SEAL L-5166 LAND SURVEYOR CHEVIS L. KING

PRELIMINARY
NOT FOR SALES OR CONVEYANCES

GRAPHIC SCALE

20 0 10 20 40 80
(IN FEET)
1 inch = 20 ft.

NAD 83/2011

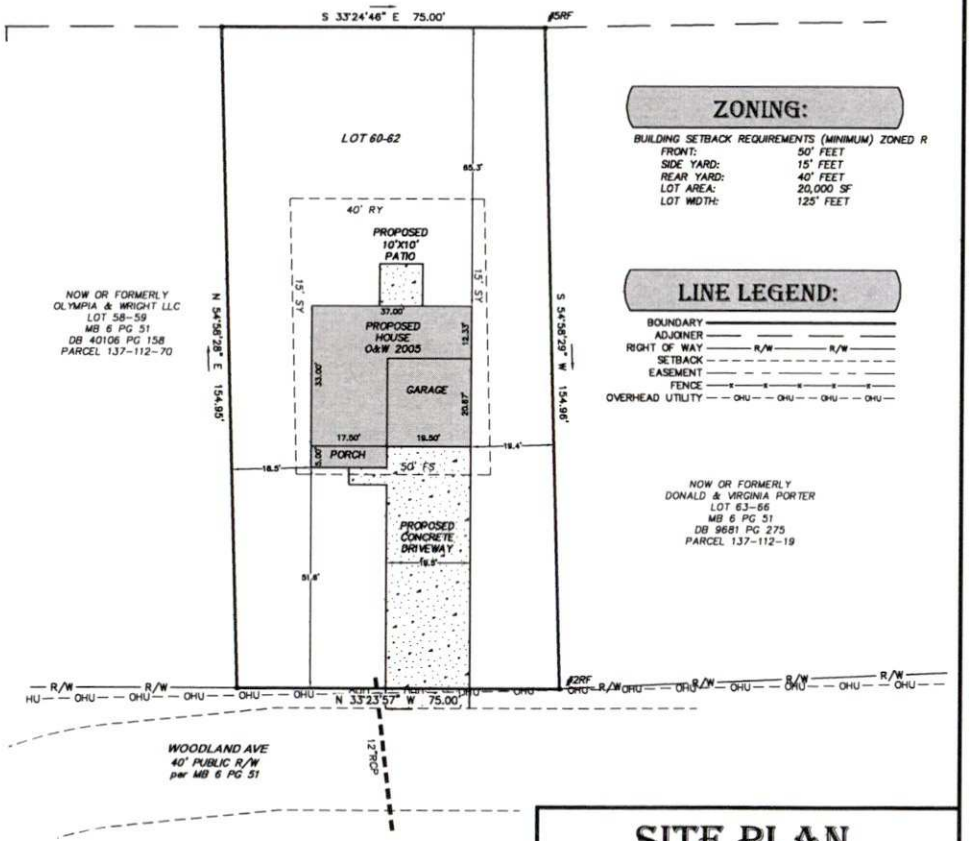
NOW OR FORMERLY
DONNA & RUSSELL ROGERS III
DB 37969 PG 754
PARCEL 137-112-21

ABBREVIATIONS:

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
CP	COMPUTED POINT

NOTES:

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM MECKLENBURG COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF TOWN OF MINT HILL. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. THIS PROPERTY MAY BE SUBJECT TO MAXIMUM IMPERVIOUS AREA REQUIREMENTS. BEFORE MAKING ANY RENOVATIONS OR REPAIRS TO THIS PROPERTY CHECK WITH THE LOCAL PLANNING OR ZONING DEPARTMENT FOR ANY RESTRICTIONS OR REGULATIONS IN PLACE.
10. UNDERGROUND UTILITIES ARE NOT LOCATED AT THE TIME OF SURVEY. IF SHOWN, UTILITY LOCATIONS ARE APPROXIMATE BASED ON LOCATIONS OF ABOVE GROUND APPURTENANCES. UNDERGROUND UTILITIES NOT SHOWN HEREON MAY EXIST.
11. IT IS THE RESPONSIBILITY OF THE OWNER/DEVELOPER TO OBTAIN ALL UTILITY INFORMATION FROM THE LOCAL JURISDICTION PRIOR TO DEVELOPMENT OF PROPERTY TO ENSURE THERE ARE NO UTILITY CONFLICTS WITH PROPERTY. UTILITIES SHOWN ON SURVEY WERE FIELD LOCATED FROM ABOVE GROUND VISUAL EVIDENCE. CAROLINA GEOMATICS, PLLC MAKES NO CLAIM THAT ALL UNDERGROUND UTILITIES ARE SHOWN HEREON.
12. THERE ARE NO ENCROACHMENTS OR PROJECTIONS EXCEPT AS SHOWN.
13. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
14. DIMENSIONS OF THE HOUSE SHOULD BE VERIFIED WITH THE CONTRACTOR PRIOR TO ANY CONSTRUCTION.
15. THIS DRAWING IS CONCEPTUAL AND THE CONTENTS SHOWN ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.
16. BOUNDARY LINES ARE FROM AN UNRECORDED SURVEY BY METROLINA LAND SURVEYING INC. DATED 8/27/25, AND ARE CONSIDERED PRELIMINARY UNTIL FIELDWORK IS COMPLETE.



ZONING:

BUILDING SETBACK REQUIREMENTS (MINIMUM) ZONED R

FRONT:	50' FEET
SIDE YARD:	15' FEET
REAR YARD:	40' FEET
LOT AREA:	20,000 SF
LOT WIDTH:	125' FEET

LINE LEGEND:

BOUNDARY
ADJOINER
RIGHT OF WAY R/W R/W
SETBACK
EASEMENT
FENCE
OVERHEAD UTILITY OHU OHU OHU OHU

NOW OR FORMERLY
DONALD & VIRGINIA PORTER
LOT 63-66
MB 6 PG 51
DB 9681 PG 275
PARCEL 137-112-19

FLOOD NOTE:

NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP. COMMUNITY PANEL 3710550200K DATED: FEBRUARY 19, 2014.

811
Know what's below.
Call before you dig.
NORTH CAROLINA ONE-CALL CENTER INC.
DIAL 811 or 1-800-632-4949
2 BUSINESS DAYS BEFORE DIGGING
www.ncocc.org

Job No.:	Drawn:	Checked:	Date:
26-389	TDA	CLK	09/28/26

CAROLINA GEOMATICS, PLLC
LAND SURVEYING & MAPPING
469 HOSPITAL DR., STE D
GASTONIA, NC 28054
P: (980) 329-3382
CKING@CAROLINAGEOMATICS.COM
NC #P-1965
WWW.CAROLINAGEOMATICS.COM

SITE PLAN

AT PROPERTY KNOWN AS
TBD WOODLAND AVE
LOTS 60-62, COMMUNITY HEIGHTS
MB 6 PG 51
PARCEL #137-112-71, DB 40106 PG 158
TOWN OF MINT HILL, MECKLENBURG COUNTY, NC
FOR: OLYMPIA & WRIGHT LLC

Z:\Shared\CG SURVEY 2026\JOBS\26-389 4509 WOODLAND AVE\26-389 4509 WOODLAND AVE (LOTS 60-62).dwg

Mecklenburg County

Environmental Health

Groundwater & Wastewater Services

How to Prepare Your Property for an Improvement Permit:

The following items must be done before a Mecklenburg County Health Department representative can visit your site:

- Identity and mark all property corners
    - **Note: For tracts larger than 2 acres contact this department for specific instructions relating to identifying property lines.**
- All property lines should be marked every 50 feet.
- You are responsible for marking all structures to be built on site.
- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.
    - **Note: Absolutely no grading, filling, or cutting shall occur on site prior to evaluation for permit issuance.**
- When lot is clearly marked as above instructions require, give our office a call at 980-314-1680. We will then connect you with the inspector who will complete the soil test.

Note: Failure to follow these instructions properly can result in a 2-week delay in processing your application. If the lot is improperly marked and results in an additional trip a $100 extra trip fee may apply.

By signing below, I acknowledge that I have fully read and understand this document.

Andrew Balogh — Property Owner's or Owner's Legal Representative Signature

9/29/2026 — Date

3205 Freedom Dr. Suite 8000 J, Charlotte NC • 28208 • (980) 314-1680 • Fax (704) 336-6894

Last Modified: 8/7/23

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/06/26	**Amount:**	250.00
Receipt #:	163721	**Tendered:**	250.00
Check / Auth #:	MC 01498Q	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: OW HOMES
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 4509 WOODLAND	1	250.00	250.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 13711270
Lot #: 58 / 59
File #: 12671b
AppID: SP26-097

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Olypia & Wright, LLC
Applicant:
Address: 4509 Woodland Ave.
Date Evaluated: 10/16/2026
Proposed Facility: 5 BR SFR
Design Flow (.0400): 600 GPD
Property Size: 0.20 ac.
Location of Site: See file
Property Recorded: 7/21/2020
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength
FoundationType: [ ] Crawl Space [X] Slab [ ] Basement

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction *(Low Side of trench)*
1	H / Eroded Complex ~6%	0 - 4	Wk, Sbk, CL	Fr, SS, SP	RB	N/A	48"+	N/A	N/A	C-M: Sap. inclus. @ 23-44" Would require some grading to remove complex topo features	S 0.30	- 2"
		4 - 23	Mo, Sbk-Abk, C	Fr, SS-S, SP, SE	R							
		23 - 44	Wk, Abk, CL	Fr, SS, SP	R							
		44 - 48	Wk, Abk, CL & Sap.	mix Fr, SS, SP	R / M							

Description	Initial System	Repair System
Available Space (.0508)	US	US
System Type(s)		
Site LTAR	0.30	0.30
Maximum Trench Depth (low side of trench)	34"	34"

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509): US

COMMENTS: There is insufficient space for a 5 BR SFR initial system and repair area with a design LTAR of 0.30.

Soil & Site Evaluation Map



Map created by: P. Mitchell
Date: 10/16/2026

PROPERTY INFO
Address: 4509 Woodland Ave.
PID No.: 13711270

Scale: 1:480

Mecklenburg County
Groundwater & Wastewater Services

N

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Health Director

IMPROVEMENT PERMIT DENIAL

October 28, 2026

OLYMPIA & WRIGHT LLC
1800 CAMDEN RD STE 107-18
CHARLOTTE, NC 28203

Re: Application for Improvement Permit for property located at 4509 WOODLAND AV , MINT HILL, NC 28227
Parcel No.: 13711270
Health Department File No.: SP26-097

To Whom It May Concern:

The Mecklenburg County Health Department, Environmental Health Division, on evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your Improvement Permit application. According to your application, the site is to serve a 5 bedroom residence with a design wastewater flow of 600 gallons per day. The evaluation was done in accordance with the laws and rules governing on-site wastewater systems in General Statutes 130A-333 to 345 and 15A NCAC 18E.

Based on the criteria set out in 15A NCAC 18E .0501 through .0602, the evaluation indicated that the site is **UNSUITABLE** for an on-site wastewater system. Therefore, we must deny your request for an Improvement Permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .0502)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)
- ☐ Unsuitable soil wetness condition (Rule .0504)
- ☐ Unsuitable soil depth (Rule .0505)
- ☐ Unsuitable saprolite (Rule .0506)
- ☐ Presence of restrictive horizon (Rule .0507)
- ☒ Insufficient space for septic system and repair area (Rule .0508)
- ☐ Unsuitable for meeting required setbacks (Rule .0601 or .0602)
- ☐ Other (Cite applicable rule):_____

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water, or inside your structure.

The site evaluation included consideration of possible site modifications, as well as use of all possible systems approved under 15A NCAC 18E. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil such as off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no Improvement Permit shall be issued for this site in accordance with Rule .0509(a) and (d).

A site classified as UNSUITABLE may be classified as SUITABLE if written documentation is provided that meets the requirements of Rule .0509(b) or (c). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as SUITABLE.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the Department of Health and Human Servicesâ€™ 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, 1711 New Hope Church Rd, Raleigh, NC 27609. To get a copy of a petition form, you may write the Office of Administrative Hearings, call the office at 984-236-1850, or download it from the OAH web site at http://www.oah.nc.gov. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will 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 **10/28/2026**. 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 General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 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 General Statute 150B-23 that you send a copy to the Office of General Counsel, Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Troy Kling

Troy Kling, REHS
Environmental Health Specialist
Groundwater & Wastewater Services | Public Health
Mecklenburg County Government
7042800684 | MeckNC.Gov

Enclosures: (Enclose copy of Rule .0502 & .0508)