## PLEASE PRINT CLEARLY OR TYPE

IN THE OFFACE OF

COUNTY OF (1)_	ROBESON		Contract State Contra	. A	ADMINISTRATIVI	3 HEARINGS
			the second sequences		JA EHR	< 625
(2) MR. BL	IRT BENSON, CE	SO 2009 NOV 1)	6 四 3: 47			
(your name)		INC. ON BY	ME CEP EARINGS	PETIT FOR CONTESTED CA	. <b>A</b>	
	AROLINA ENVIROM	)				
	T COMMISSION CASE RESPONDENT. or board about which you are con	)		wh.	$\mathcal{L}^{\mathcal{C}}_{i}$	
I hereby ask for a co	ontested case hearing as provided	l for by North Carolina	General Statute §	150B-23 because the B	Respondent has:	
	(Briefly state facts showing Permitted 20, 2009.	, allowe	d arc	aused, Th		<u>f</u>
(4) Amount in contr	roversy \$ 3000. (II	(if applicable) Formula more space is needed,	attach additional j	pages.)		
deprived me d	e facts, the State agency or board of property; o pay a fine or civil penalty; or ostantially prejudiced my rights;	has: (check at least or	exceeded acted e failed to acted a	ed its authority or juriso	; y; or	
(6) Date: 11/	12/09	(7) Your p	hone number: ( 9	10) 739.99	769	
(8) Print your full address: P.O. Box 1250 LUMBERTON N.C. 28359						
(9) Print your name	: BURT 13ENS	ON CEO	(city) (sta 13EN50	N CONST	RUCTION	INC.
(10) Your signature: Sul Conson (50)						
	deliver a COPY of this Petition the name of the person to be serv		board named on !	line (3) of this form.	You should contact	the agency or
with sufficient posts (11) MARY Pe	tition has been served on the Sta age affixed OR by delivering it t ENNY THOMPSON, Gen me of person served) Nail Service Cento	o the named agency or Neral Counsel	ed below by deport board: (12)		on l <u>in</u> e 3)	ostal Service
	ress/p.o. box)		(city)		zip code)	
(14) This the	day of November	<u> </u>	<b>.</b>			
(15) As an consignature) (your signature)						

When you have completed this form, you MUST mail or deliver the ORIGINAL AND ONE COPY to the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714.

FATE OF NORTH CAROLINA

This box for OAH use only.					
Amount Paid \$ 2000  G-Cash – receipt number 7780-3	☐ Indigent (must complete form HOI)  ☐ Mandated federal cause of action				
☐ Money Order ☐ Certified Check ☐ Attorney Trust Account  Check number	Received by:				

11/16/109 55