STATE OF NORTH CAROLINA IN THE OFFICE OF ADMINISTRATIVE HEARINGS

CO	UNT	Y OF	WA	KE.

COL. FRANCIS X. DE LUCA	)
	)
	)
PETITIONER,	)
	) PETITION
v.	) FOR A
	) CONTESTED CASE HEARING
NC ENVIRONMENTAL MANAGEMENT COMMISSION and NC DEPARTMENT OF ENVIRONMENTAL QUALITY	
	)
	)
RESPONDENTS.	)
	)
follow the Federal Clean Water Act (CWA) regulation, 40 CFR 123.27(degulation all require notice and a 30 day public comment period before failure to follow the law has deprived Petitioner of his right to comment determining whether or not the Partial Consent Order is in the best inter-	
4) Amount in controversy \$ (if applicable)	led, attach additional pages.)
5) Because of these facts, the State agency or board has: (check at leas deprived me of property; ordered me to pay a fine or civil penalty; or	et one from each column)  exceeded its authority or jurisdiction; acted erroneously;
X otherwise substantially prejudiced my rights; AND	<ul> <li>X failed to use proper procedure;</li> <li>X acted arbitrarily or capriciously; or</li> <li>X failed to act as required by law or rule.</li> </ul>
(6) Date: September 20, 2017 (7) You	ur phone number: ( 919 ) 747-8080
8) Print your full address: 805 Spring Forest Road, Raleigh, NC 27609	
9) Print your name: Francis X. De Luca	(city) (state) (zip)
10) Your signature:	
	or board named on line (3) of this form. You should contact the agency of

H-06 (05/10)

board to determine the name of the person to be served.

## **CERTIFICATE OF SERVICE**

with sufficient postage affixed <b>OR</b> by delivering it to the named agency or board:	, , , , , , , , , , , , , , , , , , , ,			
(11)Bill Lane	(12) NC Environmental Management Commission and			
	NC Department of Environmental Quality			
(13) 1601 Mail Service Center, Raleigh NC 27699-1601				
(14) This the day of September, 2017.				
(15)				
(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.

## This box for OAH use only.

Amount Paid \$	Indigent (must complete form HOI )
Cash – receipt number	Mandated federal cause of action
Money Order Certified Check Attorney Trust Account  Check number	Received by: