**Notice of Intent to SUSPEND/REVOKE Operation Permit**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Subject: Notice of Intent to Revoke/Suspend \_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify name/location) Operation Permit

Dear :

(Owner’s Name)

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ health department inspected the on-site wastewater system located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (physical address) for compliance with General Statutes 130A-333 to 345, 15A NCAC 18A .1900 et seq., and Operation Permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OP number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation Law or Rule Citation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[Example #1 - The on-site wastewater system has a design daily flow greater than that specified in Construction Authorization No. 0956 and Operation Permit No. 4180.]

[Example #2 - The on-site wastewater system effluent is exceeding the operation permit limits for CBOD, TSS, and TN as specified in Table VII 15A NCAC 18A .1970(a) and Operation Permit No. 1007 Condition 7.]

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

If the health department determines that all of the violations have been corrected before 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 Operation Permit and meet the requirements of the current laws and rules necessary to obtain a new permit.

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, 1711 New Hope Church Rd, Raleigh, NC 27609. You may write the Office of Administrative Hearings, call the office at 984-236-1850, or get a copy of the petition form 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 XXX XX, XXXX. 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 to the Registered Agent for the Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001. The Registered Agent for the Department of Health and Human Services is Julie Cronin.

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, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at (phone) or (fax).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DHHS Authorized Agent