Recommended Letter for Well Permit Denial

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

Re: Application for a well permit for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ property site

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department file number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Owner or Owner’s Agent)

Your permit application to construct or repair a private drinking water well at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been reviewed to ensure compliance with North Carolina well construction standards, 15A NCAC 02C. Your permit has been denied for the following:

\_\_\_\_\_\_\_ Proposed well location is in an area generally subject to flooding. [15A NCAC 02C .0107(a)(1)]

\_\_\_\_\_\_\_ Proposed well location does not meet minimum horizontal separation distance or setback requirements. [15A NCAC 02C .0107(a)(2)or (3)]

\_\_\_\_\_\_\_ Proposed well location is in an area of groundwater, which is known to be contaminated. [15A NCAC 02C .0107(b)(1)]

\_\_\_\_\_\_\_ Well construction at proposed location would result in some other violation of State standard(s), as explained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please refer to the checked items and do the following before resubmitting an application:

Correct the checked item(s) and then contact the local health department. For item(s) involving State rules (15A NCAC 02C .0107) you have the option to request a well construction variance in accordance with 15A NCAC 02C .0118. If you decide to pursue this option, we can provide you with the correct forms and assist you in submitting them to the staff of the Department of Health and Human Services, Division of Public Health, Environmental Health Section, On-Site Water Protection Branch.

After receiving your written State variance(s), please resubmit your request along with a copy of your written variance(s).

*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 Department of Health and Human Services regional well specialist. 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 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, N.C. 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, Department of Health and Human Services.

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

Sincerely,

Signature of Authorized Agent – DHHS