**NOTICE OF INTENT TO SUSPEND OPERATION PERMIT**

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

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

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

City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: Notice of Intent to Suspend Operation Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

 *Owner or Owner’s Representative*

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department inspected the on-site wastewater system located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for compliance with General Statutes 130A-333 to

 *Physical Address*

345, 15A NCAC 18E, and Operation Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ conditions. As a result of this inspection, the Department has determined the following violations:

**Violation(s) Law or Rule Citation(s)**

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

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This is to notify you that based on these violations, the Health Department intends to suspend your Operation Permit 30 days from the date of this notice.

If the Health Department determines that all the violations have been corrected before 30 days expire, the suspension will not go into effect. If the corrections are not made before 30 days and the permit is suspended, then the Health Department must first determine that the violations have been corrected before the suspension will be lifted.

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

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

Sincerely,

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

 *Signature of Authorized Agent*