

**SAMPLE: Notice of Intent to SUSPEND/REVOKE-  
Operation Permit**

\_\_\_\_\_ (*Specify date*)

(*Owner*) \_\_\_\_\_

(*Address*) \_\_\_\_\_

\_\_\_\_\_

**RE: Notice of Intent to Revoke/Suspend (*specify*) Operation Permit**

Dear (*Owner*):

The \_\_\_\_\_ (*specify local health department*) inspected the on-site wastewater system located at \_\_\_\_\_ (*specify physical address*) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Operation Permit (*specify*) conditions. As a result of this inspection, the Department has determined the following violations:

1. \_\_\_\_\_ (*specify violation*) \_\_\_\_\_ (*cite law, rule or permit condition*)
2. \_\_\_\_\_ (*specify violation*) \_\_\_\_\_ (*cite law, rule, or permit condition*)

[*Ex. 1. The OSWS serving this food facility is malfunctioning and not approved in violation of NCGS 130A-335(a)*]

[*Ex. 2. The OSWS serving this food facility is discharging wastewater to the ground surface in violation of NCGS 130A-335(a), Rule .1938 (b), and Rule .1961 (a).*]

[*Ex. 3. The OSWS is discharging fats, oils, and grease (FOG) greater than 30 mg/l in violation of OP 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 thirty (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 N. C. Department of Environment and Natural Resources regional specialist. A request for informal review must be made in writing to the local health department.

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form, you may write the Office of Administrative Hearings, call that office at 919.431.3000, or downloaded from their web site at [www.oah.state.nc.us/hearings](http://www.oah.state.nc.us/hearings). The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N. C. General Statute 130A-335 (g) provides that your hearing would 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 NOTICE**. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, NC Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC 27699-1601. Sending a petition or a copy of the petition to the local health department will NOT satisfy the filing requirements of the NC General Statutes.

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

Sincerely,

*(Signature of DENR Authorized Agent)*