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Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
7-12-2024(Date)

Owner: Thomas Sweck
Address: 4411 Benton Mill Dr
Fuquay-Varina, NC 27526

Subject: Notice of Intent to Revoke/Suspend Camille Allen/115 Ithica Ln (SR 2499)(specify name/location) Improvement Permit/Construction Authorization

Dear Thomas Sweck:
(Owner's Name)

The Harnett County Health Department inspected the site for the on-site wastewater system located at 115 Ithica Ln (SR 2499) (physical address) for compliance with General Statutes 130A-334 to 345, 15A NCAC 18A .1900 et seq., and Improvement Permit/Construction Authorization SFD2309-0035 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

<u>Violation</u>	<u>Law or Rule Citation</u>
<i>House was moved into septic area and can not evaluate remaining usable septic area because lot is stoged on IT and workers are parking on it</i>	<i>15A NCAC 18E. 1406 (4)</i>

[Example #1 - 18 inches of soil removed from site in violation of G.S. 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]

[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 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 Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

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 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 910-893-7547 (phone) or 910-718-0415 (fax).

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Cronin', with the letters 'DHHS' written in a smaller font to the right of the signature.

Signature of DHHS Authorized Agent