



TOE RIVER HEALTH DISTRICT
Avery & Mitchell County
Health Departments



EXISTING SYSTEM AUTHORIZATION DENIAL

Date \_\_\_\_\_

Owner's Name
Owner's Street Address
Owner's City, Zip Code

Re: Application for an existing system approval for \_\_\_\_\_
Property Location & Health Department File Number

Dear \_\_\_\_\_:
Owner or Owner's Representative

The \_\_\_\_\_ County Health Department on \_\_\_\_\_ inspected the above-
Date

referenced property at the site designated on the plat/site plan that accompanied your existing system
approval application. According to your application, the site is to serve a
Facility Description with a design wastewater flow of \_\_\_\_\_

gallons per day. The inspection was done in accordance with the laws and rules governing on-site
wastewater systems in General Statutes 130A-333-345 and 15A NCAC 18E.

Based on the criteria set out in 15A NCAC 18E .0206, .0301, and Section .0600, the inspection indicated
that the existing wastewater system does not meet the rules for the reconnection/property addition
(specify). Therefore, we must deny your request for an existing system reconnection/property addition
(specify). The request is denied based on the following:

For Reconnections:

- Site does not comply with Operation Permit [Rule .0206(b)(1)]
System is currently malfunctioning or has a past uncorrected malfunction [Rule .0206(b)(2)]
Proposed facility increases design daily flow or effluent strength [Rule .0206(b)(3)]
Facility unable to meet required setbacks in Section .0600 [Rule .0206(b)(4)]
Existing system is not operated and maintained as specified [Rule .0206(b)(5)]
Other [Cite applicable rule(s)]: \_\_\_\_\_

For Property Additions:

- Relocated structure, expanded facility, or modification unable to meet required setbacks in Section
.0600 (Rule .0206(d))
Relocated structure, expanded facility, or modification increases design daily flow or effluent
strength (Rule .0206(d))
Other [Cite applicable rule(s)]: \_\_\_\_\_



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**Health Departments**



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For the reasons set out above, the property reconnection/property addition (**specify**) is denied in accordance with Rule .0206(g).

**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. 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 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, Department of Health and Human Services.

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

Sincerely,

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*Signature of Authorized Agent*