

STATE OF FLORIDA DEPARTMENT OF HEALTH

CITATION FOR VIOLATION ONSITE SEWAGE PROGRAM/SANITARY NUISANCE

Authority: 381.0065 Florida Statutes

Person being cited		Address of alleged violation (street address)
Address of person being cited (street address)		Address (city, state, zip)
Address (city, state, zip)		Date and Time of Citation (M/D/Y); a.m./p.m.
		N. A.G.L. A.
Business Name (if applicable)		Name of Citing Inspector
	TION OF LAW AND/OR R	
Write particular nature of Law	violation, including specific references. Rule	ence to the provisions of law and/or rule allegedly violated.
Citation:		
Citation:	Violation:	
Citation:	violation	
Citation:	violation:	
Citation:	Violation:	
Citation.	violation	
PART 2. DESCI	RIPTION OF VIOLATION	S
	s observed, along with the date a	
	o seeder ca, arong with the auto t	
	MINARY NOTICE	
	violation:	
Type of notice given:		
Inspection repo	rt	
Notice of violat	ion	
Other (specify)		
Notice issued by:		,County Health Department
PART 4 FOLLO	OW UP VISIT	
Date of reinspection	5 W O1 VISI1	
		_
Reinspection by:		_,County Health Department

PART 5. ACTIONS TAKEN TO CORRECT	VIOLATIONS		
List any actions the property owner has taken to correct the			
PART 6. ORDER OF CORRECTION/FINE A	AND PAYMENT		
The person named in this citation is hereby ordered to cor of the service of this citation.	rrect the violation(s) listed in Part 1 within days		
The person identified on this citation is hereby directed to the violations listed in Part 1. Payment must be made to t	<u>, f. 7</u>		
the violations listed in Part 1. Payment must be made to t County Health Department within 21 days of the receipt of Part 9.	of this citation, or you may choose the option listed in		
PART 7. ACCEPTANCE OF CITATION			
The person named above acknowledges receipt of the cita and accept a citation issued by the department is guilty of provided in section 775.082 or 775.083, Florida Statutes.	ation issued. Any person who willfully refuses to sign a misdemeanor of the second degree, punishable as		
Signature of Recipient I	Date		
PART 8. REDUCTION OR WAIVER OF FIN	NE		
The person named in this citation may request that the amount of the fine in Part 6 be reduced or waived by demonstrating good faith in correcting the violations, or by presenting "before and after" evidence to the County Health Department within two working days of the time of issuance of this citation. In determining whether to reduce or waive the fine, the County			
Health Department shall consider the gravity of the violation, the person's attempts at correcting the violation, and the person's history of previous violations. The County Health Department is not required to reduce or waive the fine.			
The amount of this citation is hereby reduced or waived to	o the amount of \$		
Signature, CHD Director/Administrator	Date		
PART 9. REQUEST FOR ADMINISTRATIV	E HEARING		
Per sections 120.569 and 120.57, Florida Statutes, the recadministrative hearing to contest the citation within 21 da recipient fails to timely request a hearing, pay the fine wit citation after having requested a hearing, the recipient will citation becomes a final order requiring the recipient to page	ipient has the right to request a formal or informal ys after the date the citation is received. If the thin the time allowed, or fails to appear to contest the l have waived the right to contest the citation and this		
I request an administrative hearing. Yes	No		
I dispute the material facts. Yes No			
Signature of Person Named on Citation	Date		

NOTICE OF APPELLATE RIGHTS ON REVERSE

White copy: County Health Department Yellow copy: Citation Recipient DH 3146, 11/02 Incorporated: 64E-6.001, FAC Obsoletes previous editions which may not be used.

NOTICE OF APPELLATE RIGHTS

This citation becomes a Final Order of the Department if you have not contested the Citation within twenty-one (21) days of the date upon which the Citation was served upon you. If this Citation becomes a Final Order of the Department, you have the right to appeal the Final Order to the District Court of Appeal in your area or the First District Court of Appeal.

YOU ARE HEREBY NOTIFIED, pursuant to sections 120.569 and 120.68, Florida Statutes, that you may appeal the Final Order by filing one copy of a Notice of Appeal with the Agency Clerk for the Department of Health, 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703, and by filing one copy of the Notice of Appeal and filing fee (\$250, pursuant to section 35.22(3), Florida Statutes) with the District Court of Appeal within thirty (30) days of the effective date of the Final Order.

INSTRUCTIONS FOR COMPLETING DH 3146:

- 1. The name of the person being cited must be filled in. Must be the owner, operator, occupant, or business name. If a septic tank company, cite the registered contractor.
- 2. Below the person's name being cited, place the mailing address of that person. May be a place of business if a septic tank contractor, company, or employee is being cited.
- 3. Include the business name, if applicable. If inapplicable, put "NA".
- 4. Include the physical address where the alleged violation exists.
- 5. Indicate the date and time the citation is being issued in month/day/year format, and the time in the a.m./p.m. format.
- 6. Name of inspector issuing the citation must be on form.
- 7. Part 1. State the section or subsection of the law and administrative rule allegedly violated and include a brief statement of the violation cited.
- 8. Part 2. Describe the observed violation and provide pertinent facts related to the violation.
- 9. Part 3. The county health department must complete this part.
- 10. Part 4. This part is completed by the county health department employee conducting the follow-up visit or investigation.
- 11. Part 5. Describe actions the property owner has already taken to correct the violations.
- 12. Part 6. Enter order of correction if appropriate, to include time period for correction. An order of correction and an order to pay a fine may both be imposed. Enter the amount of the fine being imposed for the violations listed in Part 1. In no event shall the fine imposed by a citation exceed \$500 for each violation. Each day a violation exists constitutes a separate violation for which a citation may be issued (s. 381.0065(5), FS). Fines shall be assessed from the date of the initial notice of violation. This amount may be reduced or waived as per Part 8. Insert the name of the county health department issuing the citation.
- 13. Part 7. The signature of the recipient must be the same as the person cited.
- 14. Part 8. If a request for fine reduction or waiver is submitted by the person named in the citation, the County Health Department Director or Administrator shall evaluate the justification for fine reduction or waiver and consider the gravity of the violation, the person's attempts at correcting the violation, and the person's history of previous violations. If a reduction or waiver of the fine is justified, the reduced or waived fine shall be specified in the space provided and the county health department Director/Administrator must sign and date in the spaces provided.
- 15. Part 9. The person named in the citation must indicate whether or not an administrative hearing is being requested, and the person must sign and date the request.