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| OSTDS NOV REQUEST FORM(this request must be accompanied by a LCT Case Form for OSTDS in order to be assigned an OGC case number) |
| SECTION 1: VIOLATIONS & BACKGROUND |
| Existing OGC# |  [ ]  No |  [ ]  Yes, OGC# [Existing OGC No.] |
| Property Owner(s): | [The Property Owner is solely responsible for any sanitary nuisance on the property and not a tenant occupying the property. Obtain the name and mailing address of the Property Owner from your County's Property Appraiser website.] |
| Other Responsible Party: | [A tenant can be liable if your investigation shows the tenant caused the nuisance (e.g., broke the septic tank cover, etc.) OR the tenant has assumed responsibility for maintaining the system (e.g., having repairs made, pumping out the tank, etc.).] |
| Location of the Violation: | [State the address of the property obtained from the Property Appraiser's website.] |
| Permits: | [List any existing Permits for the system and attach copies].  |
| Nature of the Violation: | [Describe violations in general and then identify each one specifically and state the facts that support the violation, including the witnesses and documents that provide evidence supporting the violation. (e.g., An inspection on [date] revealed modification and repairs to the OSTDS without a permit. CITE THE SPECIFIC STATUTE AND RULE SUBSECTION THAT APPLIES. |
|  | [Rule/Statute citation (e.g. 381.0065(4) F.S. and 62-6.003(1) FAC)] | [Description of the Violation (e.g., A person may not construct, repair, modify, abandon or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the Department.)] |
|  | [Rule/Statute citation] | [Description of the Violation] |
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| Communication/Settlement Negotiations: | [Provide date and type of each attempt to communicate with Property Owner/Responsible Party (e.g., face-to face, phone, email). Include our demands and the violator’s responses. You may not rely solely on a Notice to Abate. You must attempt to talk to the violator, explain the violation, and resolve the problem.] |
| Witnesses/Additional Information: | [List name, address, and phone number of any witness to the violation. Provide any additional information |
| SECTION 2: ORDERS FOR CORRECTIVE ACTION |
| [SPECIFY ALL corrective actions which are appropriate to correct the violations cited above. Descriptions must be detailed and include timeframes.] |
| SECTION 3: ADMINISTRATIVE PENALTY ASSESSMENT |
| Penalty Calculation: | $$$$ |  |
| $$$$ |  |
| $$$$ |  |
| $$$$ | 403.121(3)(b) |
| $$$$ | 403.121(3)(b) |
| $$$$ | 403.121(3)(b) |
|  | $$$$ | 403.121(3)(b) |
| History of Non-Compliance: | $$$$ | [OGC # for previous violation(s)] |
| Total Penalty: | $$$$ | Total amount is under $50,000 [ ]   |
| SECTION 4: ASSESSMENT OF COSTS & EXPENSES |
| Costs & Expenses: | $$$$ | [Justification for amount] |
| SECTION 5: ATTACHMENTS |
| Enforcement File: | [Attach a copy of the Complaint Record. Include a copy of any inspection reports, site visits, or photos] |
| SECTION 6: REVIEW AND APPROVAL |
| Responsible CHD Investigator: | [Name, Email, Direct Phone Line, and Cell Phone Number.] |
| District Contact: | [Name, Title, Email, Direct Phone Line, Cell Phone Number] |
| Date Submitted to OGC: | [Date] |