

CABINET FOR HEALTH AND FAMILY SERVICES

Department for Public Health

ENFORCEMENT NOTICE

_____ No.

Permit/License/
Registration/Certification

_____ Environmentalist Code

NOTICE:

- OF ORDER TO CEASE OPERATION _____
- TO APPLY FOR: _____ OR CEASE OPERATION
- OF INTENT TO: _____ SUSPEND _____ REVOKE _____
- OF SUSPENSION OF: _____
- OF REVOCATION OF: _____

Office Use Only

- Action Code Z
- Action Code J
- Action Code F
- Action Code G
- Action Code I

ISSUED TO:

Operator/Manager/Owner: _____

Name of Facility: _____

Mailing Address: _____

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

PURSUANT TO: _____

(LAW / REGULATION)

FOR REASON(S) OF:

- Inspection Follow-up conducted on the date of _____ revealed _____

- Recommendation of Conference Officer, following conference held on the date of _____

- Installation of a sewage system without a permit. Location: _____

- Failure to:

- Apply for _____

- Renew _____

- Obtain prior construction _____ Plan Approval _____ Site Approval

- Correct Properly install a sewage system

COMPLIANCE WITH THIS ORDER SHALL BE EFFECTIVE _____

- SUSPENSION** **REVOCATION** SHALL BE EFFECTIVE WITHIN _____ DAYS FROM THE DATE OF RECEIPT OF THIS NOTICE

UNLESS A WRITTEN REQUEST FOR A CONFERENCE, PURSUANT TO 902 KAR 1:400, IS FILED WITH THE DEPARTMENT WITHIN THAT TIME. THE ENCLOSED FORM NO. DFS-212 MAY BE USED TO REQUEST A CONFERENCE.

A request for reinspection, for the purpose of reinstatement of a suspended _____, may be filed at any time. The request must be signed by the applicant and must assure that correction(s) of condition(s) which initiated this compliance order have been completed.

Health Official Signature: _____ Title: _____ Date: _____

Health Department: _____ Mailing Address: _____

Recipient's Signature: _____ Title: _____ Date: _____