



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

7019 2970 0002

2763 7547

US MAIL

Case No. 1410201085

August 18, 2020

Mr. Daniel flores
Hidalgo County
3100 S Business Hwy 281
Edinburg, Texas 78539

**RE: Notice of Alleged Violation
Proposed Administrative Penalty Against: Hidalgo County**

**Judge Mario E Ramirez Jr Juvenile Justice Center
1711 North Bridge Avenue
Weslaco, Texas
Notification No. 2019007677**

Dear Mr. flores:

The Department of State Health Services, Consumer Protection Division (Department) received an Asbestos Abatement/Demolition notification form for the above referenced project. A fee was calculated for the processing of the notification form, and an invoice was sent to the individual or entity listed as the facility owner on the form as required by the rules. The Department requires that the notification fee be remitted within sixty (60) days. As of the date of this letter, the Department has not received payment of the fee for the above referenced notification. A copy of the original invoice is enclosed.

The Department is authorized to enforce the Texas Asbestos Health Protection Act, Occupations Code, Chapter 1954 (Act), the Texas Asbestos Health Protection Rules (Rules), Title 25 TAC, Part 1, Chapter 295, Subchapter C of the Texas Administrative Code (TAC). Copies of the Act and Rules are available for your review at any of our regional offices. A copy of NESHAP can be found in the Federal Register.

As a result of a review of Department records, this is to notify you that the following alleged violation has occurred.

**ALLEGED VIOLATION - FAILURE TO PAY THE REQUIRED NOTIFICATION FEE
25 TAC §295.61(j)(4)**

Section 295.61(j)(4) states: "Failure to pay the required fee after an invoice has been sent shall be considered a violation and may subject the building owner to administrative penalties... Payment must be received no later than 60 days following invoice."

Notification Fee: The \$618.00 fee for Notification No. 2019007677 is delinquent and must be remitted to the Department within thirty (30) calendar days of receipt of this letter.

Proposed Penalty: In accordance with 25 TAC §295.70, the proposed penalty for non-payment of a notification fee is \$100.00 (First Occurrence).

NOTE: PAYMENT OF ONLY THE PAST DUE NOTIFICATION FEE AMOUNT IS NOT A COMPLETE RESPONSE TO THIS CORRESPONDENCE. IF THE FEE HAS BEEN PREVIOUSLY PAID, RESPONSE IS STILL REQUIRED, AS DEPARTMENT RECORDS DO NOT REFLECT THE PAYMENT. FAILURE TO RESPOND FULLY TO THIS CORRESPONDENCE MAY RESULT IN THE INITIATION OF ADDITIONAL ADVERSE ACTION BY THE DEPARTMENT AS INDICATED BELOW.

The total delinquent fee and proposed penalty for the alleged violation is \$718.00. According to the Rules, the following three options are available:

1. Respondent admits the allegations in the Department's Notice Letter and accepts the action proposed. Respondent agrees to the Department's issuance of an Order finding that Respondent committed the violation(s) listed in the Notice Letter. Respondent waives the right to a hearing or an appeal regarding the Department's findings, the proposed action and the disposition of this case through the Department's issuance of an Order. The alleged violation(s) are acknowledged and notification fee and the total proposed administrative penalty is paid (see the enclosed **RESPONSE TO NOV** form);

2. An informal conference and hearing is requested to contest the Department's proposed action; or
3. A formal hearing is requested to contest the Department's proposed action.

Hearings are conducted in accordance with the provisions of the Administrative Procedures Act, Texas Government Code, Chapter 2001 and the Department's formal hearing procedures in Title 25, Texas Administrative Code, Sections 1.21 through 1.27. If no response to this Notice is received by the Department by the thirtieth (30th) day, the Commissioner of State Health Services or his designee will issue a Default Order assessing the penalty.

Should you have any questions, need a copy of the notification form referenced in this letter, or have additional information that you would like to provide, please contact me by e-mail at Roni.Thompson@dshs.texas.gov and be sure to put your case number in the subject of the e-mail. For any other inquiry or if you do not have access to e-mail, you may reach me by telephone at (512) 834-4517.

Sincerely,



Roni S. Thompson, Program Specialist
Compliance Section
Consumer Protection Division

Hidalgo County
Case No. 1410201085

RESPONSE TO NOV

Please Select an option, sign in the space indicated below, and return this page to the department within thirty (30) calendar days. Send the form via e-mail to Roni.Thompson@dshs.texas.gov

OPTION 1

Respondent admits the allegations in the Department's Notice Letter and accepts the action proposed. Respondent agrees to the Department's issuance of an Order finding that Respondent committed the violation(s) listed in the Notice Letter. Respondent waives the right to a hearing or an appeal regarding the Department's findings, the proposed action and the disposition of this case through the Department's issuance of an Order.

Payment Instructions:

Credit card or online payment is not an option. Please submit a signed copy of this page and a check or money order for \$718.00 to the Following address: Cash Receipts Branch MC 2003, Dept of State Health Services, PO Box 149347, Austin, TX 78714-9347. Make the payable to the Dept of State Health Services and include the notation: "Deposit in Budget No. ZZ156, Fund No. 178, Case No. 1410201085; **OR**

OPTION 2

An informal conference is requested to contest the Department's proposed action. If after the informal conference you decide to have a hearing, you may ask for it at that time. *(Please provide an e-mail address and/or a telephone number so that the Department can contact you to schedule the requested Informal Conference*

E-mail _____

Telephone Number _____); **OR**

OPTION 3

A formal hearing is requested to contest the Department's proposed action.

AGREED TO BY RESPONDENT:

Signature of Respondent or Authorized Agent

Signature Date

Printed Name

Texas Department of State Health Services

Asbestos Notification Program

PO Box 149347

Austin, Texas 78714-9347

November 01, 2019

HIDALGO COUNTY
DANIEL FLORES
3100 S BUSINESS HWY 281
EDINBURG TX 78539

Asbestos Abatement/Demolition Notification Fee Invoice

Attention Facility Owner:

This invoice is for payment of an Asbestos Abatement/Demolition Notification submitted to the Department for the facility listed below. Payment must be received by the Department no later than the due date. Failure to pay the fee by the due date will result in the matter being referred to the Enforcement Unit for collection of the fee amount, and assessment of an administrative penalty for noncompliance with the Texas Asbestos Health Protection Rules. For more information on the basis for Asbestos Notification fees go to <http://www.dshs.state.tx.us/asbestos/rules.shtml> to access the Texas Asbestos Health Protection Rules 295.61(j).

Facility: JUDGE MARIO E. RAMIREZ, JR. JUVENILE JUSTICE CENTER
Description: Old Bootcamp
Location: 1711 N BRIDGE AVE, WESLACO TX 78596

Notification Number: 2019007677

ARU: 20

Amount Due: \$618.00

Date Due: January 01, 2020

Fee Calculation: \$30 / ARU - Min. Fee = \$55 or Max. Fee = \$3,210 + 3% + Fractional Dollar

Payment can be made online at: <https://vo.ras.dshs.state.tx.us>. If you are mailing payment in, credit cannot be given unless coupon and payment are returned together in color coded envelope provided. DO NOT combine fees for other notifications, accounts or programs. Make check/money order payable to: Department of State Health Services and mail to the lockbox address listed on the coupon below. If original pink color coded envelope is not available, mail to: Cash Receipts Branch, MC 2003, Department of State Health Services, PO Box 149347, Austin, TX 78714. If you have questions regarding this invoice please call the Notifications Group at: (512) 834-6747.

DETACH AND MAIL WITH THE APPROPRIATE FEE
Payment MUST be accompanied with Coupon and Envelope.

CUT ALONG THIS LINE

Texas Department of State Health Services

Notification #: 2019007677
Budget/Fund/RTI: ZZ111/178
RTI317510
Amount: \$618.00
Due: January 01, 2020
Application #: 86659

Billed: November 01, 2019

HIDALGO COUNTY
DANIEL FLORES
3100 S BUSINESS HWY 281
EDINBURG TX 78539

LOCKBOX - DSHS ASBESTOS/ DEMOLITION NOTIFICATION
PO BOX 12190
AUSTIN, TX 78711-2190

Please Do Not Write Below This Line. For Office Use Only

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