

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH SYSTEM REGULATION  
DIVISION OF MEDICAL QUALITY ASSURANCE

In Re: Gary Brink, S.S.C.  
License No.: 003740  
10 Fourth Avenue  
P.O Box 54  
Old Saybrook, CT 06475

Petition No.: 930520-32-001

VOLUNTARY AGREEMENT NOT TO RENEW LICENSE AFFIDAVIT

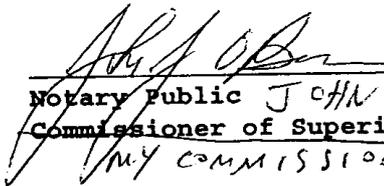
Gary Brink, being duly sworn, deposes and says:

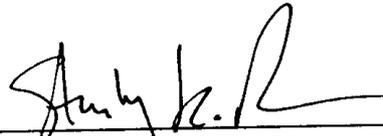
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I have been licensed by the Department of Public Health (hereinafter "the Department") to clean septic systems. My license number is 003740. This license expired on May 31, 1995.
4. I hereby voluntarily agree that I will not renew or apply to reinstate my license to clean septic systems in the State of Connecticut, nor will I apply for a new license to clean septic systems.
5. I understand and agree that if I seek a new license or to renew or reinstate my license at any time in the future, the allegations contained in Petition Number 930520-32-001 shall be deemed true, and I must apply to the Department which shall have absolute discretion as to whether said license shall be issued, renewed or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be renewed or reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request by the Department.
7. I understand and agree that this affidavit and the case file in Petition Number 930520-32-001 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this voluntary agreement not to renew my license is public information.
9. I understand that this affidavit is not effective unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No.930520-32-001

10. I understand that I have the right to consult with an attorney prior to signing this affidavit.

  
\_\_\_\_\_  
Gary Brink, S.S.C.

Subscribed and sworn to before me this 8TH day of AUGUST 1995.

  
\_\_\_\_\_  
Notary Public JOHN J. O'BRIEN  
Commissioner of Superior Court  
MY COMMISSION EXPIRES 3-31-98

Accepted:   
\_\_\_\_\_  
Stanley K. Peck, Director  
Division of Medical Quality  
Assurance

8/11/95  
\_\_\_\_\_  
Date

JCG  
1102Q/25-26  
7/95