

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
REGULATORY SERVICES BRANCH**

In re: Robert Anderson

Petition No. 2006-0217-033-004

**CONSENT ORDER**

WHEREAS, Robert Anderson of Madison, CT (hereinafter "respondent") has been issued license number 003159 to practice as a subsurface sewage disposal system installer by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 393a of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. For several years prior to February 2006, respondent maintained an eight-foot section of a twenty-seven inch high leaching gallery at his business in Madison, CT. Said structure had been used by respondent and/or his employees to occasionally dispose of small quantities of septage in order to prevent damage to septic pumping trucks due to freezing conditions in winter months.
2. On-site disposal of septage via a leaching structure requires a permit from the Connecticut Department of Environmental Protection (hereinafter "DEP") pursuant to the General Statutes of Connecticut, §22a-430. Respondent failed to obtain the requisite permit from DEP to use the on-site leaching structure as described in paragraph 1 above.
3. In February 2006, respondent abandoned the on-site leaching structure described in paragraph 1 above by emptying and then crushing the structure.
4. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-341f(d)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Department, this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-341f of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-341f(d) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of one thousand dollars (\$1,000) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
4. Respondent shall pay all costs necessary to comply with this Consent Order.
5. This Consent Order is effective on the date this Consent Order is accepted by the Department.
6. Respondent agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Department in which his compliance with this Consent Order or with Chapter 393a of the General Statutes of Connecticut, as amended, is at issue.
7. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject

to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

8. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
9. Respondent permits a representative of the Legal Office of the Healthcare Systems Branch to present this Consent Order and the factual basis for this Consent Order to the Department. Respondent understands that the Department has complete and final discretion as to whether this executed Consent Order is approved or accepted.
10. Respondent has the right to consult with an attorney prior to signing this document.
11. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

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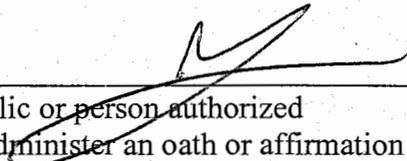
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I, Robert Anderson, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

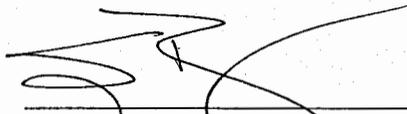
  
\_\_\_\_\_  
Robert Anderson

Subscribed and sworn to before me this 15<sup>th</sup> day of MARCH 2007.

VALERIE LIVESEY, NOTARY PUBLIC  
STATE OF CONNECTICUT  
MY COMMISSION EXPIRES 6/30/2010

  
\_\_\_\_\_  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 2<sup>nd</sup> day of March 2007, it is hereby accepted.

  
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Suzanne Blancaflor, M.S., Section Chief  
Environmental Health Section  
Regulatory Services Branch

s:llf/Anderson/Generlco1.robert