**INSERT COUNTY LETTERHEAD**

***Letter 2.C (sent certified mail return receipt requested and regular mail)***

*Date*

 Certified Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Animal Operator Name (husband and wife)*

*Address*

**Re: FINAL NOTICE - Requirement to Obtain an Approved Nutrient Management Plan**

Dear Mr. and Mrs. *Animal Operator Name,*

 This letter is a follow up to staff’s two previous letters dated *[Dates1]* and serves as our final notice to inform you of your legal obligation to submit a Nutrient Management Plan (Plan) to the conservation district for review and action.

 You have not complied with the Plan submission timeframes provided in our previous two letters. **This letter represents your last chance to avoid having penalties or other enforcement actions taken against you due to non-compliance with the plan submission obligations under Pennsylvania’s Nutrient and Odor Management Law (Act 38 of 2005).** Failure to heed this final notice will necessitate the referral of your case to the State Conservation Commission where they are likely to take an enforcement action against you.

 **You must submit a nutrient management plan to our office for review (within 15 days) by *[Date2*]**. If you are currently working with a certified commercial nutrient management specialist to develop your plan, please have that person contact me so that I can document your efforts to meet your legal obligations.

 If you have any questions relating to this obligation, please contact me at the conservation district office at *[Phone Number3]* so that I can provide whatever additional direction you may need.

 Sincerely,

 *[CCD4] District Manager*

cc: *SCC Regional NMA Coordinator*

File

*Dates1 = Dates (2 dates) of first and second letters (2.A and 2.B) sent to the farmer for the purpose of calculating animal density*

*Date2 = This* date should be about 15 days from the date the letter is expected to reach the farmer

*Phone Number3 = Your office phone number*

*CCD4 = The name of your conservation district* Signatory District Manager

*Name5 = Name of CD staff person (typically the NMS) who will be performing the onsite visit*