***Letter 3.C.CAO (sent certified mail return receipt requested and regular mail)***

 *September 1, 20XX*

*CERTIFIED MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Animal Operator Name (husband and wife)*

*Address*

**Re: FINAL NOTICE - Requirement to Update or Amend Your Current Nutrient Management Plan**

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

 This letter is a follow up to staff’s previous letters dated *[Dates1]* and serves as our final notice to inform you of your legal obligation to submit an update or amendment to your Nutrient Management Plan (NMP).

 Your current plan expires September 30, 20XX and you need to act immediately to either update or amend your current nutrient management plan in order to remain in compliance with the law. The State Conservation Commission’s (SCC) compliance timeframe requires that you have an approved NMP at all times. In order to be approved, NMPs must be acted on by the conservation district’s Board of Directors (BOD). **Please submit an update or amendment to your NMP by *[Date of last BOD meeting prior to September 30th]* which is the last BOD meeting date prior to September 30th. Additionally, you are reminded that it is unlawful to spread or export manure without a current approved NMP**.

 **This letter represents your last chance to cooperatively comply with this legal obligation prior to our office being compelled to refer your case to the SCC for enforcement action.** Please be aware that the SCC is very firm in ensuring that Concentrated Animal Operations (CAOs) always have a valid plan for their farming operation, so I highly encourage you to meet this plan update or amendment timeframe in order to avoid possible enforcement consequences that the SCC may impose.

 If you have any questions relating to this obligation, please contact me or *[Name5]*at the conservation district office *[Phone Number3]* so that we can provide whatever additional information or direction you may need

 Sincerely,

 *[District4],* District Manager

cc: [Name], *SCC Regional Coordinator*

 File

 [Name], DEP Regional Office (if a CAFO)

*Dates1 = Dates (2 dates) of first and second letters (1.B and 1.C) sent to the farmer to remind them of their obligation to have a current NMP*

*Phone Number3 = Your office phone number*

*District4 = Your district name, such as Lebanon County Conservation District*

*Name5 = Name of CD staff person (typically the NMS) who will be performing the onsite visit, or who questions will be directed to.*