**SAMPLE PRE-DISAPPROVAL LETTER**

Date \_\_\_\_\_\_\_\_\_\_ CERTIFIED MAIL NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operator Name *[Name1]*

Farm Name (*if used in NMP*)

Operator address

Operator address

Re: Status of submitted *[Name1]* Nutrient Management Plan (NMP)

Dear Mr. / Mrs. / Ms. *[Name1],*

The *[Name2]* County Conservation District ( \_\_CCD *[Name2]* ) received the initially proposed Nutrient Management Plan (NMP, or plan) for your animal operation located at *[Address3], on [Date4]*. *[Name2]* also receivedsubsequent submissions or versions of that plan on *[Date5], and* has determined that significant deficiencies still remain. The plan does not meet the requirements of the Nutrient Management Act regulations. If the following deficiencies are not addressed within 30 days, your plan will be recommended for disapproval.

 1. *[Reference6]*

 2.

Should you have any questions regarding the above deficiencies, please contact *[Name7]* to discuss the plan or schedule a meeting. The discussion or meeting must be scheduled within the 30-day period allotted for your reply. Please be advised that if your operation is a CAO and the plan is disapproved for the first time, you will have 90 days after receipt of the notice of disapproval to resubmit a revised plan in accordance with Section 83.361(e) of the regulations.

 Please feel free to call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions.

 Sincerely,

 John Doe *[Name7]*

*[Name2]*

 Title

cc: Author of plan

File

*Name1 =* *Name on NMP: Operator’s and/or Farm name.* ***NMP Pre-disapproval Letters must be addressed to operator (not planner). Planner is copied.***

*Name2 = Your conservation district name, first written out, then abbreviated thereafter (ex. Adams County Conservation District (ACCD))*

*Address3 = Site address (minus the state and zip code)*

*Date4= Date initial plan submission was received (most likely not in final form)*

*Date5= Dates subsequent versions to the initially submitted plan were received (but not yet in final form). List each revision.*

*Reference6= Listed deficiencies need to be clear and specific, and with enough detail for the planner to clearly understand what still needs to happen.*

*Name7= Preferably this would be the reviewer of record. However, it could also be a district manager, or board chairman.*