**Sample - Nutrient Management Act Program Withdrawal CAO**

Date

(Name1) County Conservation District

Address

 Address

RE: Withdrawal from Nutrient Management Act Program

Dear District Chairman,

Effective (Date2), (Operator’s Name3) (Farm Name if applicable4) located at (Address5) wishes to formally withdraw from participation in the PA Nutrient Management Act Program (Program) as a Concentrated Animal Operation (CAO). (Operators Name3) requested I perform the Concentrated Animal Operation (CAO) calculation to determine if the operation is eligible to withdraw from the Program. On (Date6) I visited the operation to verify the animal numbers, as well as, the land available for manure application. Based on the attached CAO calculation, using current animal density information obtained during the (Date6) visit, I certify this operation is no longer a CAO for the following reason(s):

1. Reason 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Reason 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Reason 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, etc.

Sincerely,

Commercial Nutrient Management Specialists Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commercial Nutrient Management Specialist name (printed or typed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NM Certification #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (Operator’s Name3) attest the information provided to (Plan Writer Name7) and used in the attached CAO calculation is true and accurate. I also understand that, in formally requesting to withdraw from participation in the Program, beginning on (date2), I forfeit the limited liability protection that has to date been provided by the State Conservation Commission (Commission) under the Program. I understand it is still my responsibility to have and follow a Manure Management Plan (MMP) meeting the Department of Environmental Protection’s (DEP) Chapter 91 requirements. I also understand it is still my responsibility to have and follow an Ag Erosion and Sedimentation (Ag E&S) plan meeting DEP’s Chapter 102 requirements, knowing that such plans are required for all operations conducting plowing and tilling activities and operations where earthen Animal Concentration Areas (ACAs) and/or Animal Heavy Use Areas (AHUAs) exist.

If you have any questions or comments, please feel free to contact plan writer at (XXX) XXX-XXXX or email me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

(Operator Signature 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Operator Name (Printed or Typed 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mailing Address of operation9)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District1 = Conservation District Name

Date2 = Effective Date when operation will no longer be regulated under Act 38, may be immediately

Operator’s Name3 = In most cases this would be the name of the person who signed the latest version of the NMP. This may be the owner, or authorized person to make the decisions for the operation, but needs to follow the requirements of who can sign a NMP as listed in 83.261(9).

Farm Name4 = Name of farm if applicable / name used in latest NMP

Address5 = Location of farm

Date6 = Date site visit was made to verify new animal and acreage numbers

Name7 = Certified Nutrient Management Specialist’s Name who verified the CAO calculations

Address9 = Mailing address of operation if different from location of farm