**SAMPLE**

**YEARLY PLAN SUBMISSION or PLAN UPDATE *[chose one]* ACKNOWLEDGEMENT LETTER**

Date \_\_\_\_\_\_\_\_\_\_\_

Operator Name

Farm Name (*if used in NMP*)

Operator address

Operator address

Dear Mr. / Mrs. / Ms. \_\_\_\_\_\_\_ , *[Operator’s Name]*

The *[Name1]* County Conservation District ( \_\_CCD, or District *[Name1]*) received the proposed Nutrient Management Plan (NMP) *Yearly Plan Submission or Plan Update* [CD chose the appropriate document submitted] on *[Date2]*, for your animal operation located at *[Address3]*. Your current approved NMP (planned for crop year (s) *[Date4]* was approved on *[Date5].* This *Yearly Plan Submission or Plan Update* [CD chose the appropriate document submitted] seeks to extend that NMP approval through crop year *[Date6].* This *yearly plan submission or plan update* [CD chose the appropriate document submitted] will expire on *(Date7).*

 *[Name1]* has performed an administrative review on this *yearly plan submission or plan update* [CD chose the appropriate document submitted] and has determined that it meets program requirements outlined in the Pennsylvania Nutrient Management Technical Manual. ***This letter serves to acknowledge that the yearly plan submission or plan update*** [CD chose the appropriate document submitted] ***has been accepted and will be placed in your Nutrient Management Plan file.***

Concentrated Animal Feeding Operations (CAFOs) have an additional obligation to make sure DEP has a copy of their most recent NMP (or any Yearly plan submissions or plan updates) on file with their CAFO permit. If you have not already done so, it is your responsibility to make sure a copy of this *yearly plan submission* *or plan update* [CD chose the appropriate document submitted] is provided to the appropriate DEP regional office. ***[Paragraph not necessary for non-CAFO NMPs]***

***To remain in compliance with*** Act 38, you must continue to implement the plan (including the most recent yearly plan submission or plan update) [CD chose the appropriate document submitted] according to the specific **Nutrient Management Act Obligations** outlined in the original approval letter dated (*Date11*), which is enclosed for your reference. Please note that you will also need to ensure that a certified NMS completes a triennial plan review by (*Date9*). The limited liability provision of the Act is afforded only to those operators that are implementing their approved plan according to schedule and maintaining the required records.

In conclusion, you are legally obligated to follow all provisions of your approved Nutrient Management Plan, and accepted *yearly plan submissions or plan update* [CD chose the appropriate document submitted]. You cannot deviate from the practices outlined in the NMP, or the *[Date2]* *yearly plan submission* *or plan update* [CD chose the appropriate document submitted], without formally revising your approved Nutrient Management Plan though a Pennsylvania Certified Nutrient Management Specialist.

If you have any questions about this letter or your requirements under the Nutrient Management Program, please feel free to call me *[Name10]*, at (\_\_\_) \_\_\_-\_\_\_\_\_ and I will be glad to provide any additional assistance.

Sincerely,

*[Name10]*,

Title

Enclosures:

 Original plan approval letter

Sample record keeping forms

 Exported Manure Information Packet

cc: Author of plan

 Michael Aucoin, SCC *(if author is provisionally certified)*

DEP if Operation is a CAFO

*Name1 = Your conservation district name, first written out, then abbreviated thereafter (ex. Adams County Conservation District (ACCD))*

*Date2= Date yearly plan submission or plan update was received by CD*

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

*Date4= Crop year for which current NMP was planned (October, 20\_\_\_\_\_\_ - September, 20\_\_\_\_\_)*

*Date5= Date your BOD took action on the current approved NMP*

*Date6= Crop year planned under submitted yearly plan submission or plan update*

*Date7 = Date yearly plan submission or plan update will expire. Beginning of next crop year (October 1, 20\_\_\_\_\_) needing to be planned.*

*Date9=Date will be 3 years from NMP approval (Date5)*

*Name10= Preferably this would be the reviewer of record. However, it could also be a district manager, or board chairman.*

*Date11= Date of original plan approval letter*

*\*Make sure to include enclosures*