

(Date)

(Client Contact Name)

(Client Name)

(Client Mailing Address)

(Client City, State and Zip)

(Co-Permittee Name and Address if Applicable)

Re: Approval of Minor Amendment to Permit Coverage

(Site Name)

(NPDES / ESCGP / E&S) Permit No. (Permit No.)

(Site Municipality), (Site County) County

Dear (Mr./Ms.) (Client Contact Last Name):

Under the authority of the federal Clean Water Act and Pennsylvania's Clean Streams Law, the (Department of Environmental Protection (DEP) OR _____ County Conservation District (District)) has approved your request for a minor amendment to your permit. The latest versions of the (NOI (for PAG-01, PAG-02 or ESCGP) / application (for Individual NPDES or E&S Permits)) and all supporting documents, including the Erosion and Sediment Control (E&S) Plan and Post-Construction Stormwater Management (PCSM) Plan, are incorporated into this approval, including the following plan drawings:

(Select One or Both Depending on Approved Changes)

- The E&S Plan drawings for (Project Name on Plan Drawing), dated (Original Date of Plan Drawing) and last revised (Last Revised Date of Plan Drawing).
- The PCSM Plan drawings for (Project Name on Plan Drawing), dated (Original Date of Plan Drawing), and last revised (Last Revised Date of Plan Drawing).

The terms and conditions of your permit, including the expiration date, have not otherwise changed. In addition, if stormwater discharges associated with construction activities are expected to continue beyond the expiration date of your permit coverage, you must apply to renew your coverage as instructed by your permit.

(OPTIONAL - Use if Amendment is for PCSM) Note that changes to PCSM stormwater control measure(s) SCMs may necessitate an amendment to the legal instrument and plans that were originally recorded for the project. If such an amendment is needed, the recorded information and proof of recording must be submitted to (DEP OR the District) with or prior to submission of the Notice of Termination (NOT).

If you have questions, please contact (Application Manager Name) by e-mail at (e-mail address) or by telephone at (Telephone No.) and refer to Permit No. (Permit No.).

Sincerely,

(Manager Name)
(District or Environmental Program) Manager
(DEP Regional Office Name or _____ County Conservation District)

cc: (Consultant Name) (approval letter only)
(DEP Permits Section Chief (if approved by CCD)) (approval letter only)
(Municipality) (approval letter only)

<<Client Contact Name >>

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<<DATE>>

bcc: File