

(Date)

(Client Contact Name)

(Client Name)

(Client Mailing Address)

(Client City, State and Zip)

(Co-Permittee Name and Address if Applicable)

Re: Notice of Termination Deficiency Letter

(Site Name)

(NPDES / ESCGP / ESC) Permit No. (Permit No.)

(Site Municipality), (Site County) County

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

The (Department of Environmental Protection (DEP) OR _____ County Conservation District (District)) has reviewed the above referenced Notice of Termination (NOT) and has identified the deficiencies listed below.

(OPTIONAL PARAGRAPH 1)

The deficiencies include observations made during an inspection of the site on (Final Inspection Date). A copy of the inspection report is enclosed.

(END OPTIONAL PARAGRAPH 1)

Deficiencies

1. (List of Items with regulatory or statutory citation; may also include reference to guidance). [25 Pa. Code § 102.(regulatory citation)]

Please submit a response fully addressing each of the deficiencies set forth above. Please note that this information must be received within 60 calendar days from the date of this letter, on or before (Date of the response due based upon the response time), or (DEP OR the District) may deny the NOT. Your response must be submitted to (DEP OR The District) using the same method of submission as was used for the original NOT.

If you have questions about these deficiencies, please contact me by e-mail at (e-mail address) or by telephone at (Telephone No.) and refer to Application No. (Application No.).

Sincerely,

(DEP/CCD Reviewer)

<< Client Contact Name>>

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<Date>>

(Title)

(DEP Program Name or ____ County Conservation District)

cc: (Consultant Name)

(DEP Regional Office or ____ County Conservation District)

(Municipality)

<< Client Contact Name>>

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<Date>>

bcc: File
(bcc information)

(Reference Initials)