$date$

$contactname$  
$applicantname$  
$address1$  
$address2$  
$address3$

Re: Technical Deficiency Letter – Erosion and Sedimentation Control Permit  
$project$ $npdesnumber$  
$municipality$ , $county$ County, PA

Dear $contactname$:

The $deporcd$ has reviewed the above referenced application and has identified the following technical deficiencies. The Pennsylvania Erosion and Sediment Pollution Control Program Manual and the Pennsylvania Stormwater Best Management Practices Manual include information that will aid you in responding to some of the deficiencies listed below. The deficiencies are based on applicable laws and regulations, and the guidance sets forth the DEP’s established means of satisfying the applicable regulatory and statutory requirements.

| **Technical Deficiencies** |
| --- |

$deficiencieslist$

Pursuant to 25 Pa. Code § 102.6(c) of DEP’s rules and regulations, you must submit a response fully addressing each of the significant technical deficiencies set forth above. Please note that this information must be received within sixty (60) calendar days from the date of this letter, on or before $dateplus60$ or $deporcd$ may consider the application to be withdrawn by the applicant.

You may request a time extension in writing before $dateextension$ to respond to deficiencies beyond the sixty (60) calendar days. Requests for time extensions will be received by $deporcd$ and considered. You will be notified in writing of the decision either to grant or deny, including a specific due date to respond if the extension is granted. Time extensions shall be in accordance with 25 Pa. Code § 102.6(c).

$pcsm$

Should you have any questions regarding the identified deficiencies, please contact $leadreviewer$ at the above telephone number, and refer to $npdesnumber$, to discuss your concerns or to schedule a meeting. The meeting must be scheduled within the 60 calendar days allotted for your reply, unless

otherwise extended by $deporcd$. You may also follow your application through the review process via *eFACTS on the Web* at: <http://www.ahs2.dep.state.pa.us/eFactsWeb/default.aspx>.

Sincerely,

$sectionchief$  
$title$  
$deporcd$

$county$ CCD Inspector

cc: $consultantname$  
$consultantaddress1$  
$consultantaddress2$

$consultantaddress3$

$municipality$

bcc: File

[Reference Initials]

|  |  |
| --- | --- |
|  | **CHECKLIST**  The following items must be included in the resubmittal of your application or the submission of additional information. |

$deficiencieslist$