



**District Name**  
**SOIL AND WATER**  
**CONSERVATION DISTRICT**

District Address  
Phone  
Fax

**Date**

Mr. John Doe  
Street or P.O. Box  
City, State, Zip

**RE: Inspection of Cost Share Contract 00-00-00-00**

Dear Mr. Doe:

The district verified **on date** that your cost share (list specific BMP) BMP is out of compliance. The Soil and Water Conservation Commission policy requires you to bring the practice back into compliance within **timeframe (30 days or 12 months)** or repay \$ . If choosing to repay, please send a check made payable to NCDA&CS **within 20 days of receipt of this letter, and mail to 1614 Mail Service Center Raleigh, NC 27699-1614.** Enclosed is a copy of the Refund for Noncompliance of Cost Share Payment calculator.

Please contact our office at **phone number and email address** to discuss what needs to be done to bring the BMP(s) back into compliance or to repay the funds.

Thank you for your prompt attention to this matter.

Sincerely,

District board member or chairman  
District name SWCD

Enclosure: Refund for Noncompliance of Cost Share Payment Calculator

cc: Division Cost Share Specialist