Sample Technically Incomplete Letter



JENNIFER M. GRANHOLM

GOVERNOR

State of Michigan DEPARTMENT OF ENVIRONMENTAL QUALITY Lansing



DATE

NAME SOURCENAME ADDRESS CITY, State ZIP

Dear NAME:

This letter is in reference to your Permit to Install application received on DATE for PROCESS / EQUIPMENT, located at ADDRESS, CITY, Michigan. This application, identified as No. PERMIT NO, does not contain sufficient information for us to complete our review. Therefore, please submit the following information specified in the attached Additional Information and Action Request Tracking Form as soon as possible so that we may resume our review. (*Optional*) Also attached is an Additional Technical Information Sheet/s for your source category with highlighted areas that are described in detail on the Additional Information and Action Request Tracking Form.

In order to expedite the review of your application, please send a second copy of the above information to District, Michigan Department of Environmental Quality (MDEQ).

If we do not receive this information within 29 (or other appropriate number in accordance with timeline) days or you have not contacted us, we will proceed to deny your application for lack of information. Any action denying an application does not prejudice your right to submit a new, complete application when the above information is available.

(Optional depending on engineers review as to whether the application is the result of an LOV for Rule 201) You are advised not to install or operate the aforementioned process or process equipment until such time as you receive an approved Permit to Install from the Michigan Department of Environmental Quality. You should be aware that failure to obtain an approved Permit to Install prior to commencing construction is a violation of the Department's Rules and may subject you, upon conviction, to civil and/or criminal penalties.

Please contact me if you have any questions or difficulty understanding or obtaining the requested information.

Sincerely,

NAME, TITLE UNIT NAME Air Quality Division 517-XXX-XXXX

Attachment cc/att: SUPERVISOR, MDEQ