

SAMPLE LETTER  
(Type onto your letterhead)

Date:

Maine Emergency Management Agency  
Attn: SERC  
72 State House Station  
Augusta, Maine 04333-0072

To all concerned parties:

Regarding \_\_\_\_\_ (Facility name)  
\_\_\_\_\_ (Facility location and mailing address)  
\_\_\_\_\_  
\_\_\_\_\_

Reporting year \_\_\_\_\_

This facility is not subject to chemical inventory reporting requirements for hazardous chemicals or Extremely Hazardous Substances for the following reason: (Check applicable item and identify chemical)

\_\_\_ After careful investigation and audit we find there are no hazardous chemicals above the 10,000 lb reporting quantity (RQ).

\_\_\_ After careful investigation and audit we find there are no extremely hazardous substances (EHSs) at this facility above the 500 lb RQ or listed threshold planning quantity (TPQ) which ever is less.

\_\_\_ The quantity in inventory never exceeded the Threshold Planning Quantity for \_\_\_\_\_ (Chemical name)

\_\_\_ We have ceased using the chemical and removed it from inventory effective \_\_\_\_\_ (Date)  
\_\_\_\_\_ (Chemical name)

This facility is not subject to Toxic Chemical Release Reporting for the following reason(s): (Check all that apply to you.)

\_\_\_ This facility is not in the Standard Industrial Classification (SIC) included in this reporting requirement.

\_\_\_ This facility did not **manufacture** or **process** an aggregate of 25,000 pounds of a subject chemical during this reporting year.

\_\_\_ This facility did not **otherwise use** an aggregate of 10,000 pounds of a subject chemical during this reporting year.

\_\_\_ This facility has fewer than 10 full time or full time equivalent employees.

Check one:

\_\_\_ We would like to be removed from your mailing list. We will contact the State Emergency Response Commission should conditions at the facility change.

\_\_\_ We would like to remain on the mailing list and continue to receive information for the Emergency Planning and Community Right-to-Know Act requirements.

Sincerely,

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(Facility owner/operator or officially designated representative)

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(Title)

copy: County Local Emergency Planning Committee via the  
County Emergency Management Agency  
City/Town Fire Department  
File