

CORRECTION PERIOD FOLLOWUP LETTER, SCENARIO A2

[Mr./Ms.] (Full Name of Levee Owner)
(Title of Levee Owner)
(Levee Owner Address)
(City, State Abbreviation, and Zip Code)

Dear **[Mr./Ms.] (Last Name of Levee Owner)**:

This is in regard to the **(Name of Levee)** shown on the effective Flood Insurance Rate Map (FIRM) and in the effective Flood Insurance Study (FIS) report for **(County or Community Name)**. As you may know, the Department of Homeland Security, Federal Emergency Management Agency (FEMA), **[is in the process of/will be]** producing a countywide FIS report and Digital Flood Insurance Rate Map (DFIRM) for **(County or Community Name)**. This effort **[is being/will be]** undertaken as part of the FEMA Flood Map Modernization program.

As part of the FEMA effort to produce the DFIRM, it was determined that the flood hazard information presented on the effective FIRM and in the effective FIS report is based, in some areas, on flood protection provided by the **(Levee Name)**. Based on the information available and on the mapping standards of the National Flood Insurance Program (NFIP) at the time that the FIS was performed, FEMA accredited the levee with providing protection from the flood that has a 1-percent-chance of being equaled or exceeded in any given year. The 1-percent-annual-chance flood also is referred to as the base flood.

In a letter dated **(Insert Date)**, FEMA provided you with a 1-year correction period to remedy all levee maintenance deficiencies and submit the data required for the levee to be recognized as accredited/provisionally accredited. In an agreement dated **(Insert Date)**, you agreed to remedy all deficiencies associated with the **(Levee Name)** as well as submit either the applicable data and documentation necessary to comply with the Code of Federal Regulations, Title 44, Section 65.10 (44 CFR 65.10) or the PAL application before **(Month, Day, and Year of the Second Anniversary of 91st Day Following Scenario A Letter)**.

FEMA has assessed the submitted data and documentation and determined that **(all of the requirements for 44 CFR 65.10 are/the entire Provisionally Accredited Levee (PAL) application is)** adequate for the **(Levee Name)** to be recognized as **(accredited/provisionally accredited)**. Therefore, FEMA will remove the Special Flood Hazard Area, the area subject to inundation by the base flood, landward of the levee on the newly effective DFIRM to show the **(Levee Name)** as **(accredited/provisionally accredited)**.

(Optional Paragraph for PALs: Levees will be labeled as PALs during the 24-month period to convey to map users that levee certification verification is underway. FEMA recommends that you, the levee owner, and the impacted communities implement outreach efforts to inform affected property owners that an assessment of the levee is underway. FEMA also encourages the purchase of flood insurance for structures in the areas landward of the levee., even though coverage is not federally required

If you are unable to submit all necessary data and documentation to comply with 44 CFR 65.10 before **((Month of Second Anniversary Following Date of the Last Day of Correction Period) (Day of Second Anniversary of the Last Day of Correction Period), (Year of Second Anniversary of the Last Day of Correction Period)**. FEMA will initiate a map revision to redesignate certain areas on the landward side of the levee as SFHA. Please note that affected communities that do not own and/or

maintain the levee(s) in question, are not responsible for submitting data necessary for 44 CFR 65.10 compliance.

If you need additional information or assistance, please contact **(Regional Engineering Contact Name)** of my staff, either by telephone at **(Regional Engineering Contact's Telephone Number: (###) ###-####)** or by facsimile at **(Regional Engineering Contact's Fax Number: (###) ###-####)**.

Sincerely,

(Regional Mitigation Division Director's Name)
[Director/Acting Director], Mitigation Division
FEMA Region (Region Numeral)

[Enclosure]

cc: **(Community CEO)**
(Community Floodplain Administrator)
(State NFIP Coordinator)
(USACE Point of Contact)

Senator **(Senator's Last Name)**'s Washington, DC, Office

Senator **(Senator's Last Name)**'s Washington, DC, Office

Representative **(Representative's Last Name)**'s, Washington, DC, Office