

**New York State Department of Environmental Conservation  
Regulatory Fee Determination Unit  
625 Broadway, 10<sup>th</sup> Floor  
Albany, New York 12233-5013**

DISPUTE PROCEDURES \* / FEE RECALCULATION REQUEST FORM

What to do if you believe your Environmental Regulatory Program Fee invoice is incorrect?

If you believe your invoice is incorrect and you wish to challenge the amount of the annual program fee, you must request a recalculation on the "Recalculation Request Form". **The request must be received by the Department within thirty business days of the date of the department's original invoice.** In addition, the Department will not consider disputes of the fee assessments if a person fails to make payment in full of the undisputed amount of the annual program fee or fails to give a specific written reason for challenging the fee.

What will the Department do with recalculation requests?

Upon receipt of the request, the Regulatory Fee Determination Unit will take one of the following actions and notify you accordingly:

1. They may return the request for additional information or completion.
2. If the Unit agrees that the original invoice is incorrect, they will notify you and send a replacement invoice and refund any overpayment.
3. If the Unit does not agree that the original invoice was incorrect, it will provide an explanation of the reasons for the disagreement along with the procedures for further review.
4. If the Unit agrees that the invoice is partially incorrect, they will send you a new invoice, a refund (if applicable), provide you with an explanation as well as the procedures for a further review.

What is the next stage in the dispute process?

If you continue to disagree with the initial determination and you wish to pursue a further review of your fee, the Regulatory Fee Determination Unit will provide you with a form which must be completed within 15 business days of the date of the notice and sent by certified mail to the Department at the address provided.

Upon receipt of the request, the Regulatory Fee Determination Unit will arrange for a conference with a Department representative to be held at the Department's Regional Office closest to the regulated activity or at a mutually agreed upon location.

What should you do, if, after meeting with a DEC representative you still believe your fee has been incorrectly calculated?

All disputed bills that cannot be resolved by the above procedures will be subject to a formal hearing process.

What should you do if you want to dispute the applicability of the fee irrespective of whether the amount is incorrectly computed or not?

You must file a Recalculation Request Form to dispute anything concerning the invoice that was sent.

**IMPORTANT**

**Interest and penalties will be assessed on fees that are not paid within the prescribed time periods, including disputed amounts which are ultimately determined to be owed. To be sure to avoid penalties and interest, remit payment for the entire amount of the assessed fee. Any overpayment will be refunded.**

**PLEASE RETAIN THESE PROCEDURES FOR YOUR RECORDS**  
**New York Department of Environmental Conservation**  
**Regulatory Fee Determination Unit**  
**625 Broadway, 10<sup>th</sup> Floor**  
**Albany, New York 12233-5013**

**Instructions:**

This form must be used to dispute any portion of the Environmental Regulatory Fee invoices. Complete a separate form for each invoice disputed. Complete parts I & VII for each.

Additionally, depending on the type of fee(s) disputed, complete Parts II, III, IV, V, or VI as follows:

- Part II- Air/Title V**
- Part III- Hazardous Waste & Hazardous Waste Surcharge**
- Part IV- Waste Transporter**
- Part V- Water (SPDES)**
- Part VI- Mined Land**

**PART I - Must be completed for ALL disputes**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice No.: \_\_\_\_\_

Customer No.: \_\_\_\_\_

If the business has been closed, sold, or changed ownership, please indicate here and list any relevant dates and the name and address of the new owner(s).

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**Part III - Hazardous Waste Program Fee -**

**Note: You can only dispute the estimated fee at this time. At the end of the calendar year, the generator /facility must file an annual report of the actual quantities generated, handled or utilized during the fiscal year.**

1. The Department's fee assessment of \$\_\_\_\_\_ is incorrect. My records indicate the correct amount should be \$\_\_\_\_\_.

2. Facility I.D. Number (from invoice): \_\_\_\_\_.

3. I believe the following Fee Categories are applicable to me.

A. Generator Fee (For all generators of hazardous waste or wastewater)

**Fee Schedule** - Based on the estimated total quantity of hazardous waste projected to be generated during the calendar year.

**Non-Wastewater**

From 0 tons to 15 tons per year \$           -0-          

From 15 tons to 100 tons per year \_\_\_\_\_

From greater than 100 tons to 500 tons per year \_\_\_\_\_

From greater than 500 tons to 1000 tons per year \_\_\_\_\_

Greater than 1000 tons per year \_\_\_\_\_

**Wastewater**

Equal to or greater than 15 tons per year \_\_\_\_\_

**TOTAL ESTIMATED GENERATOR FEE** \$ \_\_\_\_\_

B. Generator SURCHARGE (For all generators of hazardous waste or hazardous wastewater)

**Fee Schedule** - Based on the estimated total quantity of hazardous waste projected to be generated during the calendar year.

**Hazardous Waste (Non-Wastewater)**

From 15 to 25 tons per year (\$4,000) \$ \_\_\_\_\_

From greater than 25 to 50 tons per year (\$9,000) \_\_\_\_\_

From greater than 50 to 75 tons per year (\$14,000) \_\_\_\_\_

From greater than 75 to 100 tons per year (\$19,000) \_\_\_\_\_

From greater than 100 to 500 tons per year (\$24,000) \_\_\_\_\_

From greater than 500 to 1,000 tons per year (\$80,000) \_\_\_\_\_

From greater than 1,000 to 2,000 tons per year (\$85,000) \_\_\_\_\_

From greater than 2,000 to 3,000 tons per year (\$110,000) \_\_\_\_\_

From greater than 3,000 to 5,000 tons per year (\$135,000) \_\_\_\_\_

From greater than 5,000 to 10,000 tons per year (\$160,000) \_\_\_\_\_

Greater than 10,000 tons per year (\$360,000) \_\_\_\_\_

**Hazardous Wastewater**

Equal to or greater than 15,000 tons per year (\$6,000) \_\_\_\_\_

**TOTAL ESTIMATED GENERATOR SURCHARGE FEE** \$ \_\_\_\_\_

Recycling exemption claimed  yes  no

**If yes, complete documentation must be included with this form to support the claim.**

C. **Treatment, Storage and Disposal Facility Fee**  
(For facilities subject to permitting under Part 360)

**Base Facility Fees**

Calculated on the estimated total quantity of hazardous waste to be handled [treated, stored, or disposed] in facilities subject to permitting. A TSDF that receives no waste in a particular year is still subject to a \$12,000 fee under section 483.1 (b)(1)(I).

0 to 1000 tons per year \$ \_\_\_\_\_  
1000 + tons per year \_\_\_\_\_

**Special Facility Fees**

1. Landfills (per facility)  
\_\_\_\_\_ Not Generator Owned \_\_\_\_\_  
\_\_\_\_\_ Generator Owned \_\_\_\_\_
  2. Incinerators  
\_\_\_\_\_ Incinerator Units \_\_\_\_\_
  3. Energy Recovery Facilities  
\_\_\_\_\_ Energy Recovery Units burning  
any listed hazardous waste \_\_\_\_\_
  4. Surface Impoundments (Per Facility)  
\_\_\_\_\_ Surface Impoundment(s) used for treatment,  
storage, or disposal \_\_\_\_\_
- TOTAL ESTIMATED FACILITY FEE** \$ \_\_\_\_\_

**TOTAL ESTIMATED HAZARDOUS WASTE REGULATORY PROGRAM FEE**

(Add Total Estimated Generator and Facility Fees from 3A and 3B) \$ \_\_\_\_\_

4. I believe I have been incorrectly billed for the following reasons:

**LIST AND ATTACH DOCUMENTARY EVIDENCE TO SUPPORT YOUR CLAIM.**

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**Part IV - Waste Transporter Program**

1. My Waste Transporter Permit is for a (check one):

Industrial-commercial       other

2. Permit Number \_\_\_\_\_

Effective Date of Permit \_\_\_\_\_

Termination Date of Permit \_\_\_\_\_

3. The Department's fee assessment of \$\_\_\_\_\_ is incorrect. My records indicate the correct amount should be \$\_\_\_\_\_.

4. Listed below are the license plate numbers of the vehicles for which I should be billed:

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5. I believe I have been incorrectly billed for the following reasons:

**LIST AND ATTACH DOCUMENTARY EVIDENCE TO SUPPORT YOUR CLAIM.**

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**Part V - State Pollutant Discharge Elimination System (SPDES) Program Permit Information**

1. My SPDES permit is for a (check one):

P/C/I Facility       Industrial Facility       Ballast       General  
 Municipal Facility       Power Plant       Construction Stormwater

2. SPDES I.D. Number (from invoice): \_\_\_\_\_

3. The Department's fee assessment of \$\_\_\_\_\_ is incorrect. My records indicate the correct amount should be \$\_\_\_\_\_.

4. The daily discharge, as determined by the Department is \_\_\_\_\_ gpd (gallons per day).

5. I believe it should be \_\_\_\_\_ gpd for the following reasons:

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6. I believe the fee should be based on \_\_\_\_\_ disturbed acres (\$100 per acre) and \_\_\_\_\_ future impervious acres (\$600 per acre) for the following reasons:

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7. I believe I have been incorrectly billed for the following reasons:  
(If the business has been closed, sold, or changed ownership, please indicate here and list any relevant dates and the name and address of the new owner(s)).

**LIST AND ATTACH DOCUMENTARY EVIDENCE TO SUPPORT YOUR CLAIM.**

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**Part VI - Mined Land Reclamation**

The Department's fee assessment of \$\_\_\_\_\_ is incorrect. My records indicate the correct affected acreage is \_\_\_\_\_ and the fee should be \$\_\_\_\_\_.



Include a copy of your invoice along with payment as follows.

\$ \_\_\_\_\_ Total Fee Assessed (From Billing Invoice)

\$ \_\_\_\_\_ Total Fee Disputed

\$ \_\_\_\_\_ Undisputed Amount (subtract line 2 from line 1)

**Include payment in full of the undisputed amount.**

**IMPORTANT**

**Interest and penalties will be assessed on fees that are not paid within the required time periods including disputed amounts which are ultimately determined to be owed. To be sure to avoid interest and penalties, remit payment for the full amount of the fee. Any overpayment will be refunded.**

I hereby affirm under penalty or perjury that the information provided in this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Type or Print Name:**

\_\_\_\_\_  
**Title**

(\_\_\_\_\_) \_\_\_\_\_

**Phone :**

- This request must be signed by the facility operator, owner, or his/her designated representative.

When completed, mail this form and the appropriate payment to:

**New York State Department of Environmental Conservation  
Regulatory Fee Determination Unit  
625 Broadway, 10<sup>th</sup> Floor  
Albany, New York 12233-5013**