

**New York State Department of Environmental Conservation
Regulatory Fee Determination Unit
625 Broadway, 10th 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 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) and 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.

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Instructions:

This form must be used to dispute any portion of the Environmental Regulatory Fee invoice. 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).

Part III - Hazardous Waste Program Fee -

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

2. EPA 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 total quantity of hazardous waste generated during the prior calendar year.

Non-Wastewater

From 0 tons to less than 15 tons per year: \$ _____ -0- _____

From 15 tons to 4,000 tons per year:
\$130 per ton, not to exceed \$300,000.00 _____

From greater than 4,000 tons to 10,000 tons per year:
Flat fee of \$400,000.00 _____

From greater than 10,000 tons per year:
Flat fee of \$800,000.00 _____

Wastewater

Equal to or greater than 15 tons up to 15,000 tons per year:
Flat fee of \$3,000.00 _____

From 15,000 tons or greater per year:
Flat fee of \$6,000.00 _____

TOTAL GENERATOR FEE \$ _____

Recycling exemption claimed yes no

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

PART III - Hazardous Waste Program Fee CONTINUED.....

C. Treatment, Storage and Disposal Facility Fee (TSDF)
(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 or greater 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 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.

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:

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

LIST AND ATTACH DOCUMENTARY EVIDENCE TO SUPPORT YOUR CLAIM.

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:

6. I believe the fee should be based on _____ disturbed acres (\$110 per acre) and _____ future impervious acres (\$675 per acre) for the following reasons:

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.

Part VII - Submittal Instructions

This request must be received by the Department within 30 business days of the Department's original invoice.

Include a copy of your invoice along with a 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 of 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 :

E-Mail Address:

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:

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By submitting this form by email, you hereby affirm under penalty of perjury that the information provided in this form and attached statements and exhibits is true to the best of your knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.