



**Department of
Environmental
Conservation**

RETURN TO COMPLIANCE FORM
Pursuant to Commissioner Policy 59, Environmental Audit
Incentive Policy

This form is submitted on behalf of _____, a regulated entity with its primary office at _____. This form is submitted for violations detected at the facility known as _____ and located at _____ with DEC I.D. # _____ and EPA I.D. # _____, if applicable.

Criteria for Penalty Waiver or Mitigation:

- The regulated entity does not have a history of non-compliance;
- The disclosed violation or violations were found through an environmental audit, or during pollution prevention or compliance assistance;
- The disclosed violation or violations are eligible for penalty waiver or mitigation under this policy;
- The regulated entity disclosed the violation(s) to the Department expeditiously, consistent with prescribed time frames.
- All violations have been corrected or will be corrected consistent with time frames prescribed by the Environmental Audit Incentive Policy as indicated in this form.
- Appropriate measures are being implemented to prevent reoccurrence of the disclosed violations and will be maintained.

Verification:

I verify that I am the responsible official for the regulated entity and am fully authorized to make this attestation on behalf of this regulated entity and facility; I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this form; The information contained in this submittal is to the best of my knowledge, true, accurate, and complete and satisfies the criteria for penalty waiver or mitigation; I understand that this form is subject to public availability pursuant to the Freedom of Information Law;

Name: _____

Signature: _____

Title: _____

Date: _____

Phone No.: _____

E-mail address: _____

New Owner Verification:

I verify that I am the responsible official for the regulated entity; and prior to acquisition, the regulated entity was not responsible for environmental compliance at the facility which is the subject of the disclosure, did not cause the violations being disclosed and could not have prevented their occurrence, and had no connection to the facility or significant relationship to the prior owner.

☐ Applicable ☐ Not Applicable _____
Initial

Environmental Justice Area ☐ Yes ☐ No _____
Initial

Please include required information for each violation disclosed.

VIOLATION: Include citation to law or regulation violated, if known, and provide brief description, e.g. 6 NYCRR §232.14(a)(2), facility does not have a valid perchloroethylene dry cleaning operator certification.

DETECTION METHOD: Identify how the violation was found, e.g. voluntary environmental audit, compliance monitoring system, workshop, compliance checklist, etc.

DETECTION DATE: Identify when the violation was found by the above indicated detection method.

CORRECTIVE ACTION: Identify how the violation was, or will be, corrected.

COMPLIANCE DATE: Identify the date corrective action for the violation was, or will be, completed.

MEASURE(S) TO ENSURE FUTURE COMPLIANCE: Identify how the regulated entity will ensure future compliance with the violated law or regulation.

VIOLATION #1:	
DETECTION METHOD:	DETECTION DATE:
CORRECTIVE ACTION:	
COMPLIANCE DATE:	
MEASURE(S) TO ENSURE FUTURE COMPLIANCE:	

VIOLATION #2:	
DETECTION METHOD:	DETECTION DATE:
CORRECTIVE ACTION:	
COMPLIANCE DATE:	
MEASURE(S) TO ENSURE FUTURE COMPLIANCE:	

VIOLATION #3:	
DETECTION METHOD:	DETECTION DATE:
CORRECTIVE ACTION:	
COMPLIANCE DATE:	
MEASURE(S) TO ENSURE FUTURE COMPLIANCE:	

FOR DEPARTMENT USE ONLY Penalty Waiver/Mitigation: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Regulatory fees due: \$ _____ NRD or Remedial costs due: \$ _____ Economic benefit derived: No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____	_____ General Counsel or Regional Director Date
---	---