

DEQ Use Only
RCVD _____

**Biosolids Land Application Fee - Reimbursement
NOTICE OF INTENT TO SEEK RECONSIDERATION**

If you have questions about how to complete this form, please call the Virginia Department of Environmental Quality, Office of Land Application Programs at (804) 698-4000. After completing this form, please mail it to: Department of Environmental Quality, Receipts Control, P.O. Box 1105, Richmond, Virginia 23218. **DEQ MUST RECEIVE THIS FORM WITHIN 21 DAYS OF THE DATE OF THE CERTIFIED MAIL RECEIPT FOR THE ORIGINAL CLAIM.**

Any additional payment approval in the Reconsideration process will be made payable to the payee referenced below (designated in the original claim) and will be mailed to the address below. If changes need to be made please refer to the instructions on the back of this form.

Pre-Printed Info Here

1. Payee Name ABC County

2. Address 1234 Anywhere Road
City/County VA 2XXXX

3. Name of Contact Person John Doe

4. Daytime Telephone Number 804-XXX-ZZZZ 5. Fax Number 804-XXX-Z00Z

6. DEQ Permit # _____ 7. Claim# 00X

8. Local Monitor Name _____

9. Local Monitor Address _____
City/County VA 2XXXX

SECTION I. METHOD OF RECONSIDERATION

A. Please check the appropriate box to indicate whether you wish to seek reconsideration by meeting or by correspondence.

Panel Meeting Written Determination

B. Please check the appropriate box to indicate whether or not you wish to participate in a technical evaluation conference (TEC).

I wish to participate in a TEC I do not wish to participate in a TEC

SECTION II. CLAIM FILE

Please indicate whether you wish to have your claim file copied and mailed to you. DEQ recommends that all claimants seeking reconsideration request and review their claim file.

I do not wish to request a copy of my claim file at this time.

I would like for a copy of the file for the above-referenced claim to be mailed to me at the above stated address. I understand that I will be billed \$0.20 per page for the copies if more than 25 pages must be copied.

If you wish your copying bill and/or copies to be mailed to an address other than the address listed above, please indicate the address below:

Alternate address for copies/billing: _____

Payee Signature **Date**

**Instructions for Completing the
Notice of Intent to Seek Reconsideration**

Note: To ensure that this form is received at DEQ by the filing deadline, DWE suggests sending it by certified mail (return receipt requested), express service, or courier.

Claimant Information

- Verify the
- (1) Payee Name
 - (2) Address
 - (3) Name of Contact Person
 - (4) Daytime Telephone Number (**of the contact person**)
 - (5) Fax Number (**of the contact person**)
 - (6) DEQ Permit Number(s) (**in the Decision Package you are contesting**)
 - (7) Claim Number (**of the Decision Package you are contesting**)
 - (8) Local Monitor Name
 - (9) Local Monitor Address

and indicate if this has changed since the original claim was filed by marking corrections on the pre-printed information. (You will be contacted if additional information is needed.)

Section I. Method of Reconsideration

Check the option corresponding to the method of reconsideration you wish to select, either a Panel Meeting or a Written Determination, with or without a Technical Evaluation Conference (see Reconsideration Procedures for details.)

Section II. Claim File

Indicate whether you wish to receive a copy of the claim file. If applicable, provide the alternate address for copies and copy billing. An invoice for copy costs at \$0.20 per page will be included with file copies if more than 25 pages must be copied. *If the claimant fails to pay the invoice amount, the cost for the copies will be offset against reimbursement due the claimant.*

Only that portion of the file that the claimant does not already have is copied. The documents copied typically include DWE evaluation notes and memoranda/correspondence.

Signature Line

FORM 3

The Payee (claimant or assignee) must sign and date the form.