

Biosolids Land Application Fee Reimbursement
RECONSIDERATION CLAIM FORM

If you have questions about how to complete this form or the Reconsideration Procedures, or if you have any questions in general, 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. **THIS FORM AND WORKSHEET (S) MUST BE RECEIVED BY DEQ WITHIN 45 DAYS OF THE DATE OF THE CERTIFIED MAIL RECEIPT FOR THE ORIGINAL CLAIM.**

Pre-Printed Info For Items 3-11

SECTION A. PAYEE INFORMATION

If any additional monies are approved for this reconsideration claim, payment will be made to the payee (referenced below) as designated in the original claim. Please review items 3 through 11 for verification. If any corrections need to be made to the information, please check the boxes that apply and write the correct information in **SECTION C. CORRECTED INFORMATION** below.

- 1. Payee Name is correct as listed below but the address needs to be corrected- I have submitted the corrected address in Section C. of this page.
- 2. Assign payment to a different party other than the one listed below- I have completed a notarized payment assignment form 2(if applicable).
- 3. Payee Name ABC County
- 4. Address 1234 Anywhere Road
City/County, VA 2XXXX
- 5. Name of Contact Person John Doe
- 6. Daytime Telephone Number 804-XXX-ZZZZ
- 7. Fax Number 804-XXX-Z00Z
- 8. DEQ Permit # _____
- 9. Claim# 00Y
- 10. Local Monitor Name _____
- 11. Local Monitor Address City/County, VA 2XXXX

SECTION B. STATEMENT OF COSTS FOR RECONSIDERATION

12. Total costs being contested in this application \$ _____

SECTION C. CORRECTED INFORMATION

PLEASE NOTE

- The Payee Name and Address on this form will be used for all correspondence, and the Final Agency decision and check (if applicable) will be sent to this name and address unless a notarized Payment Assignment Form is submitted.
- Any supporting documentation should be submitted with this form.
- You must submit this page *and* the Reconsideration Claim Form Worksheet(s) by the deadline.

THIS FORM IS CONSIDERED INCOMPLETE WITHOUT THE RECONSIDERATION CLAIM FORM WORKSHEET.

**Instructions for Completing the
Reconsideration Claim Form**

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

Section A. Payee Information

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

and indicate if this pre-printed information has changed since the original claim was filed by writing the correct information in **Section C. Corrected Information**.

The claimant address is the address to which the Final Agency decision and check (if applicable) will be mailed. If an assignment has been filed, the assignee address is the address to which the Final Agency decision and check (if applicable) will be mailed, with a copy of the Final Agency decision sent to the claimant.

Section B. Statement of Costs for Reconsideration

Indicate the total dollar amount being contested. This dollar amount must agree with the Grand Total on the Reconsideration Claim Form Worksheet. The Reconsideration Claim Form is considered incomplete without the Reconsideration Claim Form Worksheet.