

INDIANA ELECTRONIC SUBSCRIBER AGREEMENT

State Form IDEM-R/08-01

Instructions Complete all sections of the form below and return it to the address listed. Additional information or assistance in completing this form can be found at <http://www.in.gov/idem/5964.htm>

User Profile Information

Name: Sara A. Williams
Title: Environmental, Health & Safety
E-Mail: sara.williams@duke-energy.com
Address: 1000 E. Main
City: Plainfield
State: Indiana
ZIP: 46168

User Contact Numbers

Phone Number	Type
(317) 383-1079	24 Hr Emergency Contact 1
Clicking a column title will sort the table by that column	

Access Request**CRTK (SARA Title III)**

Service Name	Facility Name	Facility ID	Facility Address	Pending Role(s)	Facility Details
CRTK (SARA Title III)	Duke Energy Clarksville Substation	386	2520 Lincoln Dr Clarksville, IN 47129	Signatory (Delegated Authority)	
Clicking a column title will sort the table by that column					

Supervisor/Legal Signatory Authority/Responsible Official

Company Name: Duke Energy Indiana
Name: Martin Dickey
Title: Manager
Contact Number: (812) 322-9654
E-Mail: martin.dickey@duke-energy.com
Address: 1100 W 2nd St
City: Bloomington
State: Indiana
ZIP: 47403

User/Applicant Responsibilities

All user applicants, including those seeking signatory authority for the organization identified in this document, requesting access to the IDEM eServices

must complete all entries in the section entitled User Attestation below and provide his/her handwritten signature. A separate application must be submitted for each eService application offering. All applicants must mail this document in its entirety to

Indiana Dept of Environmental Management
Attn: eServices Team
MC50-101 IGCN Room 1249
100 N Senate Avenue
Indianapolis, IN 46204-2251

If you claim signatory authority by delegation, for the organization identified in this document, an authorizing official of the entity (facility, company, etc.) must complete all entries in the section entitled Authorized Legal Authority/Responsible Official Attestation and affix his/her handwritten signature.

Signatory Attestation

I, Sara A. Williams, do hereby certify and affirm that in accepting the electronic signature issued by Indiana Department of Environmental Management to sign electronic documents submitted to eServices on behalf of Duke Energy Clarksville Substation,

1. Agree to protect the signature from use by anyone except me, and to confirm system security with third parties where necessary. Specifically, I agree to

- a. maintain the secrecy of my IDEM issued credential,
- b. not divulge my credential to any other individual,
- c. not store my credential in any unprotected location,
- d. not allow my credential to be used in any automated login function.

2. Understand and agree that I will be held as legally bound, obligated and responsible by my use of my electronic signature as I would be using my hand-written signature, and that legal action can be taken against me based on my use of my electronic signature in submitting an electronic document to the Indiana Department of Environmental Management.

3. Agree never to delegate the use of my electronic signature or make my signature available for use by anyone else.

4. Understand that whenever I electronically sign and submit an electronic document to eServices, acknowledgements and a copy of my submission as received will be made available to me.

5. Agree to review the acknowledgments and copies of documents I electronically sign and submit to eServices,

6. Agree to report to Indiana Department of Environmental Management, within twenty-four (24) hours of discovery, any evidence of the loss, theft or other compromise of any component of my electronic signature,

7. Agree to report to Indiana Department of Environmental Management, within twenty-four (24) hours of discovery, any evidence of discrepancy between an electronic document I have signed and submitted and what eServices has received from me,

8. Agree to notify Indiana Department of Environmental Management if I cease to represent Duke Energy Clarksville Substation as signatory of that organization's electronic submissions to eServices as soon as this change in relationship occurs and to sign a surrender certification at that time.

Signatory Printed Name	Signatory Signature	Date of Signature
Sara A. Williams		1-15-11

Authorized Legal Authority/Responsible Official Attestation

- I, Marty Dickey, do hereby certify and affirm that Sara A Williams is in possession of a valid government Picture ID containing
- a a document id
 - b a true likeness of him/her
 - c a Date of Birth
 - d his/her address and/or nationality is displayed

I further certify and affirm that Sara A Williams is employed by or is authorized to represent Duke Energy Clarksville Substation

I further certify and affirm that I, Marty Dickey, have the legal authority granted to be by Duke Energy Clarksville Substation to authorize Sara A Williams to assume signatory authority on behalf of Duke Energy Clarksville Substation and that Sara A Williams has been instructed as to his/her responsibilities, obligations, and legal implications associated with his/her use of his/her electronic signature credential

I further certify and affirm that I, Marty Dickey, will undertake measures to ensure a record of the above information shall be retained by Duke Energy Clarksville Substation for a minimum of five years after employment termination or change in position of Sara A Williams

Signatory Printed Name	Signatory Signature	Date of Signature
<u>Marty D. Dickey</u>	<u>Marty D. Dickey</u>	<u>1-21-2011</u>
Authorized Legal Authority Email Address		
<u>Martin.Dickey@duke-energy.com</u>		
Authorized Legal Authority Phone Number		

(812) 337-3016

☒ I certify that I have read the IESA. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. You must indicate your understanding of the above by placing a checkmark in the box provided. Your information will be submitted to IDEM when you click the submit button at the bottom of this screen.

Disclaimer

The Indiana Department of Environmental Management (IDEM) will not provide access to the eServices until an original, completed, signed and certified document has been received.

Please mail the Indiana Electronic Subscriber Agreement (IESA) to

Indiana Dept of Environmental Management
Attn: eServices Team
MC50-101 IGCN Room 1249
100 N Senate Avenue
Indianapolis, IN 46204-2251

A representative of the Indiana Department of Environmental Management (IDEM) will contact an official in your organization to verify the information you have supplied in this Agreement

Authorizations, signatory or otherwise, are not automatically granted, but rather verified during the identity-proofing process by a representative of IDEM with your entity's (facility, company, etc) authorizing official(s) Authorizations which give you the ability to submit and sign reports are determined by the entity's (facility, company, etc) authorizing official and must be explicitly communicated to a representative of IDEM via this document and confirmed during the follow-on procedures conducted by an appropriate representative of IDEM