

BILLING WORKSHEET
FESOP Permits

For Applications Received On and After October 1, 2019

Permit #: 075-48665-00017
 Permit Reviewer: Madison Spahn
 Application Received Date: 14-Jan-25

Instructions: Permit Reviewers will fill out yellow-highlighted cells (as necessary) and check the appropriate box or fill in the number of reviews. The total fee will be calculated at the bottom and transferred to the billing amount on the first page. Permit Reviewers will change the bottom worksheet tab color to yellow to indicate the permit billing worksheet that was filled out. PASS staff will fill out the green-highlighted cells (as necessary).

FESOP Fees			
<input type="checkbox"/>		\$793	FESOP Min Permit Revision (45)
<input type="checkbox"/>		\$793	FESOP Renewal / Min NSR (120)*
<input type="checkbox"/>		\$5,556	FESOP Renewal / Sig NSR (120)*
<input type="checkbox"/>		\$5,556	FESOP NSC (Minor PSD/EO) (120)
<input type="checkbox"/>		\$9,525	FESOP NSC (Major PSD/EO) (270)
<input type="checkbox"/>		\$5,556	FESOP SPR (Minor PSD/EO) (120)
<input type="checkbox"/>		\$9,525	FESOP SPR (Major PSD/EO) (270)
<input type="checkbox"/>		\$793	FESOP w/NSR (120)*
<input type="checkbox"/>		\$5,556	FESOP w/NSR (120)*
FESOP Transition Fees			
<input type="checkbox"/>		\$1,587	FESOP Transition from TV (no NSR)
* Bill \$793 when the permit includes a modification (new or modified equipment) at MPR levels. Bill \$5,556 when the permit includes a modification (new or modified equipment) at SPR levels.			
Note: See "Transition scenarios - permits and fees" document located in SharePoint for more information on handling transition permits and associated fees.			

NSPS / NESHAP / 326 IAC 8-1-6 BACT / 326 IAC 2-4.1 MACT Review			
Number of Reviews	Total Fee	Fee	
		\$793	See "NSPS-NESHAP-BACT Billing Info" document for instructions for each review for an applicable NSPS
		\$793	for each review for an applicable NESHAP
		\$952	times each 326 IAC 8-1-6 BACT and each 326 IAC 2-4.1 MACT
For each best available control technology (BACT) analysis for VOC under 326 IAC 8-1-6 and for each maximum achievable control technology (MACT) under 326 IAC 2-4.1. [326 IAC 2-1.1-7(m)(5)]			

Other Fees			
<input type="checkbox"/>		\$793	Interim – Any type
<input type="checkbox"/>		\$793	Public Hearing

PSD BACT or LAER Review			
<input type="checkbox"/>		\$4,762	2 to 5 Review Analyses
<input type="checkbox"/>		\$9,525	6 to 10 Review Analyses
<input type="checkbox"/>		\$15,875	11 or more Review Analyses
Fees for BACT under 326 IAC 2-2-3 or LAER under 326 IAC 2-3-3 are per pollutant and per emissions unit or group of identical emissions units for which a control technology analysis is required. [326 IAC 2-1.1-7(m)(2)]			

Air Quality Impact Study Review			
Number of Pollutants	Total Fee	Fee	
		\$9,525	per pollutant if OAQ does the analysis
<input type="checkbox"/>		\$5,556	if applicant does the analysis (not dependent on number of pollutants)

Plantwide Applicability Limitation (PAL)		
PAL Pollutants (tons/year)	Total Fee	
		Instructions: enter total allowable tons under all PALs in the permit - fee, including max fee, will calculate automatically. PAL: separate fee per PAL pollutant. \$63 per ton of allowable emissions Maximum Combined fee for all PAL pollutants not to exceed \$63,500

\$0 Total Applicable Fee

OAQ Permits Branch Invoice Worksheet

Instructions: Permit Reviewers will fill out yellow-highlighted cells (as necessary). Permit Reviewers will change the bottom worksheet tab color to yellow to indicate the permit billing worksheet that was filled out. PASS staff will fill out the green-highlighted cells (as necessary).

Source Name: Astral Molding & Finishing

TEMPO AI: 15790

Permit #: 075-48665-00017

CST #:

Credit for permit fees: \$

Credit Received Date:

Note: IDEM's accounting office requires that fee bills or refunds, be sent to the accounts Department at the billing address listed on application. If a courtesy copy is needed, please indicate at the bottom of this page.

Permit Reviewer please indicate applicable fees on page #2. Total will carry over to this page.

Total Due: \$ 0

Total Credit: \$ 0

Total Permitting Fees Applicable: \$ 0

Total Refund Due: \$

Reason for Refund:

Adjustments to Applicable Fees: \$

Explanation of adjustments:

A courtesy copy of the billing has been requested by the applicant, please send to:

Name/Title:

Address:

Permit Reviewer: Madison Spahn

Date: 2/25/2025