

INVOICE

Please Remit To:

INDIANA DEPT. OF ENVIRONMENTAL MANAGEMENT
PO BOX 3295
INDIANAPOLIS IN 46206-3295

Page: 1
Invoice No: 000374834
Invoice Date: 07/02/2024
Customer Number: CST100054490
Bill Type: 008
Payment Terms: NET 30
Due Date: 08/01/2024

Bill To:

KELLEY BODY SHOP LLC
ACCOUNTS PAYABLE-175 GRAND NATIONAL DR
929 AVENUE OF AUTOS
FORT WAYNE IN 46804

AMOUNT DUE: 1,586.00 USD

Amount Remitted

Note Address Changes Above Email Address: _____

Write the invoice number on your check and return the upper portion of this invoice.

For billing questions, please email us at AIR@IDEM.IN.GOV

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		003-47871-00538	SSOA	1.00	EA	793.00	793.00
2		003-47871-00538	SSOA NESHAP Review	1.00	EA	793.00	793.00

- The Office of Air Quality, Permits Branch, has reviewed your application for an air permit and has assessed the applicable fee pursuant to 326 IAC 2-1.1-7. This fee is for the review and issuance of your air permit.

- Time period accountability is suspended pending payment pursuant to IC 13-15-4-10.

- For questions about this invoice, please contact Missy Jackson at 317-233-0431.

- This invoice does not constitute approval to construct or operate.

- Accounts Receivable is accepting payments online by e-Check, MasterCard, Visa, American Express or Discover. Please visit www.in.gov/idem. Under Online Services, click Online Payment options and follow the prompts.

-You may also call us at 317-234-3099 to pay by MasterCard, Visa, American Express or Discover.

-A processing fee of \$0.40 plus 2.06% will be charged for credit card payments. A processing fee of \$0.15 will be charged for eCheck payments.

TOTAL AMOUNT DUE : 1,586.00

Please write the invoice number on your check and return the upper portion of this invoice with remittance.

BILLING WORKSHEET

SSOA Permits

For Applications Received On and After October 1, 2019

Permit #: 003-47871-00538
Permit Reviewer: Sarah Germann
Application Received Date: 23-May-24

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).

SSOA Fees			
<input type="checkbox"/>		\$5,556	SSOA New Source Review (120): 1 to 4 different types of SSOAs in the same application
<input checked="" type="checkbox"/>	\$793	\$793	SSOA - 1 to 4 different types of SSOAs in the same application
<input type="checkbox"/>		\$158	SSOA Relocation
<i>Note: See "Transition scenarios - permits and fees" document located in SharePoint for more information on handling transition permits and associated fees.</i>			

NSPS/NESHAP Review			
Number of Reviews	Total Fee	Fee	
		\$793	See "NSPS-NESHAP-BACT Billing Info" document for instructions for each review for an applicable NSPS
1	\$793	\$793	for each review for an applicable NESHAP

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

\$1,586 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: Kelley Body Shop

TEMPO AI: 134059

Permit #: 003-47871-00538

CST #: CST100054490 L1 S5

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: \$ \$1,586

Total Credit: \$ \$0

Total Permitting Fees Applicable: \$ \$1,586

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: Sarah Germann

Date: 6/19/2024