IN	VOICE		
Please Remit To: INDIANA DEPT. OF ENVIRONMENTAL MANAGEMENT PO BOX 3295 INDIANAPOLIS IN 46206-3295	Page: Invoice No: Invoice Date: Customer Number: Bill Type: Payment Terms:	1 000374826 07/02/2024 CST1000002 008 NET 30	203
Bill To:	Due Date:	08/01/2024	
WASTE MANAGEMENT OF INDIANA LLC ACCOUNTS PAYABLE 700 56TH AVENUE ZEELAND MI 49464	AMOUNT DUE:	6,349.00	USD
ZEELAND WII 49404	——————————————————————————————————————	nount Remitted	

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

Note Address Changes Above

Line Adj	Identifier	Description	Quantity UOM	Unit Amt	Net Amount
1	091-47810-00067	TV SSM	1.00 EA	5,556.00	5,556.00
2	091-47810-00067	TV SSM 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.

Email Address:_

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

TOTAL AMOUNT DUE: 6,349.00

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

BILLING WORKSHEET

TV Permits

For Applications Received On and After October 1, 2019

Permit #:	091-47810-00067
Permit Reviewer:	Talie Moore
Application Received Date:	5/3/2024

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).

TV Fees				
		\$793	TV MSM (45)	
		\$5,556	TV NSC (Minor PSD/EO) (120)	
		\$9,525	TV NSC (Major PSD/EO) (270)	
✓	\$5,556	\$5,556	TV SSM (Minor PSD/EO) (120)	
		\$9,525	TV SSM (Major PSD/EO) (270)	
	ion scenarios - _l	permits and fee	s" document located in SharePoint for more information on handling transition permits and	
associated fees.				
	NS	SPS / NESHA	P / 326 IAC 8-1-6 BACT / 326 IAC 2-4.1 MACT Review	
Number of	Total			
Reviews	Fee	Fee	See "NSPS-NESHAP-BACT Billing Info" document for instructions	
		\$793	for each review for an applicable NSPS	
1	\$793	\$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 avail	able control tec	hnology (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	
		\$793	Interim – Any type	
		\$793	Public Hearing	
	I.			
	ı	T	PSD BACT or LAER Review	
		\$4,762	2 to 5 Review Analyses	
		\$9,525	6 to 10 Review Analyses	
		\$15,875	11 or more Review Analyses	
Fees for BACT und	ler 326 IAC 2-2-	-3 or LAER unde	er 326 IAC 2-3-3 are per pollutant and per emissions unit or group of identical emissions uired. [326 IAC 2-1.1-7(m)(2)]	
units for writer a co	introl technology	y analysis is req	Air Quality Impact Study Review	
Number of	Total	Fee	The quality impact cataly received	
Pollutants	Fee			
		\$9,525	per pollutant if OAQ does the analysis	
		\$5,556	if applicant does the analysis (not dependent on number of pollutants)	
		ψ0,000	approant 2000 and analysis (not appointed not named of policiality)	
Plantwide Applicability Limitation (PAL)				
PAL PAL				
Pollutants	Total	Instructions: enter total allowable tons under all PALs in the permit -		
(tons/year)	Fee	fee, including max fee, will calculate automatically.		
	PAL: separate fee per PAL pollutant. \$63 per ton of allowable emissions			
	<u> </u>	Maximum	Combined fee for all PAL pollutants not to exceed \$63,500	

OAQ Permits Branch Invoice Worksheet				
	t Reviewers will fill out yellow-highlighted cells (as necess dicate the permit billing worksheet that was filled out. PA			
Source Name:	Deercroft Recycling & Disposal Facility	TEMPO AI:	15749	
Permit #:	091-47810-00067			
CST #:	CST100000203 L8 S1			
	permit fees: \$	Credit Received Date:		
Orealt for		Orealt Necesived Bate.		
	unting office requires that fee bills or refunds, be sent to t urtesy copy is needed, please indicate at the bottom of th	-	t the billing addr	ess listed on
Permit Reviewer	please indicate applicable fees on page #2. Total	al will carry over to this	page.	
Total Due:			\$	\$6,349
Total Credit:			\$	\$0
Total Permitting	Fees Applicable:		\$	\$6,349
Total Refund Du			\$ _	
Adjustments to A			\$	
Explanation of au	usunents.			
A courtesy copy	of the billing has been requested by the applican	nt, please send to:		
Name/Title:				

Date: <u>5/17/2024</u>

Address:

Permit Reviewer:

Talie Moore