## **BILLING WORKSHEET**

## **TV Permits**

For Applications Received On and After October 1, 2019

Permit #: 089-47405-00465

Permit Reviewer: Daria Antipova

Application Received Date: 5-Jan-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).

| TV Fees |  |         |                             |
|---------|--|---------|-----------------------------|
|         |  | \$793   | TV MSM (45)                 |
|         |  | \$5,556 | TV NSC (Minor PSD/EO) (120) |
|         |  | \$9,525 | TV NSC (Major PSD/EO) (270) |
|         |  | \$5,556 | TV SSM (Minor PSD/EO) (120) |
|         |  | \$9,525 | TV SSM (Major PSD/EO) (270) |

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   | Total |       |   |  |
| Reviews   | Fee   | Fee   | See "NSPS-NESHAP-BACT Billing Info" document for instructions |  |
|   |       | \$793 | 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 |  |       |                    |
|------------|--|-------|--------------------|
|            |  | \$793 | Interim – Any type |
|            |  | \$793 | Public Hearing     |

| 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 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                       | Total | Fee     |  |  |
| Pollutants                      | Fee   |         |  |  |
|                                 |       | \$9,525 | per pollutant if OAQ does the analysis                                 |  |
|                                 |       | \$5,556 | if applicant does the analysis (not dependent on number of pollutants) |  |

| Plantwide Applicability Limitation (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 |  |
|  |       | 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:   | Fritz Enterprises, Incorporated Contractor of Clevel  | TEMPO AI: 21621                 |           |  |  |  |  |  |  |
| Permit #:  | 089-47405-00465   |                                 |           |  |  |  |  |  |  |
| CST #:   |   |                                 |           |  |  |  |  |  |  |
| Credit for   | permit fees: \$   | Credit Received Date:           |           |  |  |  |  |  |  |
| application. If a co   | <b>Note</b> : 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  | r please indicate applicable fees on page #2. Tota  | I will carry over to this page. |           |  |  |  |  |  |  |
| Total Due:   |   | \$                              | \$0       |  |  |  |  |  |  |
| Total Credit:  |   | \$                              | \$0       |  |  |  |  |  |  |
| Total Permitting   | Fees Applicable:  | \$                              | \$0       |  |  |  |  |  |  |
| Total Refund Du<br>Reason for Refur  |   | \$                              |           |  |  |  |  |  |  |
|  |   |                                 |           |  |  |  |  |  |  |
| Adjustments to A   |   | \$                              |           |  |  |  |  |  |  |
| Explanation of ad  | justments:  |                                 |           |  |  |  |  |  |  |
|  |   |                                 |           |  |  |  |  |  |  |
| A courtesy copy of the billing has been requested by the applicant, please send to:  |   |                                 |           |  |  |  |  |  |  |
| Name/Title:  |   |                                 |           |  |  |  |  |  |  |
| Address:   |   |                                 |           |  |  |  |  |  |  |
| Permit Reviewer  | Daria Antipova  | Date:                           | 3/12/2024 |  |  |  |  |  |  |