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 00037482 07/02/202 CST1000 008 NET 30	4
Bill To:	Due Date:	08/01/202	4
ACCOUNTS PAYABLE 2191 W CR O N/S FRANKFORT IN 46041	AMOUNT DUE:	793.00	USD
	An	nount Remitted	t
Note Address Changes Above Email Address:			
Write the invoice number on your check and return the upper portion of For billing questions, please email us at AIR@IDEM.IN.GOV	this invoice.		
Line Adj Identifier Description	Quantity UOM	Unit Amt	Net Amount
assessed the applicable fee pursuant to 326 : your air permit.  - Time period accountability is suspended per - For questions about this invoice, please of - This invoice does not constitute approval to - Accounts Receivable is accepting payments of Discover. Please visit www.in.gov/idem. Under follow the prompts.  -You may also call us at 317-234-3099 to pay -A processing fee of \$0.40 plus 2.06% will be \$0.15 will be charged for eCheck payments.	nding payment pursuant to IC 13-1 ontact Missy Jackson at 317-233-0 to construct or operate. online by e-Check, MasterCard, V: r Online Services, click Online I	15-4-10. 0431. isa, American I Payment options	Express or s and over.
TOTAL AMOUNT DUE :		7	93.00
Please write the invoice number on your check and return the	e upper portion of this invoice wit	th remittance.	

495-IDEM Printed on Recycled Paper Original

## BILLING WORKSHEET

## **TV Permits**

For Applications Received On and After October 1, 2019

Permit #: 023-47831-00011

Permit Reviewer: Tamera Wessel

Application Received Date: 9-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).

TV Fees				
V	\$793	\$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)	
Moto: Coo "Tropoit	!   !			
	ion scenarios - <sub>l</sub>	permits and fee	s" document located in SharePoint for more information on handling transition permits and	
			s" document located in SharePoint for more information on handling transition permits and P / 326 IAC 8-1-6 BACT / 326 IAC 2-4.1 MACT Review	
associated fees.	NS.			
Number of	NS Total	SPS / NESHAI	P / 326 IAC 8-1-6 BACT / 326 IAC 2-4.1 MACT Review	
Number of	NS Total	SPS / NESHA	P / 326 IAC 8-1-6 BACT / 326 IAC 2-4.1 MACT Review  See "NSPS-NESHAP-BACT Billing Info" document for instructions	

Other Fees			
		\$793	Interim – Any type
		\$793	Public Hearing

For each best available control technology (BACT) analysis for VOC under 326 IAC 8-1-6 and for each maximum achievable control

times each 326 IAC 8-1-6 BACT and each 326 IAC 2-4.1 MACT

if applicant does the analysis (not dependent on number of pollutants)

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

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	

\$793 Total Applicable Fee

\$5,556

\$952

technology (MACT) under 326 IAC 2-4.1. [326 IAC 2-1.1-7(m)(5)]

OAQ Permits Branch Invoice Worksheet						
	it Reviewers will fill out yellow-highlighted cells (as necest dicate the permit billing worksheet that was filled out. PA					
Source Name:	Archer Daniels Midland Company	TEMPO AI: <u>14843</u>				
Permit #:	023-47831-00011					
CST #:	CST100000427 L2 S1					
Credit for	permit fees: \$	Credit Received Date:				
<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.						
	r please indicate applicable fees on page #2. Tot					
Total Due:		\$	\$793			
Total Credit:		\$	\$0			
Total Permitting	Fees Applicable:	\$	\$793			
Total Refund Du Reason for Refur		\$				
Adjustments to	Applicable Fees:	\$				
Explanation of ad	justments:					
A courtesy copy	of the billing has been requested by the applica	nt, please send to:				
Name/Title:						
ivanie/ i lue.						
Address:						
Permit Reviewer	Tamera Wessel	Date:	29-May-24			