

INVOICE

Please Remit To:

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

Page: 1
Invoice No: 000374830
Invoice Date: 07/02/2024
Customer Number: CST100016836
Bill Type: 007
Payment Terms: NET 30
Due Date: 08/01/2024

Bill To:

LITHO PRESS INC
ACCOUNTS PAYABLE
1747 MASSACHUSETTS AVENUE
INDIANAPOLIS IN 46201

AMOUNT DUE: 100.00 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		097-47888-00657	MSOP Renewal	1.00	EA	100.00	100.00
<p>- 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.</p> <p>- Time period accountability is suspended pending payment pursuant to IC 13-15-4-10.</p> <p>- For questions about this invoice, please contact Missy Jackson at 317-233-0431.</p> <p>- This invoice does not constitute approval to construct or operate.</p> <p>- 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.</p> <p>-You may also call us at 317-234-3099 to pay by MasterCard, Visa, American Express or Discover.</p> <p>-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.</p>							

TOTAL AMOUNT DUE :

100.00

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

BILLING WORKSHEET
MSOP, Registration, Exemptions

For Applications Received On and After October 1, 2019

Permit #: 097-47888-00657
 Permit Reviewer: Pratim Moulik
 Application Received Date: 5/29/2024

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).

Note: See "Transition scenarios - permits and fees" document located in SharePoint for more information on handling transition permits and associated fees.

MSOP Fees			
<input type="checkbox"/>		\$100	MSOP
<input type="checkbox"/>		\$600	MSOP w/NSR (120)*
<input type="checkbox"/>		\$3,500	MSOP w/NSR (120)*
<input type="checkbox"/>		\$600	MSOP Min Permit Revision (45)
<input checked="" type="checkbox"/>	\$100	\$100	MSOP Renewal
<input type="checkbox"/>		\$600	MSOP Renewal / Minor NSR (120)*
<input type="checkbox"/>		\$3,500	MSOP Renewal / Sig NSR (120)*
<input type="checkbox"/>		\$3,500	MSOP NSC (Minor PSD/EO) (120)
<input type="checkbox"/>		\$6,000	MSOP NSC (Major PSD/EO) (270)
<input type="checkbox"/>		\$3,500	MSOP SPR (Minor PSD/EO) (120)
<input type="checkbox"/>		\$6,000	MSOP SPR (Major PSD/EO) (270)
<input type="checkbox"/>		\$100	MSOP Relocation

* Bill \$600 when the permit includes a modification (new or modified equipment) at MPR levels. Bill \$3500 when the permit includes a modification (new or modified equipment) at SPR levels.

Registration Fees			
<input type="checkbox"/>		\$600	Registration – (New Source subject to 326 IAC 2-5.1-2)
<input type="checkbox"/>		\$100	Registration Relocation
<input type="checkbox"/>		\$600	Registration Revision and Re-Registration – (Existing Sources subject to 326 IAC 2-5.5)

Exemption Fees			
<input type="checkbox"/>		\$100	Exemption

NSPS / NESHAP / 326 IAC 8-1-6 BACT / 326 IAC 2-4.1 MACT Review			
Number of Reviews	Total Fee	Fee	See "NSPS-NESHAP-BACT Billing Info" document for instructions.
		\$500	for each review for an applicable NSPS
		\$500	for each review for an applicable NESHAP
		\$600	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"/>		\$500	Interim – Any type
<input type="checkbox"/>		\$500	Public Hearing

\$100 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: Litho Press, Inc.

TEMPO AI: 19916

Permit #: 097-47888-00657

CST #: CST100016836 L2 S1

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: \$ \$100

Total Credit: \$ \$0

Total Permitting Fees Applicable: \$ \$100

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: Pratim Moulik

Date: 5/29/2024