

# INVOICE

**Please Remit To:**

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

Page: 1  
Invoice No: 000374835  
Invoice Date: 07/02/2024  
Customer Number: CST100057830  
Bill Type: 009  
Payment Terms: NET 30  
Due Date: 08/01/2024

**Bill To:**

HOLLINGSHEAD MIXER COMPANY LLC  
ACCOUNTS PAYABLE  
PO BOX 499  
AVILLA IN 46710

AMOUNT DUE: 5,556.00 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](mailto:AIR@IDEM.IN.GOV)

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		113-47646-00128	FESOP NSC	1.00	EA	5,556.00	5,556.00
<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 <a href="http://www.in.gov/idem">www.in.gov/idem</a>. 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 :

5,556.00

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

## BILLING WORKSHEET

### FESOP Permits

For Applications Received On and After October 1, 2019

Permit #:	113-47646-00128
Permit Reviewer:	Taylor Wade
Application Received Date:	18-Mar-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).

FESOP Fees			
<input type="checkbox"/>		\$793	FESOP Min Permit Revision (45)
<input type="checkbox"/>		\$793	FESOP Renewal / Min NSR (120)*
<input type="checkbox"/>		\$5,556	FESOP Renewal / Sig NSR (120)*
<input checked="" type="checkbox"/>	<b>\$5,556</b>	\$5,556	<b>FESOP NSC (Minor PSD/EO) (120)</b>
<input type="checkbox"/>		\$9,525	FESOP NSC (Major PSD/EO) (270)
<input type="checkbox"/>		\$5,556	FESOP SPR (Minor PSD/EO) (120)
<input type="checkbox"/>		\$9,525	FESOP SPR (Major PSD/EO) (270)
<input type="checkbox"/>		\$793	FESOP w/NSR (120)*
<input type="checkbox"/>		\$5,556	FESOP w/NSR (120)*

FESOP Transition Fees			
<input type="checkbox"/>		\$1,587	FESOP Transition from TV (no NSR)

*\* Bill \$793 when the permit includes a modification (new or modified equipment) at MPR levels. Bill \$5,556 when the permit includes a modification (new or modified equipment) at SPR levels.*

*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 Reviews	Total 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			
<input type="checkbox"/>		\$793	Interim – Any type
<input type="checkbox"/>		\$793	Public Hearing

PSD BACT or LAER Review			
<input type="checkbox"/>		\$4,762	2 to 5 Review Analyses
<input type="checkbox"/>		\$9,525	6 to 10 Review Analyses
<input type="checkbox"/>		\$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 Pollutants	Total Fee	Fee	
		\$9,525	per pollutant if OAQ does the analysis
<input type="checkbox"/>		\$5,556	if applicant does the analysis (not dependent on number of pollutants)

Plantwide Applicability Limitation (PAL)		
PAL Pollutants (tons/year)	Total Fee	<i>Instructions: enter total allowable tons under all PALs in the permit - fee, including max fee, will calculate automatically.</i>
		PAL: separate fee per PAL pollutant. \$63 per ton of allowable emissions Maximum Combined fee for all PAL pollutants not to exceed \$63,500

**\$5,556** 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: <u>Hollingshead Mixer Company, LLC</u>	TEMPO AI: <u>133880</u>
Permit #: <u>113-47646-00128</u>	
CST #: <u>CST100057830 L1 S1</u>	
Credit for permit fees: \$ <u></u>	Credit Received Date: <u></u>

**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:	\$	\$5,556
Total Credit:	\$	\$0
<b>Total Permitting Fees Applicable:</b>	\$	<b>\$5,556</b>

**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: Taylor Wade Date: