

INVOICE

PLEASE REMIT TO:

INDIANA DEPT OF ENVIRONMENTAL MGMT
 CASHIER OFFICE - MAIL CODE 50-10C
 100 NORTH SENATE AVENUE
 INDIANAPOLIS IN 46204

REMIT FROM
CST 14534

Page: 1
 Invoice No: 000067358
 Invoice Date: 01/02/2007
 Customer Number: CST100003586
 Bill Type: 062
 Payment Terms: NET 60
 Due Date: 03/03/2007

Customer

EPWORTH FOREST CONFERENCE CENTER
 MR BASIL PARKER-CAMPSITE A
 PO BOX 16
PINE CREEK UMC
 NORTH WEBSTER IN 46555

AMOUNT DUE: 100.00 USD

Amount Remitted

Note Address Changes Above.

For billing questions, please call 317-233-0604

| Line | Adj Identifier | Description | Quantity | UOM | Unit Amt | Net Amount |
|--|-----------------|--------------|----------|-----|----------|------------|
| - PLEASE NOTE NEW REMIT TO ADDRESS ABOVE. - This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit: - http://www.IN.gov/legislative/ic/code/title13/ar18/ch20.5.html - Fees are based on the activity status as of December 31 of the previous year. - Fees on Transient Non-Community Water System will be based on the type of water system on record by December 31 of the prior year. - Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable. - If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year. - Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee. - If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment. - For questions regarding your assessed fee amount, please contact the Drinking Water Branch, Office of Water Quality at 317/308-3282. - ATTENTION: The due date shown in the upper right hand corner of this invoice reflects the standard 60 days past the invoice print date. | | | | | | |
| 1 | 07-IN2860827T-0 | PWS Fee - GW | 1.00 | | 100.00 | 100.00 |
| TOTAL AMOUNT DUE : | | | | | | 100.00 |

Please include a copy of your invoice along with payment.
 Payments received without a copy of original invoice or invoice number noted on the check will be returned.

RCVD FEB 23 '07

IDEM - AR PAID