OAQ Permits Branch Billing and Refund Worksheet #1B MSOP, Registered and Exempt Sources		
	*	
Source Name: Pilkington North America	TEMPO AI: 29583	
Permit ID#: 081-41512-00067		
CST#: CST100002117		
Invoice#:	Payment ID#	
Credit for permit fees: \$	Date Rec'd:	
Note: IDEM's accounting office requires that f department at the billing address listed on app please indicate at the bottom of this page.		
Permit Reviewer please determine applic	able fees on worksheet #2B	
Total Due :	s	
Total Credit :	\$	
Total Permitting Fees Applicable:	s	
Total Refund Due:	\$	
Reason for Refund:		
A courtesy copy of the bill has been requ	uested by the applicant, please send to:	
Name/Title:		
Address:		
Permit Reviewer: 010 Adu	Date: 86/05/2019	

Permit # 081-41512-00067

BILLING AND REFUND WORKSHEET#2B:

MSOP, Registered, and Exempt Sources – updated January 2019

Permit Reviewer:	<u> </u>	Adu	Date:	06/05/2019	
				at the bottom. No fee applies for approvals not on ti udes all applicable "filing" and "permit" fees.	his list

	MSOP Fees
\$100	MSOP
\$600	MSOP w/NSR (120)*
\$3500	MSOP w/NSR (120)*
\$600	MSOP Min Permit Revision (45)
\$100	MSOP Renewal
\$600	MSOP Renewal / Minor NSR (120)*
\$3500	MSOP Renewal / Sig NSR (120)*
\$3500	MSOP NSC (Minor PSD/EO) (120)
\$6000	MSOP NSC (Major PSD/EO) (270)
\$3500	MSOP SPR (Minor PSD/EO) (120)
\$6000	MSOP SPR (Major PSD/EO) (270)
\$100	MSOP Relocation
\$500	Public hearing
\$500	MSOP Interim MPR or Interim SPR

Registration and Exemption Fees		
\$100	Exemption	
\$600	Registration – (New Source subject to 326 IAC 2-5.1-2)	
\$100	Registration Relocation	
\$600	Registration Revision and Re-Registration – (Existing Sources subject to 326 IAC 2-5.5)	
\$500	Public hearing	
\$500	Registration Interim	

when the permit includes a modification (new or modified equipment) at SPR levels

	Other Review Fees				
	Number of	Indicate how many reviews. Total will be calculated on bottom of this worksheet			
	Reviews				
	NSPS/NESHAP/BACT				
:		\$500 times each NSPS Review			
		\$500 times each NESHAP Review			
		\$600 times each 326 IAC 8-1-6 BACT Review			
Air Quality Impact Study Review					
		If applicant does analysis			
	\$6000	per pollutant if OAQ does analysis			

\$______ Total Applicable fee: Please carry the total over to Billing and Refund Form #1