INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

Notice

You are hereby notified that the Dearborn County Council and the Dearborn County Commissioners in Dearborn County have petitioned the Commissioner of the Indiana Department of Environmental Management for an order establishing a Regional Sewer District to be known as the Dearborn County Regional Sewer District.

A public hearing will be held on June 25th, 2003, at 7:00 p.m. (local time), in the Dillsboro Civic Center, on Central Street in Dillsboro, IN, 47018, to receive public comments on said Petition. Written comments will also be accepted for a period commencing immediately and ending on July 11, 2003, at the following address:

Ms. Lynne Newlon
Office of Water Quality
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

If you wish to receive notice of IDEM's decision on this matter, please submit a request in writing to Ms. Newlon at the above address.

For more information regarding the formation of regional water and sewer districts, see Indiana Code 13-26 (formerly 13-3-2). Additionally, a copy of the Petition to Form the Dearborn County Regional Sewer District is on file at the Aurora Public Library, 414 Second Street, Aurora and the Lawrenceburg Public Library, 123 West High Street, Lawrenceburg, Indiana, for public viewing.

Individuals with disabilities requiring reasonable accommodations for participation in this event should contact the Indiana Department of Environmental Management Americans with Disabilities Act (ADA) Coordinator at:

Brandye Hendrickson, ADA Coordinator
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

Please provide a minimum of five (5) days notification.

YOUR COPY 139488

3/26/18 3/25

Form prescribed by State Board of Accounts — General Form No. 99P (Rev. 2002)

Display Ad - IDEM
(Governmental Unit)

Dearborn County, Indiana

To: Journal Press Dr.

P.O. Box 59, Aurora, Indiana 47001

Fed. I.D. #35-1869520
Acct. #15002

LINE COUNT — PUBLISHER'S CLAIM

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines .....

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

COMPUTATION OF CHARGES

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line ..... $

Additional charge for notices containing rule or tabular work (50 percent of above amount) ..... $

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $ 91.41

PAID

DATA FOR COMPUTING COST

Width of single column 9.6 ems

Number of insertions 1

Size of type 6 point

Ran on page 4A

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: June 17, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

ATTACH COPY OF ADVERTISEMENT HERE

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Journal Press newspaper of general circulation printed and published in the English language in the (city) (town) of Aurora in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 1 time, the dates of publication being as follows:

June 17

Joseph M. Awad

Subscribed and sworn to before me this 17 day of June, 2003

Yvonne D. Waters

Yvonne D. Waters, Notary Public

My commission expires: 5-30-13

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15002
Journal Press
P.O. Box 59, Aurora, Indiana 47001

$_____

ON ACCOUNT OF APPROPRIATION FOR

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Allowed _____, 20___

In the sum of $_____

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Object 52700 Fund 3610
Org. [illegible]7015 Center 14140
Sub-Class [illegible] Acct YR 2008
Prj/C[illegible] 00000004140810608
Date of [illegible] 6/17/03 Descr Journal Press
Program [illegible] DR 3/26/08
Account [illegible] Amo 316/08

NOTICE

You are hereby notified that the Dearborn City Council and the Dearborn County Commissioners in Dearborn County have petitioned the Commissioner of the Indiana Department of Environmental Management for an order establishing a Regional Sewer District to be known as the Dearborn County Regional Sewer District.

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Ms. Lynne Newlon
Office of Water Quality
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

If you wish to receive notice of IDEM's decision on this matter, please submit a request in writing to Ms. Newlon at the above address.

For more information regarding the formation of regional water and sewer districts, see Indiana Code 14-26 (formerly 13-3-2). Additionally, a copy of the Petition to Form the Dearborn County Regional Sewer District is on file at the Aurora Public Library, 414 Second Street, Aurora, and the Lawrenceburg Public Library, 124 West High Street, Lawrenceburg, Indiana, for public viewing.

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Brandye Hendrickson, ADA Coordinator
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

Please provide a minimum of five (5) days notification.

June 17, 2003 - Pg. 4A

IDEM FISCAL/ACCOUNTING
2008 MAR 27 A 10:36

9.6 Em Column

Type Size	Number of Insertions 1	2	3	4
5.5	0.411	0.557	0.743	0.927
6	0.376	0.511	0.681	0.850
6.5	0.347	0.471	0.629	0.785
7	0.293	0.438	0.584	0.729
7.5	0.273	0.409	0.545	0.680
8	0.256	0.383	0.511	0.638
9	0.228	0.340	0.454	0.567
10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

YOUR COPY 139490

dtd 3/26/03 3/25

Form prescribed by State Board of Accounts — General Form No. 99P (Rev. 2002)

Display Legal - IDEM
(Governmental Unit)

Dearborn County, Indiana

To: Journal Press Dr.
P.O. Box 59, Aurora, Indiana 47001

Fed. I.D. #35-1869520
Acct. #15002

LINE COUNT — PUBLISHER'S CLAIM

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines .....

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

FISCAL COURT
JUN 2 11 03 AM
PAID

COMPUTATION OF CHARGES

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line ..... $

Additional charge for notices containing rule or tabular work (50 percent of above amount) ..... $ n/c

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $ 91.41

DATA FOR COMPUTING COST

Width of single column 9.6 ems

Number of insertions 1

Size of type 6 point

Ran on page 8A

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: June 3, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

ATTACH COPY OF ADVERTISEMENT HERE

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Journal Press newspaper of general circulation printed and published in the English language in the (city) (town) of Aurora in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 1 time, the dates of publication being as follows:

June 3

Joseph M. Awad

Subscribed and sworn to before me this 3 day of June, 2003

Yvonne D. Waters

Yvonne D. Waters, Notary Public

My commission expires: 5-30-13

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15002
Journal Press
P.O. Box 59, Aurora, Indiana 47001

$_____

ON ACCOUNT OF APPROPRIATION FOR

_____

Allowed _____, 20___

In the sum of $_____

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Obj: 52070 Fund: 3610
Org: 197075 Center: 14140
Sub-C: YR: 2008
Pr: 00000004140810640
Data: 6/3/03 Journal Press
Rec: 3/24/08
Acc: Jsmd 6/3/08

NOTICE

You are hereby notified that the Dearborn County Council and the Dearborn County Commissioners in Dearborn County have petitioned the Commissioner of the Indiana Department of Environmental Management for an order establishing a Regional Sewer District to be known as the Dearborn County Regional Sewer District.

A public hearing will be held on June 25th, 2003 at 7:00 p.m. (local time), in the Dillsboro Civic Center, on Central Street in Dillsboro, IN, 47018, to receive public comments on said Petition. Written comments will also be accepted for a period of commencing immediately and ending on July 11, 2003, at the following address:

Ms. Lynne Newlon
Office of Water Quality
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

If you wish to receive notice of IDEM's decision on this matter, please submit a request in writing to Ms. Newlon at the above address.

For more information regarding the formation of regional water and sewer districts, see Indiana Code 13-26 (formerly 13-3-2). Additionally, a copy of the Petition to Form the Dearborn County Regional Sewer District is on file at the Aurora Public Library, 414 Second Street, Aurora, and the Lawrenceburg Public Library, 123 West High Street, Lawrenceburg, Indiana, for public viewing.

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Brandye Hendrickson, ADA Coordinator
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

Please provide a minimum of five (5) days notification.

9.0 EM Column

Type Size	Number of Insertions 1	2	3	4
5.5	0.411	0.557	0.743	0.927
6	0.376	0.511	0.681	0.850
6.5	0.347	0.471	0.629	0.785
7	0.293	0.438	0.584	0.729
7.5	0.273	0.409	0.545	0.680
8	0.256	0.383	0.511	0.638
9	0.228	0.340	0.454	0.567
10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

IDEM FISCAL/ACCOUNTING
2008 MAR 27 A 10:36

139492

3/26/08 3/25

Form prescribed by State Board of Accounts — General Form No. 99P (Rev. 2002)

Display Legal - IDEM (Governmental Unit)

Dearborn County, Indiana

To: Journal Press Dr.

P.O. Box 59, Aurora, Indiana 47001

YOUR COPY

Fed. I.D. #35-1869520

Acct. #15002

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines .....

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

COMPUTATION OF CHARGES

PAID

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line ..... $ _____

Additional charge for notices containing rule or tabular work (50 percent of above amount) ..... $ 0/n/c

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $ $126.75

DATA FOR COMPUTING COST

Width of single column 9.6 ems

Number of insertions 1

Size of type 6 point

Ran on page 5B

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: June 24, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

ATTACH COPY OF ADVERTISEMENT HERE

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Journal Press newspaper of general circulation printed and published in the English language in the (city) (town) of Aurora in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 1 time, the dates of publication being as follows:

June 24

Joseph M. Awad

Subscribed and sworn to before me this 24 day of June, 2003

Yvonne D. Waters

Yvonne D. Waters, Notary Public

My commission expires: 5-30-13

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15002
Journal Press
P.O. Box 59, Aurora, Indiana 47001

$_____

ON ACCOUNT OF APPROPRIATION FOR

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Allowed _____, 20___

In the sum of $_____

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Object 520700 Fund 3610
Org 97015 Center 14140
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NOTICE

You are hereby notified that the Dearborn County Council and the Dearborn County Commissioners in Dearborn County have petitioned the Commissioner of the Indiana Department of Environmental Management for an order establishing a Regional Sewer District to be known as the Dearborn County Regional Sewer District.

A public hearing will be held on June 25th, 2003 at 7:00 p.m. (local time), in the Dillsboro Civic Center, on Central Street in Dillsboro, IN, 47018, to receive public comments on said Petition. Written comments will also be accepted for a period of commencing immediately and ending on July 11, 2003, at the following address:

Ms. Lynne Newlon
Office of Water Quality
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

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For more information regarding the formation of regional water and sewer districts, see Indiana Code 13-26 (formerly 13-3-2). Additionally, a copy of the Petition to Form the Dearborn County Regional Sewer District is on file at the Aurora Public Library, 414 Second Street, Aurora, and the Lawrenceburg Public Library, 123 West High Street, Lawrenceburg, Indiana, for public viewing.

Individuals with disabilities requiring reasonable accommodations for participation in this event should contact the Indiana Department of Environmental Management Americans with Disabilities Act (ADA) Coordinator at:

Brandye Hendrickson, ADA Coordinator
Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

Please provide a minimum of five (5) days notification.

June 24, 2003 – Pg. 5B

IDEM FISCAL/ACCOUNTING
2003 MAR 27 A 10:37

9.6 Em Column

Type Size	Number of Insertions 1	2	3	4
5.5	0.411	0.557	0.743	0.927
6	0.376	0.511	0.681	0.850
6.5	0.347	0.471	0.629	0.785
7	0.293	0.438	0.584	0.729
7.5	0.273	0.409	0.545	0.680
8	0.256	0.383	0.511	0.638
9	0.228	0.340	0.454	0.567
10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

YOUR COPY 139489 3/25

Form prescribed by State Board of Accounts — General Form No. 99P (Rev. 2002)

Display Legal - IDEM (Governmental Unit) To: Journal Press Dr.

Dearborn County, Indiana — P.O. Box 59, Aurora, Indiana 47001

Fed. I.D. #35-1869520
Acct. #15002

LINE COUNT — PUBLISHER'S CLAIM

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines	
Head - number of lines	
Body - number of lines	
Tail - number of lines	
Total number of lines in notice	

COMPUTATION OF CHARGES

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line	$ PAID
Additional charge for notices containing rule or tabular work (50 percent of above amount)	$
Charge for extra proofs of publication ($1.00 for each proof in excess of two)	
TOTAL AMOUNT OF CLAIM	$ 91.41

DATA FOR COMPUTING COST

Width of single column 9.6 ems
Number of insertions 1
Size of type 6 point

Ran on page 11A

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: June 10, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

ATTACH COPY OF ADVERTISEMENT HERE

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Journal Press newspaper of general circulation printed and published in the English language in the (city) (town) of Aurora in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 1 time, the dates of publication being as follows:

June 10

Joseph M. Awad

Subscribed and sworn to before me this 10 day of June, 2003

Yvonne D. Waters

Yvonne D. Waters, Notary Public

My commission expires: 5-30-13

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15002
Journal Press
P.O. Box 59, Aurora, Indiana 47001

$_____

ON ACCOUNT OF APPROPRIATION FOR

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Allowed _____, 20____

In the sum of $_____

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Object 520700 Fund: 3610
Org: 13707S Center: 14140
Sub-Class: 00200000 PJ/Grant: 200 8 4140810640
Date Rec'd: 6/10/03 Date Sent: 3/26/08
Program Initials: SRO Date: 4/3/08
Accounting Initials: JBO

JOURNAL PRESS

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Indiana Department of Environmental Management
100 North Senate Ave., P. O. Box 6015
Indianapolis, Indiana 46206-6015

"Please provide a minimum of five (5) days notification.

June 10, 2003, Pg. 11A

IDEM FISCAL/ACCOUNTING
2008 MAR 27 A 10:36

9.6 Em Column

Type Size	Number of Insertions 1	2	3	4
5.5	0.411	0.557	0.743	0.927
6	0.376	0.511	0.681	0.850
6.5	0.347	0.471	0.629	0.785
7	0.293	0.438	0.584	0.729
7.5	0.273	0.409	0.545	0.680
8	0.256	0.383	0.511	0.638
9	0.228	0.340	0.454	0.567
10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

YOUR COPY

139491

3/25 & 3/28/08

Form prescribed by State Board of Accounts — General Form No. 99P (Rev. 2002)

Display Legal - IDEM
(Governmental Unit)

To: Journal Press Dr.

Dearborn County, Indiana

P.O. Box 59, Aurora, Indiana 47001

Fed. I.D. #35-1869520
Acct. #15002

LINE COUNT — PUBLISHER'S CLAIM

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines .....

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

2008 MAR 27 A 10:38 IDEM FISCAL/ACCOUNTING

COMPUTATION OF CHARGES

PAID

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line ..... $

Additional charge for notices containing rule or tabular work (50 percent of above amount) ..... $

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $ 91.41

DATA FOR COMPUTING COST

Width of single column 9.6 ems

Number of insertions 1

Size of type 6 point

Ran on page 3A

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: May 27, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

ATTACH COPY OF ADVERTISEMENT HERE

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Journal Press newspaper of general circulation printed and published in the English language in the (city) (town) of Aurora in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 1 time, the dates of publication being as follows:

May 27

Joseph M. Awad

Subscribed and sworn to before me this 27 day of May, 2003

Yvonne D. Waters

Yvonne D. Waters, Notary Public

My commission expires: 5-30-13

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15002
Journal Press
P.O. Box 59, Aurora, Indiana 47001

$_____

ON ACCOUNT OF APPROPRIATION FOR

_____

Allowed _____, 20___

In the sum of $_____

_____

_____

Form Prescribed by State Board of Accounts — General Form No. 99P (Revised 1995)

Indiana Dept of Environmental Management (Governmental Unit) — OFFICE OF IDEM — To: Dearborn County Register Dr.

Lawrenceburg, Indiana 47025

Dearborn County, Indiana — JUL 11 12 PM '03

Fed. I.D. #35-1869520
Acct. #15001

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines .....

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

COMPUTATION OF CHARGES

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line ..... $_____

Additional charge for notices containing rule or tabular work (50 percent of above amount) .....

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $_____

DATA FOR COMPUTING COST

Width of single column 9.6 ems

Number of insertions 4

Size of type 6 point

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: June 19, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Dearborn County Register newspaper of general circulation printed and published in the English language in the (city) (town) of Lawrenceburg in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 4 time S, the dates of publication being as follows:

ATTACH COPY OF ADVERTISEMENT HERE

May 29, June 5, 12 + 19th

Joseph M. Awad

Subscribed and sworn to before me this 19th day of June, 2003

Sharon Probst

Sharon Probst, Notary Public

My commission expires: 01-9-10

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15001
Dearborn County Register

P.O. Box 328, Lawrenceburg, Indiana 47025

$_____

ON ACCOUNT OF APPROPRIATION FOR

_____

Allowed_____, 20____

In the sum of $_____

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I have examined the within claim and hereby certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently correct. incorrect.

I certify that the within claim is true and correct; that the services therein itemized and for which charge is made were ordered by me and were necessary to the public business.

_____

_____, 20____

9.6 Em Column

Type Size	Number of Insertions 1	2	3	4
5.5	0.373	0.557	0.743	0.927
6	0.342	0.511	0.681	0.850
6.5	0.315	0.471	0.629	0.785
7	0.293	0.438	0.584	0.729
7.5	0.273	0.409	0.545	0.680
8	0.256	0.383	0.511	0.638
9	0.228	0.340	0.454	0.567
10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

Form Prescribed by State Board of Accounts — General Form No. 99P (Revised 1995)

Indiana Dept of Enviro (Governmental Unit) To: Dearborn County Register Dr.

Lawrenceburg, Indiana 47025

Dearborn County, Indiana 12 PM '03

Fed. I.D. #35-1869520
Acct. #15001

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines .....

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

COMPUTATION OF CHARGES

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line ..... $

Additional charge for notices containing rule or tabular work (50 percent of above amount) .....

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $

DATA FOR COMPUTING COST

Width of single column 9.6 ems

Number of insertions 4

Size of type 6 point

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: June 19, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Dearborn County Register newspaper of general circulation printed and published in the English language in the (city) (town) of Lawrenceburg in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 4 time S, the dates of publication being as follows:

ATTACH COPY OF ADVERTISEMENT HERE

May 29, June 5, 12 + 19th

Joseph M. Awad

Subscribed and sworn to before me this 19th day of June, 2003

Sharon Probst

Sharon Probst, Notary Public

My commission expires: 01-9-10

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15001
Dearborn County Register

P.O. Box 328, Lawrenceburg, Indiana 47025

$_____

ON ACCOUNT OF APPROPRIATION FOR

_____

Allowed_____, 20____

In the sum of $_____

_____

_____

_____

_____

I have examined the within claim and hereby certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently correct. / incorrect.

I certify that the within claim is true and correct; that the services therein itemized and for which charge is made were ordered by me and were necessary to the public business.

_____

_____, 20____

9.6 Em Column

Type Size	Number of Insertions 1	2	3	4
5.5	0.373	0.557	0.743	0.927
6	0.342	0.511	0.681	0.850
6.5	0.315	0.471	0.629	0.785
7	0.293	0.438	0.584	0.729
7.5	0.273	0.409	0.545	0.680
8	0.256	0.383	0.511	0.638
9	0.228	0.340	0.454	0.567
10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

Form Prescribed by State Board of Accounts

General Form No. 99B (Revised 1995)

OFFICE OF BOILER MANAGEMENT DOSH
JUL 11 4 12 PM '03

Indiana Dept of Envir. (Governmental Unit) . To: Journal Press Dr.

P.O. Box 59, Aurora, Indiana 47001

Dearborn County, Indiana

Fed. I.D. #35-1869520

PUBLISHER'S CLAIM

Acct. #15002

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) - number of equivalent lines .....

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

COMPUTATION OF CHARGES

_____ lines, _____ columns wide equals _____ equivalent lines at _____ cents per line ..... $

Additional charge for notices containing rule or tabular work (50 percent of above amount) .....

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $

DATA FOR COMPUTING COST

Width of single column 9.6 ems

Number of insertions 4

Size of type 6 point

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Joseph M. Awad

Date: June 24, 2003 Title: Publisher

PROOF OF PUBLICATION/PUBLISHER'S AFFIDAVIT

State of Indiana)
) ss:
Dearborn County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Joseph M. Awad who, said duly sworn, says that he is Publisher of the Journal Press newspaper of general circulation printed and published in the English language in the (city) (town) of Aurora in the state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for 4 time 5, the dates of publication being as follows:

ATTACH COPY OF ADVERTISEMENT HERE

June 3, 10, 17, 24

Joseph M. Awad

Subscribed and sworn to before me this 24th day of June, 2003

Sharon Probst

Sharon Probst, Notary Public

My commission expires: 01-9-10

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15002
Journal Press

P.O. Box 59, Aurora,Indiana 47001

$_____

ON ACCOUNT OF APPROPRIATION FOR

Allowed_____, 20____

In the sum of $_____

I have examined the within claim and hereby certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently correct. incorrect.

I certify that the within claim is true and correct; that the services therein itemized and for which charge is made were ordered by me and were necessary to the public business.

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9.6 Em Column

Number of Insertions

Type Size	1	2	3	4
5.5	0.373	0.557	0.743	0.927
6	0.342	0.511	0.681	0.850
6.5	0.315	0.471	0.629	0.785
7	0.293	0.438	0.584	0.729
7.5	0.273	0.409	0.545	0.680
8	0.256	0.383	0.511	0.638
9	0.228	0.340	0.454	0.567
10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

Form Prescribed by State Board of Accounts — General Form No. 99P (Revised 1995)

Indiana Dept of Envir. (Governmental Unit) To: Journal Press Dr.

P.O. Box 59, Aurora, Indiana 47001

Dearborn County, Indiana

Fed. I.D. #35-1869520
Acct. #15002

PUBLISHER'S CLAIM

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) ss:
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June 3, 10, 17, 24

Joseph M. Awad

Subscribed and sworn to before me this 24th day of June, 2003

Sharon Probst

Sharon Probst, Notary Public

My commission expires: 01-9-10

Claim No._____ Warrant No._____

IN FAVOR OF

Acct. #15002
Journal Press

P.O. Box 59, Aurora, Indiana 47001

$_____

ON ACCOUNT OF APPROPRIATION FOR

Allowed_____, 20____

In the sum of $_____

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_____, 20____

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10	0.205	0.306	0.409	0.510
12	0.171	0.255	0.341	0.425
Rate/Square	4.45	6.65	8.87	11.07

ND.550 P02

Register Publications

Publishers of: Journal Press, Dearborn County Register, Harrison Press, Ohio County Newspapers, The Market Place

126 W. High St.
P.O. Box 328
Lawrenceburg, IN 47025

SERVING

INVOICE | DATE 6/30/03 | NUMBER

JULY 15, 2003

SOLD TO:
IN DEPT OF ENVIRONMENTAL (L22)
100 N SENATE AVE
P O BOX 6015
INDIANAPOLIS IN 46206-6015

ZONES: A=JOURNAL PRESS, B=REGISTER, C=OHIO COUNTY NEWSPAPERS, D=HARRISON PRESS, E=THE MARKET PLACE

DATE	QUANTITY	DESCRIPTION	ZONE	ORIG AMT	AMT OPEN	BALANCE
		PREVIOUS BALANCE				$3.43
05/27/03	15.00I	Disp-. IDEM/LEGAL NOTICE	A	$91.41		$87.98
05/29/03	15.00I	Disp-. IDEM/LEGAL NOTICE	B	$116.34		$204.32
06/03/03	15.00I	Disp-. IDEM/LEGAL NOTICE	A	$91.41		$295.73
06/05/03	15.00I	Disp-. IDEM/LEGAL NOTICE	B	$116.34		$412.07
06/10/03	15.00I	Disp-. IDEM/LEGAL NOTICE	A	$91.41		$503.48
06/12/03	15.00I	Disp-. IDEM/LEGAL NOTICE	B	$116.34		$619.82
06/17/03	15.00I	Disp-. IDEM/LEGAL NOTICE	A	$91.41		$711.23
06/19/03	15.00I	Disp-. IDEM/LEGAL NOTICE	B	$116.34		$827.57
06/24/03	15.00I	Disp-. IDEM/LEGAL NOTICE	A	$126.75		$954.32
06/30/03	0.00M	Service Charge	B	$3.06		$957.38
06/30/03		CREDIT SERVICE CHARGE		$3.06-		$954.32

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
$794.42	$201.26	$0.00	$0.00	$0.00

TERMS: ALL ACCOUNTS OVER 60 DAYS WILL BE CHARGED 1.5% (18% ANNUAL) MONTHLY SERVICE CHARGE. MINIMUM $1.00 TO INSURE PROPER CREDIT PLEASE RETURN TOP PORTION OF THIS STATEMENT WITH PAYMENT.

REGISTER PUBLICATIONS (812) 537-0003

07/23/03 15:01

Register Publications

Journal-Press, Harrison Press, Dearborn County Register,
Ohio County Newspapers, The Market Place
(812) 537-0063

FACSIMILE TRANSMISSION COVER SHEET

DATE: 7-23-03 NO. OF PAGES TRANSMITTED: _____

TO: Lynn Newman FROM: _____

COMMENTS: _____

Fwd for Mary Sue

STREET AND MAILING ADDRESS
P.O. Box 4128
126 W. High Street
Lawrenceburg, IN 47025-0328

FAX PHONE NUMBER
812-537-5576
TELEPHONE NUMBER:
812-537-0063