

INVOICE

Please Remit To:

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

Page: 1
Invoice No: 000354704
Invoice Date: 04/11/2023
Customer Number: CST100054877
Bill Type: 122
Payment Terms: M7D15
Due Date: 11/15/2023

Bill To:

LSAS LLC
ACCOUNTS PAYABLE - OID 91170
5307 WEST WESTERN AVE
SOUTH BEND IN 46619

AMOUNT DUE: 630.00 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 UST@IDEM.IN.GOV

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		2023 UST OID 91170 FACILITY 195 -	PETROLEUM	4.00	EA	90.00	360.00
2		2023 UST OID 91170 FACILITY 19416 -	PETROLEUM	3.00	EA	90.00	270.00
****Owners with UST petroleum or hazardous fees of \$500 or more or combined petroleum and hazardous fees of \$500 or more have the option of either paying the full amount or requesting quarterly installment invoices. E-mail UST@idem.in.gov with your owner ID and request quarterly installment invoices. Do not pay quarterly from this invoice. - 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. -You may also call us at 317-234-3099 to pay by MasterCard, Visa, American Express or Discover. -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. Tank fees must be paid in accordance with IC 13-23-12. Please review the information to verify that you own the facility(s) listed and the number of USTs for each facility is complete and accurate. Any discrepancy should be addressed by sending an email to UST@idem.in.gov . In accordance with IC 13-23-9-1.3, nonpayment of UST fees may result in an increased deductible when applying to the Excess Liability Trust Fund.							
TOTAL AMOUNT DUE :							630.00

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