



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

RECEIVED

ANNUAL FEE INVOICE FOR NPDES PERMITS UNDER CHAPTER 92A

Effective October 9, 2010, facilities with individual National Pollutant Discharge Elimination System (NPDES) permits must pay an annual fee to the Department on the anniversary date of the permit effective date, pursuant to 25 Pa. Code § 92a.62. The anniversary date (due date) is based on the latest (new or reissued) permit, and does not change when a permit is amended or transferred. Annual fees must also be paid if a permit is administratively extended.

Account ID	Invoice ID	Client ID	Permit Number	Due Date	Invoice Date
204911	799946	44154	PA0042722	1/1/2012	10/1/2011

Report any changes to names, addresses, email, phone, or fax number on this form or by separate attachment.

Permitee:

Name DUSHORE BOROUGH SEWER AUTHORITY SULLIVAN COUNTY
Contact WILLIAM BOHENSKY
Address PO BOX 248 DUSHORE MUNICIPAL AUTH.
City, State, Zip DUSHORE PA 18614-248

Facility:

Name DUSHORE SEWER AUTHORITY
Contact
Address 224 CENTER STREET
City, State, Zip DUSHORE PA 18614-0248

Based on the current information in our system, this facility has a Chapter 92a Fee Category Classification of:

Minor Sewage Facility ≥ 0.05 and < 1 MGD

Please pay the Total Amount Due listed below by January 1, 2012. Checks and Money orders should be made out to "Commonwealth of Pennsylvania," and include the Invoice ID. Failure to pay the Annual Fee by the due date is a violation of 25 Pa. Code § 92a.62 and will subject the permittee to enforcement action and penalties.

TOTAL AMOUNT DUE	\$500.00
AMOUNT ENCLOSED	

Mail payment with this complete invoice in the enclosed envelope to:

PA Department of Environmental Protection
Bureau of Water Standards and Facility Regulation
Re: Chapter 92a Annual Fee
P.O. Box 8466
Harrisburg, PA 17105-8466

If you believe that the Fee Category Classification is in error, contact DEP immediately at ra-annualfee@state.pa.us.

For DEP Use Only

Date Received: _____
Date Entered into eFACTS: NOV 15
Entered By: _____

Check No.: 5562
Check Amount: 500.00

Rachel Carson State Office Building | P.O. Box 8763 | Harrisburg, PA 17105

717.787.5017 | Fax 717.772.5156

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