



pennsylvania

DEPARTMENT OF ENVIRONMENTAL
PROTECTION

BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

RECEIVED

ANNUAL NOI INSTALLMENT INVOICE

16 JAN -4 AM 10:05

Facilities covered by certain NPDES General Permits must, as a condition of continued coverage under the General Permit, pay an installment of the Notice of Intent (NOI) fee on an annual basis. The fee must be submitted with an annual report in accordance with the General Permit. The amount of the fee is established in the General Permit, as authorized by 25 Pa. Code § 92a.26.

Account ID	Invoice ID	Client ID	Permit Number	Due Date	Invoice Date
726234	960488	289643	PAG106153	3/1/2016	12/1/2015

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

Permittee:

Name M3 APPALACHIA GATHERING LLC
Contact
Address 1099 MAIN AVENUE SUITE 210
City, State, Zip DURANGO CO 81301

Amount 500.00

Project #: _____

Project Cost Code: _____

Department: 25

Expense Account: 64230

Date: _____

Facility:

Name AGS PROJECT S
Contact
Address 215 ANKROM ROAD
City, State, Zip JEFFERSON PA 15344

SEE ATTACHED E

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

PAG-10 Hydrostatic Testing

Please pay the Total Amount Due listed below by **March 1, 2016**. Checks and Money orders should be made out to "Commonwealth of Pennsylvania," and include the Invoice ID. Failure to pay the NOI Installment Fee by the due date is a violation of 25 Pa. Code § 92a.26 and will subject the permittee to enforcement action and penalties.

TOTAL AMOUNT DUE	\$500.00
AMOUNT ENCLOSED	<u>500.00</u>

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

PA Department of Environmental Protection
Bureau of Point and Non-Point Source Management
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: 1/4/16
Date Entered into eFACTS: 1/8/16
Entered By: KS

Check No.: 27363
Check Amount: \$500

Rachel Carson State Office Building | P.O. Box 8466 | Harrisburg, PA 17105

717.787.5017 | Fax 717.772.5156

www.depweb.state.pa.us