



2200 Energy Drive  
Canonsburg, PA 15317  
[equitransmidstream.com](http://equitransmidstream.com)

May 30, 2023

**Certified Mail Receipt No.: 7022 0410 0003 4182 6219**

U.S. Environmental Protection Agency  
Cincinnati Finance Center  
P.O. Box 979077  
St. Louis, MO 63197-9000

RE: Equitrans Midstream Corporation  
U.S. EPA Docket No. CAA-05-2023-0022

To Whom It May Concern:

Please find enclosed payment for the above referenced Docket No. CAA-05-2023-0022 in the amount of \$136,370.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony Koulianos', written over a light blue horizontal line.

Anthony Koulianos  
Manager – Air Compliance and Climate Mitigation  
Equitrans Midstream Corporation



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



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# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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## OFFICIAL USE

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and Fees	\$

Sent to USEPA CINCINNATI FINANCE CENTER  
 Street and Apt. No., or PO Box No. P.O. Box 979077  
 City, State, ZIP+4® ST. LOUIS, MO 63197-9000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
CINCINNATI FINANCE CENTER  
P.O. Box 979077  
ST. LOUIS, MO 63197-9000



9590 9402 8126 2349 2002 41

2. Article Number (Transfer from service label)

7022 0410 0003 4182 6219

PS Form 3811, July 2020 PSN 7530-02-000-9053

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |   |

Domestic Return Receipt