

| Air Resource Management System - Facility |   |  |                          |          |                 |                             |                          |                  |               |                          |    |    |         |
|---|---|--|--------------------------|----------|-----------------|-----------------------------|--------------------------|------------------|---------------|--------------------------|----|----|---------|
| <b>POINT</b>                              | Office *  | SEDA   | SE: DADE                 | County * | MIAMI-DADE      | AIRS ID                     | ARMINV01                 |                  |               | 0251234                  |    |    |         |
| Owner/Comp *                              | INTEGRITY POWER BOATS INC   |  |                          |          | Site            | INTEGRITY POWER BOATS       |                          |                  |               |                          |    |    |         |
| Directions                                |   |  |                          |          |                 |                             |                          |                  |               |                          |    |    |         |
| Street                                    | 9100 NW 97TH TER  |  |                          |          |                 |                             |                          |                  |               | <b>Validate Address</b>  |    |    |         |
| City *                                    | MEDLEY  |  |                          |          | Zip             | 33178                       | 1467                     |                  |               |                          |    |    |         |
| UTM Zone                                  | 17  | East   | 565.64                   | North    | 2860.59         | Latitude                    | 25                       | 51               | 44.1684       | Longitude                | 80 | 20 | 41.7084 |
| Status *                                  | <input type="checkbox"/>  | INACTIVE   |                          |          | Maj Group SIC * | 37                          | TRANSPORTATION EQUIPMENT |                  |               |                          |    |    |         |
| Reloc                                     | <input type="checkbox"/>  | Shtdwn Dt  |                          |          |                 | Strt Dt                     |                          |                  |               | Final Shtdwn Dt          |    |    |         |
| Gov Fac *                                 | <input type="checkbox"/>  | NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE |                          |          |                 | HAZ Waste Generator ID: FLD |                          |                  |               |                          |    |    |         |
| AOR Req *                                 | <input type="checkbox"/>  | Ozone SIP Facility *                                     | <input type="checkbox"/> | Type     |                 |                             |                          |                  |               |                          |    |    |         |
| Compliance Tracking                       | <input type="checkbox"/>  | CLASS IS UNKNOWN   |                          |          |                 | Current Permit Indicator    | AG                       |                  |               |                          |    |    |         |
| Title V                                   | NON TITLE V   |  | non-HAP Class            | MINOR    |                 | HAP Class                   | MINOR                    |                  | Public Exempt | <input type="checkbox"/> |    |    |         |
| # of Emis Units                           | C   | 0  | A                        | 0        | I               | 1                           |                          | Generator Rating |               |                          |    |    |         |
| Comment                                   | 11/15/10-Status to ACTIVE-FACILITY HAS REOPENED FOR BUSINESS, current entitlement expires 10/14/11. |  |                          |          |                 |                             |                          |                  |               |                          |    |    |         |

| Permitting Application - Permit Detail and Log Permit |                           |                                     |   |                                  |                                   |
|---|---------------------------|-------------------------------------|---|----------------------------------|-----------------------------------|
| <b>ARMS Facility</b>                                  |                           |                                     |   |                                  |                                   |
| POINT   | AIRS ID                   | STATUS                              | OFFICE                                      | SE: DADE                         |                                   |
|   | 0251234                   | <input type="checkbox"/>            | SEDA  |                                  |                                   |
| SITE NAME   | INTEGRITY POWER BOATS     |                                     | COUNTY                                      | MIAMI-DADE                       |                                   |
| OWNER/COMPANY   | INTEGRITY POWER BOATS INC |                                     |   |                                  |                                   |
| <b>Project</b>  |                           |                                     |   |                                  |                                   |
| AIR Permit #  | 0251234                   | - 001                               | - AG  | Project #                        | 001                               |
| Permit Office   | SEDA (OFFICE)             |                                     | Agency Action                               | Effective                        | OGC <input type="checkbox"/>      |
| Project Name  | INITIAL GP FOR BOAT MFG.  |                                     | Desc  | Initial GP for Boat Manufacturer |                                   |
| Type/Sub/Des  | AG                        | /07                                 | Non Title V General Permit (no PE REQUIRED) |                                  | Logged 09/15/2006                 |
| Received  | 09/14/2006                | Issued                              | 10/15/2006                                  | Expires                          | 10/14/2011                        |
| Fee   | 100.00                    | Fee Recd                            |   | Dele                             |                                   |
|   |                           |                                     |   | Override                         | NONE                              |
| <b>Related Party</b>                                  |                           |                                     |   |                                  |                                   |
| Role  | APPLICANT                 |                                     | Begin                                       | 09/15/2006                       | End                               |
| Name  | ANZARDO, SUSANA           |                                     | Company                                     | SUSANA ANZARDO                   |                                   |
| Address   | 5695 SW 88 STREET         |                                     |   |                                  |                                   |
| City  | MIAMI                     | State                               | FL  | Zip                              | 33156                             |
| Phone   | 305-883-9723              | Fax                                 |   | Country                          | U.S.A.                            |
| <b>Processors</b>                                     |                           |                                     |   |                                  |                                   |
| Processor   | BRADCHULIS_DA             | <input checked="" type="checkbox"/> | Active                                      | 09/15/2006                       | Inactive <input type="checkbox"/> |
|   |                           |                                     |   |                                  | Events                            |

FILE UNDER # 0251234-001-A6

PERMIT RENEWAL NOT NEEDED  
AT THIS TIME, *N.*  
FILE  
COPY

FLDEP-Division of Air Resource Management

To: Marvin Naiman, FLDEP Division of Finance & Accounting, MS-77  
From: Dibble\_Dickson - FLDEP DARM, MS-5510  
CC: [Recipient names]  
Date: 12/1/2010  
Re: Refund Requests #'s 18946 and 18497

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Comments: Marvin,

Would you be so kind to process the attached subject item refund requests for \$100.00 each. Both facilities did not require permit renewals at this time.

If you should have any questions, comments or concerns please e-mail or call.

Regards,



Dick Dibble  
(850) 921-9586  
[Dickson.Dibble@dep.state.fl.us](mailto:Dickson.Dibble@dep.state.fl.us)

APPLICATION FOR REFUND FORM  
THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

**COPY**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Pursuant to the provisions of Section 215.26, or Section \_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: SUSANA ANZARDO, INTEGRITY POWER BOATS INC  
ADDRESS: 9100 NW 97<sup>TH</sup> TERRACE, MEDLEY, FL 33178-1457  
AMOUNT: \$100.00 CHECK #: MO DEPOSIT DATE: 11-15-2010 DEPOSIT: 001737  
DOCUMENT NUMBER: 515022 SYS RECEIPT#: 721951 PAYMENT#: 1046106 REMIT#: 905752  
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO PERMIT REQUIRED

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\*Must be completed if authority is other than Section 215.26, Florida Statutes.

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(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$100.00 was originally deposited into the State Treasury,

Receipt \_\_\_\_\_, dated \_\_\_\_\_.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
3720252600137 \_\_\_\_\_ 0000000020000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
3720252600137 \_\_\_\_\_ 0000022000000

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CERTIFIED TRUE AND CORRECT this 1st day of December, 2010.



Signature and Title of Authorized Person

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SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.