

FILE UNDER # 0970082-002-AG
PERMIT RENEWAL NOT NEEDED
AT THIS TIME,

W.

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

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

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: MASCHMEYER CONCRETE COMPANY OF FLORIDA INC.
ADDRESS: 1142 WATERTOWER ROAD LAKE PARK, FL 33403-
AMOUNT: \$100.00 CHECK #: 061985 DEPOSIT DATE: 11-10-2010 DEPOSIT: 001732
DOCUMENT NUMBER: SYS RECEIPT#: 721549 PAYMENT#: 1045283 REMIT#: 905316
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.

(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

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

Richard B. Wilde, EST III
Signature and Title of Authorized Person

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.