



# Department of Environmental Protection

Lawton Chiles  
Governor

Virginia B. Wetherell  
Secretary

July 17, 1998

Mr. Gregory Nelson  
Tampa Electric Company  
6944 U.S. Highway 41 North  
Apollo Beach, Florida 33572-9200

Dear Mr. Nelson:

The Department has determined that the processing fee submitted with your July 6, 1998, application for Big Bend Units 1 and 2 is excessive and TECO is due a refund of \$9,500. Please date and sign on the Applicant's Signature line the enclosed Application for Refund form and return it to me. If you have any questions, please call me at (850)921-9505.

Sincerely,

Patty Adams  
Bureau of Air Regulation

/pa

Enclosure

cc: Joe Kahn

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 4100

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

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: TAMPA ELECTRIC COMPANY  
ADDRESS: P.O BOX 3285 702 NORTH FRANKLIN STREET TAMPA, FL 33601-  
FEID OR SS NUMBER:  
AMOUNT: \$9,500.00 DEPOSIT DATE: 13-JUL-98 DEPOSIT: 990221  
DOCUMENT NUMBER: SYS RECEIPT#: 221732  
REV OBJECT CODE: 2222 AIR CONSTRUCT

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: OVER PAYMENT

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CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
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. \$9,500.00 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\_\_\_\_\_0000002200000

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CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
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.