

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

September 16, 1999

0990332-010-AC
PSD-FL-196F

Mr. James Meriwether
Environmental Manager
Okeelanta Power Limited Partnership
P. O. Box 9
South Bay, Florida 33493

Dear Mr. Meriwether:

The processing fee submitted with your December 15, 1998 application for permit modification is excessive, and you are due a refund of \$2500. Please date and sign on the Applicant's Signature line of 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: Jeff Koerner

OKEELANTA COGENERATION FACILITY

P.O. Box 9
South Bay, Florida 33493
(561) 993-1010
(561) 992-7744 (fax)

RECEIVED

SEP 23 1999

BUREAU OF AIR REGULATION

September 20, 1999

Department of Environmental Protection
Bureau of Air Regulation
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Attn: Patty Adams

Re: Okeelanta Power Limited Partnership
Application For Refund

Dear Ms. Adams:

Enclosed is the dated and signed Application For Refund Form. Thank you for your prompt attention to this matter.

Sincerely,



James M. Meriwether
Environmental Manager

Cc: Rodney Williams
Suzanne Dodd

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

STATE OF FLORIDA, COUNTY OF _____

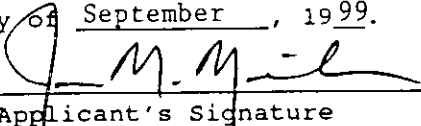
Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: FLORIDA CRYSTALS CORPORATION
ADDRESS: P.O. BOX 9 SOUTH BAY, FL 33493-
FEID OR SS NUMBER:
AMOUNT: \$2,500.00 DEPOSIT DATE: 09-FEB-1999 DEPOSIT: 990588
DOCUMENT NUMBER: SYS RECEIPT#: 252392
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

CERTIFIED TRUE AND CORRECT this 20th day of September, 1999.


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. \$2,500.00 was originally deposited into the State Treasury,
Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 00000000020000

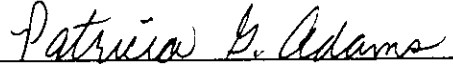
Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 00000022000000

CERTIFIED TRUE AND CORRECT this 23rd day of September, 1999.


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.