



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 5, 2000

Mr. J. Michael O'Berry  
Manager, Environmental Permitting Services  
Florida Rock Industries, Incorporated  
155 East 21<sup>st</sup> Street  
Post Office Box 4667  
Jacksonville, Florida 32201

Dear Mr. O'Berry:

Enclosed are "request for refund" forms for the six relocatable facility air permit applications you withdrew on August 1, 2000. Please date and sign each form on the Applicant's Signature line and return the forms to me. If you have any questions, please call me at (850)921-9505.

Sincerely,

Patty Adams  
Bureau of Air Regulation

/pa

Enclosures

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 6426

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 ROCK INDUSTRIES, INC.  
ADDRESS: P.O. BOX 4667 JACKSONVILLE, FL 32201-  
FEID OR SS NUMBER:  
AMOUNT: \$1,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488  
DOCUMENT NUMBER: SYS RECEIPT#: 309488  
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: WITHDREW APPLICATION

-----  
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. \$1,250.00 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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.

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 6425

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 ROCK INDUSTRIES, INC.  
ADDRESS: P.O. BOX 4667 JACKSONVILLE, FL 32201-  
FEID OR SS NUMBER:  
AMOUNT: \$1,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488  
DOCUMENT NUMBER: SYS RECEIPT#: 309482  
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: WITHDREW APPLICATION

-----  
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. \$1,250.00 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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.

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 6424

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 ROCK INDUSTRIES, INC.  
ADDRESS: P.O. BOX 4667 JACKSONVILLE, FL 32201-  
FEID OR SS NUMBER:  
AMOUNT: \$2,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488  
DOCUMENT NUMBER: SYS RECEIPT#: 309481  
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: WITHDREW APPLICATION

-----  
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. \$2,250.00 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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.

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 6423

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 ROCK INDUSTRIES, INC.  
ADDRESS: P.O. BOX 4667 JACKSONVILLE, FL 32201-  
FEID OR SS NUMBER:  
AMOUNT: \$2,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488  
DOCUMENT NUMBER: SYS RECEIPT#: 309484  
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: WITHDREW APPLICATION

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

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

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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: \$2,250.00 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature and Title of Authorized Person

\*\*\*\*\*

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION  
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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.

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 6422

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 ROCK INDUSTRIES, INC.  
ADDRESS: P.O. BOX 4667 JACKSONVILLE, FL 32201-  
FEID OR SS NUMBER:  
AMOUNT: \$1,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488  
DOCUMENT NUMBER: SYS RECEIPT#: 309483  
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: WITHDREW APPLICATION

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

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

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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. \$1,250.00 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Signature and Title of Authorized Person

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SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION  
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Treasury.

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 6421

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 ROCK INDUSTRIES, INC.  
ADDRESS: P. O. BOX 4667 JACKSONVILLE, FL 32201-  
FEID OR SS NUMBER:  
AMOUNT: \$1,250.00 DEPOSIT DATE: 26-JAN-2000 DEPOSIT: 200424  
DOCUMENT NUMBER: SYS RECEIPT#: 307818  
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: WITHDREW APPLICATION

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

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

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(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. \$1,250.00 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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