

Winston, Kathy

From: Shawn Lennon [jlennon@perma-fix.com]
Sent: Tuesday, January 08, 2008 12:33 PM
To: Winston, Kathy
Subject: Copies of Certified Mail Receipts and Updated Inspection logs
Attachments: SKMBT_C35108010813401.pdf

Kathy, let me know if we're good. Thanks and Happy New Year!

REMIET COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Broward General Hospital
600 S. Andrews Ave.
Ft. Lauderdale, FL 33316
Attn: Head Administrator

Article Number
(Transfer from service label)
7006 2150 0005 636J 8903
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

REMIET COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Davie Police Dept.
230 Nob Hill Rd.
Davie, FL 33324
Attn: Chief of Police

Article Number
(Transfer from service label)
7006 2150 0005 636J 952B
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X1 [Signature]
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

7006 2150 0005 636J 8903
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X1 [Signature]
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

7006 2150 0005 636J 952B
102595-02-M-1540

SENDER COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Plantation General Hospital
401 NW 42nd Ave
Plantation, FL 33317
Attn: Head Administrator

Article Number
(Transfer from service label)
7006 2150 0005 636J 8897
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Davie Fire Department
6901 Orange Drive.
Davie, FL 33314
Attn: Fire Chief

Article Number
(Transfer from service label)
7006 2150 0005 636J 891D
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X1 [Signature]
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

7006 2150 0005 636J 8897
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X1 [Signature]
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

7006 2150 0005 636J 891D
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Florida Dept of Environmental Protection
400 N. Congress Ave. # 200
West Palm Beach, FL 33401
Attn: Kathy Winston

COMPLETE THIS SECTION ON DELIVERY

A. Signature:  Agent Addressee

B. Received by: (Printed Name) _____ C. Date of Delivery: 1/2/28

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7006 2150 0005 636J 9498

PS Form 3811, February 2004

Domestic Return Receipt

DAILY INSPECTION FORM

Date	Inspected By	# of Disks		Condition (5 or 10)			Fishes or Spells?		Sandy Substrate	Emergency Response	Cannon	Fishes	Coat Plan	Comments	Insulations & Discrepancies
		116 F	117 F	Disks	Spells	Disks	Spells	Coat							
12/21/07	[Signature]	41	234	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
10:00 AM	[Signature]	45	314	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
12/25/07	[Signature]	45	314	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
7:00 AM	[Signature]	10	219	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
12/26/07	[Signature]	16	205	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
9:30 AM	[Signature]	16	214	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
12/27/07	[Signature]	18	230	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
9:30 AM	[Signature]	18	230	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
12/28/07	[Signature]	26	192	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
5:00 AM	[Signature]	37	149	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
12/29/07	[Signature]	48	160	S	S	S	N	N	Y	Y	Y	Y	Y	NO	
9:00 AM	[Signature]	51	189	S	S	S	N	N	Y	Y	Y	Y	Y	NO	

30 INSTRUCTIONS ON REVERSE.

