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Sent To	
Street, Apt. No., or PO Box No.	C/o Mr. Alan Chandler
City State ZIP+4	PO Box 959
	Newberry, FL 32669-0959



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt Governor

Herschel T Vinyard, Jr
Secretary

May 16, 2011

Sent via email / Certified mail -
7010 1870 0000 1329 9839

C/o Mr Alan Chandler
PO Box 959
Newberry, FL 32669-0959

Re FLR000167635 AAG Environmental Inc/Newberry

Dear Mr Chandler

According to Department records, the most recent notification of Hazardous Waste Transporter (HWT) activities we have on file for your facility is dated May 24, 2010 Pursuant to Rules 62-730 170(2)(e) and (3), Florida Administrative Code (F A C) notification as a HWT must be renewed annually by submitting two originally signed Transporter Status Forms and proof of financial responsibility

Since the Department did not receive the required documentation for your facility, your registration expired on December 15, 2010 Transporting hazardous waste without proper notification to the Department is a violation of the law, subject to penalty

This letter is to inform you that effective immediately you are no longer authorized to transport hazardous waste from this location in the State of Florida

Please contact me immediately if this letter was sent to you in error or you require additional information I can be contacted at (850)-245-8755, or Aprilia.graves@dep.state.fl.us

Sincerely,

Aprilia Graves

Engineering Specialist IV
Hazardous Waste Regulation Section

cc All District offices

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

**C/o Mr. Alan Chandler
PO Box 959
Newberry, FL 32669-0959**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Alan Chandler 5-26-11

C Signature

X

☐ Agent☐ AddresseeD Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3 Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ COD

4 Restricted Delivery? (Extra Fee)

☐ Yes

2 Article Number (Copy from service label)

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PS Form 3811, July 1999

Domestic Return Receipt

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