



# Florida Department of Environmental Protection

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

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Jonathan P. Steverson  
Secretary

September 3, 2015

Sent via email / Certified mail - return receipt  
7099 3220 0003 6189 5372

Mr. Michael Comeau  
Regulatory Compliance  
EQ Northeast Inc  
185 Industrial Road  
Wrentham, MA 02093

Re: MAD084814136 EQ Northeast Inc / Wrentham, MA

Dear Mr. Comeau,

According to Department records, your authorization to transport hazardous waste expired on 06/30/2015. Transporting hazardous waste without authorization is a violation of the law, subject to penalty.

Pursuant to Rule 62-730.170, Florida Administrative Code, transporters of hazardous waste must annually submit evidence of casualty/liability insurance and notification of hazardous waste activities (Form 62-730.900(1)(b), "8700-12FL - Florida Notification of Regulated Waste Activity"). The most recent notification of hazardous waste activities we have on file for your facility is dated 10/09/2014.

|  |  |   |   |
|--|--|---|---|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |   |
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br><b>X</b> <i>[Signature]</i>   | <input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| <b>MR. MICHAEL COMEAU<br/>REGULATORY COMPLIANCE<br/>EQ NORTHEAST INC<br/>185 INDUSTRIAL ROAD<br/>WRENTHAM, MA 02093</b>  |  | B. Received by (Printed Name)   | C. Date of Delivery<br>9-21-15  |
|  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>enter delivery address below:   |   |
|  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |   |
|  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |   |
| 2. Article Number (Transfer from service label) 7099 3220 0003 6189 5372   |  |   |   |