



# 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

August 8, 2016

Sent via email / Certified mail - return receipt  
7015 0640 0001 5028 3417

James Gould  
Dir Purchasing & Compliance  
Lewis Environmental Inc  
155 Railroad Plaza  
Royersford, PA 19468

Re: EPA ID PAD987378940 Lewis Environmental Inc / Royersford, Pennsylvania

Dear Mr. Gould,

According to Department records, your authorization to transport hazardous waste expired on 06/30/2016. 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 March 17, 2015.

Please contact [redacted] if this letter was sent to you in error or you  
require additional information.  
Susan Horlick

Sincerely,

*Susan L. Horlick*

Susan Horlick  
Environmental  
Hazardous Waste

cc: All District

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

James Gould  
Dir Purchasing & Compliance  
Lewis Environmental Inc  
155 Railroad Plaza  
Royersford, PA 19468

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
*Mara Tammara* ☒ Agent ☐ Addressee
- B. Received by (Printed Name)  
*Mara Tammara*
- C. Date of Delivery  
8/12/16
- very address different from item 1? ☐ Yes ☒ No  
enter delivery address below:

AUG 12 2016



9590 9403 0937 5223 5665 02

2. Article Number (Transfer from service label)

7015 0640 0001 5028 3417

PS Form 3811, July 2015 PSN 7530-02-000-9053

3. Service Type *PS*
- ☐ Adult Signature
  - ☐ Adult Signature Restricted Delivery
  - ☒ Certified Mail®
  - ☐ Certified Mail Restricted Delivery
  - ☐ Collect on Delivery
  - ☐ Collect on Delivery Restricted Delivery
  - ☐ Insured Mail
  - ☐ Mail Restricted Delivery
  - ☐ Priority Mail Express®
  - ☐ Registered Mail™
  - ☐ Registered Mail Restricted Delivery
  - ☐ Return Receipt for Merchandise
  - ☐ Signature Confirmation™
  - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt