



Florida Department of Environmental Protection

Northeast District Office
 7825 Baymeadows Way, Suite 2000
 Jacksonville, FL

Charlie Crist
 Governor

Jeff Kottkamp
 Lt. Governor

CERTIFIED MAIL # 7008 1300 000 6190 5011
 RETURN RECEIPT REQUESTED

Mr. J.B. Coomes, Owner
 Coomes Oil & Supply
 P.O. Box 175
 St. Augustine, Florida 32085

Re: Coomes Oil & Supply
 8 Hartshorn St, St. Augustine, FL 32084
 Warning Letter WL09-2438HWSNY55NED
 EPA/DEP ID: FLD 000 612 010
 St. Johns County - Hazardous Waste

Dear Mr. Coomes:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible and to seek your cooperation in resolving the matter. A hazardous waste pr...

violation of Enviro attached Actions"

Section 4 rules ad and any Statutes

You are this War in review violation could he

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here
 HW JP
 55 8/2/09

Sent To: JB Coomes
 Street, Apt. No., or PO Box No.: Coomes Oil
 City, State, ZIP+4: WL09-2438 HWSNY55NED

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) JBCoomes</p> <p>C. Date of Delivery 8/11/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: J.B. Coomes Coomes Oil</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7008 1300 0000 6190 5011</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>JP/HW 8/7/09</p>

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 NORHEAST DISTRICT
 WL09-2438 HWSNY55NED
 AUG 12 PM 1:31