



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**
BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

March 17, 2014

Sent via email / Certified mail – return receipt

7099 3400 0000 1450 0664

Mr. Mark Dabney
The Bay Line Railroad LLC
General Manager
PO Box 35098
Panama City, FL 32412

Re: FLD984229906 The Bay Line Railroad LLC / Panama City, FL

Dear Mr. Dabney,

According to Department records, your authorization to transport hazardous waste expired on August 23, 2012. 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 August 01, 2013.

Please contact me immediately if this letter was sent to you in error or you require additional information. I can be contacted at (850) 245-8778, or Susan.Horlick@dep.state.fl.us.

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Handwritten Signature]</i></p>
<p>1. Article Addressed to:</p> <p align="center">Mr. Mark Dabney The Bay Line Railroad LLC General Manager PO Box 35098 Panama City, FL 32412</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Tracy Halperin</i> <input type="checkbox"/></p>
<p>2. Article Number (Transfer from service label) <i>7099 3400 0000 1450 0664</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p align="center">APR 10 2014 PANAMA CITY FLORIDA USPS GMP STATION</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p align="right">102595-02-M-1540</p>