

Z 105 548 669

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <u>Brenda Simmons</u>	
Street & Number <u>North FL Oil</u>	
Post Office, State, & ZIP Code <u>P.O. Box 157</u> <u>Astoria FL 32102</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

OCD-HW/E-C-99-0072

(LB)

Z 470 671 257

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <u>Brenda Simmons</u>	
Street & Number <u>North FL Oil</u>	
Post Office, State, & ZIP Code <u>P.O. Box 157</u> <u>Astoria FL 32102</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

OCD-HW/E-C-98-0010

NOV 13 1998

## SENDER: HAZARDOUS WASTE

- Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.  
Print your name and address on the reverse of this form so that we can return this card to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Write "Return Receipt Requested" on the mailpiece below the article number.  
The Return Receipt will show to whom the article was delivered and the date delivered.

HAZARDOUS WASTE

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

BRENDA SIMMONS, OWNER  
NORTH FLORIDA OIL, INC  
POST OFFICE BOX 157  
ASTORIA, FL 32102

## 4a. Article Number

Z 105 548 669

## 4b. Service Type

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

## 7. Date of Delivery

11/16/98

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X Marlene English

## 8. Addressee's Address (Only if requested and fee is paid)

OCD-HW/E-C-99-0072

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

## SENDER: HAZARDOUS WASTE

- Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.  
Print your name and address on the reverse of this form so that we can return this card to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Write "Return Receipt Requested" on the mailpiece below the article number.  
The Return Receipt will show to whom the article was delivered and the date delivered.

NOV 13 1998

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

Brenda Simmons, Owner  
North Florida Oil  
P.O. Box 157  
Astoria FL 32102

## 4a. Article Number

Z 470 671 257

## 4b. Service Type

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

## 7. Date of Delivery

11/16/98

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X Marlene English

## 8. Addressee's Address (Only if requested and fee is paid)

OCD-HW-98-0010

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 105 548 630

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <u>Brenda Simmons</u>	
Street & Number <u>North FL Oil</u>	
Post Office, State, & ZIP Code <u>P.O. Box 157</u> <u>Astoria FL 32102</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

OCD-HW/E-C-98-0431

DEC 11 1998

(LB)

## SENDER: HAZARDOUS WASTE

- Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.  
Print your name and address on the reverse of this form so that we can return this card to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Write "Return Receipt Requested" on the mailpiece below the article number.  
The Return Receipt will show to whom the article was delivered and the date delivered.

DEC 11 1998

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

Brenda Simmons, Owner  
North Florida Oil  
P.O. Box 157  
Astoria, FL 32102

## 4a. Article Number

Z 105 548 630

## 4b. Service Type

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

## 7. Date of Delivery

12/14/98

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X Marlene English

## 8. Addressee's Address (Only if requested and fee is paid)

OCD-HW-98-0431

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 470 718 278

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <u>Brenda Simmons</u>	
Street & Number <u>North FL Oil</u>	
Post Office, State, & ZIP Code <u>P.O. Box 157</u> <u>Astoria FL 32102</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

PS Form 3800, April 1995

OCD-HW/E-C-98-0227

JUL 13 1998

(LB)

## SENDER: HAZARDOUS WASTE

- Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.  
Print your name and address on the reverse of this form so that we can return this card to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Write "Return Receipt Requested" on the mailpiece below the article number.  
The Return Receipt will show to whom the article was delivered and the date delivered.

JUL 13 1998

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

Brenda Simmons  
North Florida Oil  
P.O. Box 157  
Astoria, FL 32102

## 4a. Article Number

Z 470 718 278

## 4b. Service Type

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

## 7. Date of Delivery

7/18/98

## 5. Received By: (Print Name)

## 6. Signature: (Addressee or Agent)

X Marlene English

## 8. Addressee's Address (Only if requested and fee is paid)

OCD-HW-98-0227

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 105 548 669

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to Brenda Simmons  
North FL 011  
P.O. Box 157  
Astor FL 32102

Postage \$  
 Certified Fee  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt Showing to Whom & Date Delivered  
 Return Receipt Showing to Whom, Date, & Addressee's Address  
 TOTAL Postage & Fees \$  
 Postmark or Date  
OCD-HW/E-C-99-0072  
(LB)

PS Form 3800, April 1995

Z 470 671 257

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to Brenda Simmons  
North FL 011  
P.O. Box 157  
Astor FL 32102

Postage \$  
 Certified Fee  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt Showing to Whom & Date Delivered  
 Return Receipt Showing to Whom, Date, & Addressee's Address  
 TOTAL Postage & Fees \$  
 Postmark or Date  
NOV 13 1998  
OWL-HW/E-C-98-0010

PS Form 3800, April 1995

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 CENTRAL DISTRICT  
 3319 MAGUIRE BLVD., SUITE 232  
 ORLANDO, FL 32803-3767

RECEIVED  
 MAR 1999  
 D.E.P. CENTRAL DISTRICT

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 CENTRAL DISTRICT  
 3319 MAGUIRE BLVD., SUITE 232  
 ORLANDO, FL 32803-3767

RECEIVED  
 NOV 1998  
 D.E.P. CENTRAL DISTRICT

Z 105 548 630

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to Bob Simmons  
North FL 011  
Post Office Box 157  
Astor FL 32102

Postage \$  
 Certified Fee  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt Showing to Whom & Date Delivered  
 Return Receipt Showing to Whom, Date, & Addressee's Address  
 TOTAL Postage & Fees \$  
 Postmark or Date  
DEC 11 1998  
OCD-HW/E-C-98-0431  
(LB)

PS Form 3800, April 1995

Z 470 718 278

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to Brenda Simmons  
North FL 011  
P.O. Box 157  
Astor FL 32102

Postage \$  
 Certified Fee  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt Showing to Whom & Date Delivered  
 Return Receipt Showing to Whom, Date, & Addressee's Address  
 TOTAL Postage & Fees  
 Postmark or Date  
JUL 13 1998  
OCD-HW/E-C-98-0227  
(LB)

PS Form 3800, April 1995

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 CENTRAL DISTRICT  
 3319 MAGUIRE BLVD., SUITE 232  
 ORLANDO, FL 32803-3767

RECEIVED  
 DEC 1998  
 D.E.P. CENTRAL DISTRICT

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 CENTRAL DISTRICT  
 3319 MAGUIRE BLVD., SUITE 232  
 ORLANDO, FL 32803-3767

RECEIVED  
 JUL 1998  
 D.E.P. CENTRAL DISTRICT

Z 369 362 756

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to Brenda Simmons  
North FL Oil  
 Street & Number  
P.O. Box 157  
 Post Office, State, & ZIP Code  
Astoria FL 32102

Postage \$  
 Certified Fee  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt Showing to Whom & Date Delivered  
 Return Receipt Showing to Whom, Date, & Addressee's Address  
 TOTAL Postage & Fees \$  
 Postmark or Date **JUN 15 1999**  
**OCD-HW/E-C-99-0210**

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
☐ Complete items 1 and/or 2 for additional services.  
☐ Complete items 3, 4a, and 4b.  
☐ Print your name and address on the reverse of this form so that we can return this card to you.  
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
☐ Write "Return Receipt Requested" on the mailpiece below the article number.  
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

**JUN 15 1999**

I also wish to receive the following services (for an extra fee):  
 1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery

3. Article Addressed to:  
Brenda Simmons - Owner  
North Florida Oil  
P.O. Box 157  
Astoria, FL 32102

4a. Article Number  
2 369 362 756

4b. Service Type  
☐ Registered  
☐ Express Mail  
☒ Certified  
☐ Return Receipt for Merchandise  
☐ COD

7. Date of Delivery  
6/17

8. Addressee's Address (Only if requested and fee is paid)  
OCD-HW-99-0210  
LB

5. Received By: (Print Name)  
[Signature]

6. Signature (Addressee or Agent)  
[Signature]

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

-Z 369 362 876

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to Brenda Simmons  
North Florida Oil  
 Street & Number  
Post Office Box 157  
 Post Office, State, & ZIP Code  
Astoria FL 32102

Postage \$  
 Certified Fee  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt Showing to Whom & Date Delivered  
 Return Receipt Showing to Whom, Date, & Addressee's Address  
 TOTAL Postage & Fees **JUL 12 1999**  
 Postmark or Date  
**OCD-HW/E-C-99-0850**

PS Form 3800, April 1995

Z 105 548 692

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to Brenda Simmons  
NFO  
 Street & Number  
P.O. Box 157  
 Post Office, State, & ZIP Code  
Astoria FL 32102

Postage \$  
 Certified Fee  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt Showing to Whom & Date Delivered  
 Return Receipt Showing to Whom, Date, & Addressee's Address  
 TOTAL Postage & Fees \$  
 Postmark or Date  
**OCD-HW/E-C-99-0103**

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER: HAZARDOUS WASTE**  
☐ Complete items 1 and/or 2 for additional services.  
☐ Complete items 3, 4a, and 4b.  
☐ Print your name and address on the reverse of this form so that we can return this card to you.  
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
☐ Write "Return Receipt Requested" on the mailpiece below the article number.  
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

**JUL 12 1999**

I also wish to receive the following services (for an extra fee):  
 1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery

3. Article Addressed to:  
Brenda Simmons  
North FL Oil  
P.O. Box 157  
Astoria, FL 32102

4a. Article Number  
2 369 362 876

4b. Service Type  
☐ Registered  
☐ Express Mail  
☒ Certified  
☐ Return Receipt for Merchandise  
☐ COD

7. Date of Delivery  
7/14/99

8. Addressee's Address (Only if requested and fee is paid)  
OCD-HW-99-0250

5. Received By: (Print Name)  
[Signature]

6. Signature (Addressee or Agent)  
[Signature]

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
☒ Complete items 1 and/or 2 for additional services.  
☐ Complete items 3, 4a, and 4b.  
☐ Print your name and address on the reverse of this form so that we can return this card to you.  
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
☐ Write "Return Receipt Requested" on the mailpiece below the article number.  
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
BRENDA SIMMONS, OWNER  
NORTH FLORIDA OIL  
POST OFFICE BOX 157  
ASTOR, FL 32102

4a. Article Number  
Z 105 548 692

4b. Service Type  
☒ Registered  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☒ Certified  
☐ Insured  
☐ COD

7. Date of Delivery  
4/6

8. Addressee's Address (Only if requested and fee is paid)  
OCD-HW/E-C-99-0103 LB

5. Received By: (Print Name)  
[Signature]

6. Signature (Addressee or Agent)  
X W Enrich

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 369 362 756

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to <i>Brenda Simmons</i>	
Street & Number <i>North FL 012</i>	
P.O. Box <i>Box 157</i>	
Post Office, State, & ZIP Code <i>Altamonte FL 32102</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <b>JUN 15 1999</b>	

PS Form 3800, April 1995  
*OCD-HW/E-C-99-0210*

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 CENTRAL DISTRICT  
 3319 MAGUIRE BLVD., SUITE 232  
 ORLANDO, FL 32803 - 3767

JUN 1999  
 RECEIVED  
 D.E.P. CENTRAL DISTRICT

•••••

Z 369 362 876

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to <i>Brenda Simmons</i>	
Street & Number <i>North Florida 012</i>	
P.O. Box <i>Box 157</i>	
Post Office, State, & ZIP Code <i>Altamonte FL 32102</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <b>JUL 12 1999</b>	

PS Form 3800, April 1995  
*OCD-HW/E-C-99-0850*

Z 105 548 692

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to <i>Brenda Simmons</i>	
Street & Number <i>NPO</i>	
P.O. Box <i>Box 157</i>	
Post Office, State, & ZIP Code <i>Altamonte FL 32102</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995  
*OCD-HW/E-C-99-0103*

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 CENTRAL DISTRICT  
 3319 MAGUIRE BLVD., SUITE 232  
 ORLANDO, FL 32803 - 3767

JUL 1999  
 RECEIVED  
 D.E.P. CENTRAL DISTRICT

•••••

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 CENTRAL DISTRICT  
 3319 MAGUIRE BLVD., SUITE 232  
 ORLANDO, FL 32803 - 3767

APR 1999  
 RECEIVED  
 D.E.P. CENTRAL DISTRICT

•••••