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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: OIL RECOVERY INC

DOC LOG ID: 26065

CHAZ ID: GAR000054460

CITY: CAMILLA

COUNTY: ALL FL CNTYS

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Document Types

Document Type

RUOH

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID

288278

Interest Type

UOP

Email

oilrecovery@camillaga.net

Native ID

GAR000054460

Native Name

Oil Recovery Inc

Processes

Document Type

Process

Date

Author

Delete

RUOH

Logged

02/19/2014

SIMMONS_JLS



RUOH

Completeness Review

02/20/2014

ASHWOOD_J



RUOH

Waiting for information

02/20/2014

ASHWOOD_J



RUOH

Waiting for information

06/02/2014

ASHWOOD_J



RUOH

Waiting for information

06/17/2014

ASHWOOD_J



RUOH

Waiting for information

06/24/2014

ASHWOOD_J



RUOH

Ready for Data Entry

06/30/2014

ASHWOOD_J



RUOH

Data Entry Completed

07/01/2014

SIMMONS_JLS







RUOH

Final Review

07/01/2014

ASHWOOD_J

				
RUOH	Notification Letter Emailed	07/01/2014	ASHWOOD_J	
RUOH	Booked into Oculus 	07/08/2014	THURSBY_K	

Comments

Document Type	Date	Comment	Author
General Comment	02/19/2014	Notification has an original signature. Insurance form is a copy.	SIMMONS_JLS
RUOH	02/20/2014	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	02/20/2014	Email sent to Chad Johnson: In reviewing your submittal, we noticed additional information is needed. We do not accept stamped signatures (see attached). Please submit the following to continue processing your UO registration: Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	06/02/2014	Email response to Terrie: From what I can tell, I'm still waiting for a revised Certificate of Liability Insurance form (see attached). As mentioned earlier, we do not accept stamped signatures. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	06/17/2014	Email sent to Chad Johnson: In reviewing your submittal, we noticed additional information is needed. We do not accept stamped signatures (see attached). Please submit the following to continue processing your UO registration: Revised Combined HWT/UO Certificate of Liability Insurance form (use the Insurance form attached). As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	06/18/2014	Email sent to Chad/Terrie: Attached is the latest Insurance form we received. Make sure to complete information in the middle of the form. All other comments still apply. Let me know if you have any questions.	ASHWOOD_J
RUOH	06/24/2014	Email sent to Chad/Terrie Johnson: In reviewing your submittal, we noticed additional information is needed. The physical location address is incorrect (see attached). Please submit the following to continue processing your UO registration: Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	06/30/2014	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J