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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: MONARCH ENVIRONMENTAL INC

DOC LOG ID: 28225 **CHAZ ID:** NJR000040667

CITY: WOODSTOWN **COUNTY:** ALL FL CNTYS

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
280093	HWT	elmer@monarchenv.net	NJR000040667	Monarch Environmental Inc
322096	HWR	elmer@monarchenv.net	NJR000040667	Monarch Environmental Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	07/08/2014	SIMMONS_JLS	✕
RHWT	Completeness Review	07/09/2014	HORLICK_S	✕
RHWT	Waiting for information	07/09/2014	HORLICK_S	✕
RHWT	Ready for Data Entry	07/29/2014	HORLICK_S	✕
RHWT	Data Entry Completed	07/29/2014	SIMMONS_JLS	✕
RHWT	Final Review	07/29/2014	HORLICK_S	✕

RHWT	Notification Letter Emailed	07/30/2014	HORLICK_S	✕
RHWT	Booked into Oculus 	07/30/2014	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	07/08/2014	Notification and insurance have original signatures.	SIMMONS_JLS
RHWT	07/09/2014	Email to Elmer Lynam: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. ¿ Please submit a competed page 4, Item 14.A. of the 8700-12FL Florida Notification of Regulated Waste Activity, identifying your Hazardous Waste Transporter activities (blank form attached). ¿ Please update the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; o The address on line 4 of the document must match the physical location address given on the 8700-12FL form (see attached). As soon as possible, please mail the required form to: DEP Waste Management Division¿HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	07/24/2014	Email to Elmer Lyman on 7/16: Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; The document must be hand signed (original ¿wet¿ signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation, not a copy or a stamp (see attached). As soon as possible, please mail the required form to: DEP Waste Management Division¿HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	07/29/2014	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	07/30/2014	Updated 8700-12FL Notification form page 4 received on 7/16/14.	HORLICK_S

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