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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: ENVIRITE OF PENNSYLVANIA, INC

DOC LOG ID: 28508

CITY: YORK

CHAZ ID: PAD010154045

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 |
|----------------|---------------|--|--------------|-------------------------------|
| 394653 | HWT | karla.mercer@usecology.com | PAD010154045 | Envirite Of Pennsylvania, Inc |

Processes

| Document Type | Process | Date | Author | Delete |
|---------------|-----------------------------|------------|-------------|--------|
| RHWT | Logged | 08/14/2014 | SIMMONS_JLS | ✕ |
| RHWT | Completeness Review | 08/22/2014 | HORLICK_S | ✕ |
| RHWT | Waiting for information | 08/22/2014 | HORLICK_S | ✕ |
| RHWT | Ready for Data Entry | 09/16/2014 | HORLICK_S | ✕ |
| RHWT | Data Entry Completed | 09/16/2014 | SIMMONS_JLS | ✕ |
| RHWT | Final Review | 09/17/2014 | HORLICK_S | ✕ |
| RHWT | Notification Letter Emailed | 09/17/2014 | HORLICK_S | ✕ |

RHWT

Booked into Oculus 

09/18/2014

THURSBY_K

**Comments**

| Document Type | Date | Comment | Author |
|-----------------|------------|---|-------------|
| General Comment | 08/14/2014 | Notification has an original signature, insurance form is a copy. | SIMMONS_JLS |
| RHWT | 08/22/2014 | Updated HWT/UOH Certificate of Liability insurance form received. | HORLICK_S |
| RHWT | 08/22/2014 | Email to Benjamin Smith: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; $\dot{\iota}$ Correct the $\dot{\iota}$ Physical address of Insured $\dot{\iota}$ on line 4 (see attached). $\dot{\iota}$ The center section under $\dot{\iota}$ coverage applies at $\dot{\iota}$ correct physical address of insured. $\dot{\iota}$ Submit the revised insurance form hand signed ($\dot{\iota}$ wet signature $\dot{\iota}$) by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division $\dot{\iota}$ HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks | HORLICK_S |
| RHWT | 09/16/2014 | Updated HWT/UOH Certificate of Liability insurance form received. | HORLICK_S |

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