

# MyFDEP

Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** ECOLOGY SERVICES INC

**DOC LOG ID:** 28816

**CHAZ ID:** MDR000524701

**CITY:** BALTIMORE

**COUNTY:** ALL FL CNTYS

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## Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

## Email Addresses

**Affiliation-ID**

358571

**Interest Type**

HWT

**Email**

[pmarshall@ecologyservices.com](mailto:pmarshall@ecologyservices.com)

**Native ID**

MDR000524701

**Native Name**

Ecology Services Inc

## Processes

**Document Type**

**Process**

**Date**

**Author**

**Delete**

RHWT

Logged

09/16/2014

SIMMONS\_JLS



RHWT

Completeness Review

09/22/2014

HORLICK\_S



RHWT

Waiting for information

09/22/2014

HORLICK\_S



RHWT

Ready for Data Entry

09/29/2014

HORLICK\_S



RHWT

Waiting for information

09/30/2014

HORLICK\_S



RHWT

Ready for Data Entry

10/02/2014

HORLICK\_S



RHWT

Data Entry Completed

10/02/2014

HORLICK\_S



RHWT

Final Review

10/02/2014

HORLICK\_S




RHWT

Notification Letter Emailed

10/02/2014

HORLICK\_S

RHWT

Booked into Oculus 

10/02/2014

THURSBY\_K

**Comments**

Document Type	Date	Comment	Author
General Comment	09/16/2014	Notification and insurance form have an original signature.	SIMMONS_JLS
RHWT	09/22/2014	<p>Email to Paul Marshall: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; 1 The Name of the Insurer, as listed on the form (see attached), is not registered with the Florida Office of Insurance Regulation website <a href="http://www.flair.com/companysearch/">http://www.flair.com/companysearch/</a>. The Name of the Insurer must be listed exactly as it is registered. Please submit a revised combined HWT/Used Oil Certificate of Liability Insurance form (see attached blank form for your convenience). 2 Please add the expiration date of the policy to the insurance form in the blank provided. As soon as possible, please mail the required forms to: DEP Waste Management Division2HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	09/29/2014	<p>Updated HWT/UOH Certificate of Liability insurance form received.</p> <p>Email to Paul Marshall: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler Insurance Forms as follows; 1 Enter the address of the insurance provider on the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form, line 2 (see attached). The documents submitted must be signed by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. As soon as possible, please mail the required form to: DEP Waste Management Division2HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	09/30/2014		HORLICK_S
RHWT	10/02/2014	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S

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