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Florida Department of Environmental Protection



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Completed Document Details

NATIVE WEAVERTOWN TRANSPORT

NAME: LEASING INC

DOC LOG

ID: 28900

CITY: MCDONALD

CHAZ

ID:

PAD980707442

COUNTY: ALL FL CNTYS

View email records

RHWT Email Template RHWT Approvals

Document Types

Document Type Primary Type Discontinued On

RHWT Y

Email Addresses

| Affiliation-ID | Interest Type | Email | Native ID | Native Name | |
|----------------|---------------|----------------------------|--------------|----------------------------------|--------|
| 377148 | HWT | kwagers@weavertown.com | PAD980707442 | Weavertown Transport Leasing Inc | |
| Processes | | | | | |
| Document 1 | Гуре | Process | Date | Author | Delete |
| RHWT | | Logged | 09/29/2014 | SIMMONS_JLS | × |
| RHWT | | Completeness Review | 10/01/2014 | HORLICK_S | × |
| RHWT | | Waiting for information | 10/01/2014 | HORLICK_S | × |
| RHWT | | Ready for Data Entry | 10/06/2014 | HORLICK_S | × |
| RHWT | | Data Entry Completed | 10/06/2014 | SIMMONS_JLS | × |
| RHWT | | Final Review | 10/06/2014 | HORLICK_S | × |
| RHWT | N | otification Letter Emailed | 10/07/2014 | HORLICK_S | × |

RHWT

Booked into Oculus 10/08/2014

THURSBY_K



Comments

| Document Type | Date | Comment | Author |
|--------------------|------------|---|-------------|
| General Comment | 09/29/2014 | Notification has an original signature. | SIMMONS_JLS |
| RHWT | 10/01/2014 | Facility is not RUOH. | HORLICK_S |
| RHWT | 10/01/2014 | Email to Kim Wagers: 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, and Hazardous Waste Transporter Liability Endorsement as follows; The documents 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 | 10/06/2014 | Updated HWT/UOH Certificate of Liability insurance form received. | HORLICK_S |

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