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Florida Department of Environmental Protection

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NATIVE NAME: VEOLIA ES TECHNICAL SOLUTIONS LLC**DOC LOG ID:** 29572**CHAZ ID:** FL0000207449**CITY:** TALLAHASSEE**COUNTY:** LEON[View email records](#)
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Document Types


Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
232553	HWR	linda.dunwoody@veolia.com	FL0000207449	Veolia ES Technical Solutions LLC
290200	MP	linda.dunwoody@veolia.com	FL0000207449	Veolia ES Technical Solutions LLC
353450	HWT	linda.dunwoody@veolia.com	FL0000207449	Veolia ES Technical Solutions LLC
382364	UOP	linda.dunwoody@veolia.com	FL0000207449	Veolia ES Technical Solutions LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	01/06/2015	SIMMONS_JLS	✕
RHWT	Completeness Review	01/29/2015	HORLICK_S	✕
RHWT	Waiting for information	01/29/2015	HORLICK_S	✕
RHWT	Ready for Data Entry	03/05/2015	HORLICK_S	✕
RHWT	Data Entry Completed	03/09/2015	SIMMONS_JLS	✕
RHWT	Final Review	04/14/2015	HORLICK_S	✕
RHWT	Notification Letter Emailed	04/14/2015	HORLICK_S	✕
RHWT	Booked into Oculus 🚧	04/15/2015	THURSBY_K	✕
RUOH	Logged	01/06/2015	SIMMONS_JLS	✕
RUOH	Completeness Review	01/06/2015	ASHWOOD_J	

					✕
RUOH	Waiting for information	01/06/2015	ASHWOOD_J		✕
RUOH	Ready for Data Entry	03/05/2015	ASHWOOD_J		✕
RUOH	Data Entry Completed	03/09/2015	SIMMONS_JLS		✕
RUOH	Final Review	03/10/2015	ASHWOOD_J		✕
RUOH	Notification Letter Emailed	04/14/2015	ASHWOOD_J		✕
RUOH	Booked into Oculus 	04/15/2015	THURSBY_K		✕

Comments

Document Type	Date	Comment	Author
RHWT	01/29/2015	Email to Dear Denise Krous; In reviewing your submittals, we notice additional information is needed. Our records indicate we did not receive all the required documents to process your HWT insurance update. You must maintain valid liability insurance during the entire HWT registration period. To date we received only an ACORD form. An ACORD form is acceptable evidence of current insurance only if the same policy with the same insurance provider found on the Hazardous Waste Certificate of Liability Insurance in our file is renewed. The policy number does not match. This ACORD form cannot be used to update the insurance in our data system. In order to process your HWT insurance update, please submit a State of Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form (blank form attached for your convenience). The documents submitted must be signed (original <i>¿wet¿</i> signature) 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 forms 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	01/29/2015	Phone conversation with Denise Krous. Original Cert was sent from carrier on 1/12/2015. Emailed copy of Cert received.	HORLICK_S
RHWT	03/05/2015	8700-12FL Notification form received. Updated HWT/UOH Certificate of Liability insurance form received HWT registration package is complete.	HORLICK_S
RHWT	03/27/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	04/10/2015	Updated HWT/UOH Certificate of Liability insurance form received with wet signature.	HORLICK_S
RHWT	04/13/2015	RHWT 03/30/2015 Email to Denise Krous; 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; ¿ In the center section under ¿coverage applies at¿ correct the EPA/DEP ID Number for the Flanders, NJ location. ¿ Remove the scratch outs for excess coverage (see attached). ¿ Submit the revised insurance form hand signed (¿wet signature¿) by an authorized agent of the insurance provider. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms 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
RUOH	01/06/2015	Email sent to Linda Dunwoody: In reviewing your submittal, we noticed additional information is needed. The policy number on the ACORD form does not match the policy number on the Certificate of Liability Insurance form we have on file (see attached). The Insurance carrier and policy number must be exactly the same in order to use the ACORD form to update your Insurance. Please submit a Combined HWT/Used Oil Certificate of Liability Insurance form (see attached blank form for your convenience). As soon as possible, please mail the required form with original (hand signed) signatures 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	04/13/2015	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

