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Florida Department of Environmental Protection



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# **Pending Document Details**

NATIVE NAME: AERC COM INCDOC LOG ID:31729CHAZ ID: FLD984262782CITY:WEST MELBOURNE COUNTY: BREVARD

View email records

HWG Email Template Contification Approvals Control Provided Control Provided Provide

## **Document Types**

Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	Ν	

#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	Native Name
313369	UOP	TDEPAOLA@AERCRECYCLING.COM	FLD984262782	Aerc Com Inc
370703	HWT	mmaliska@aerc.com	FLD984262782	Aerc Com Inc
370978	HWR	mmaliska@aerc.com	FLD984262782	Aerc Com Inc
386923	MP	mmaliska@aerc.com	FLD984262782	Aerc Com Inc

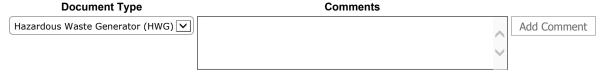
#### Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	08/17/2015	SIMMONS_JLS	×
RHWT	Logged	08/17/2015	SIMMONS_JLS	×
RHWT	Completeness Review	08/25/2015	HORLICK_S	×
RHWT	Waiting for information	08/25/2015	HORLICK_S	×
RHWT	Ready for Data Entry	09/17/2015	HORLICK_S	×
RHWT	Data Entry Completed	09/17/2015	SIMMONS_JLS	×
RHWT	Final Review	09/29/2015	HORLICK_S	×
RHWT	Notification Letter Emailed	10/01/2015	HORLICK_S	×
RHWT	Booked into Oculus 🖗	10/01/2015	THURSBY_K	×

### Add A New Process

http://webapps.dep.state.fl.us/DepDocLog/31729/document-details

Document Type		Process		Date		
Hazardous Waste Generator (HWG)		Completeness Review	[	▶ 10/01/2015	Add Process	
Comments						
Document Type	Date		c	Comment		Author
General Comment	08/17/2015	Notifi	cation has an original signature, i	nsurance is a copy. RMH re	egistration is current.	SIMMONS_JLS
RHWT	08/25/2015		HWT registrat	tion package received.		HORLICK_S
RHWT	08/25/2015	Please su registration. F Oil Handler authorized ag copy or a si	ail to Michael Maliska: In reviewing your submittals, we notice additional information is needed. lease submit the following to continue processing your Hazardous Waste Transporter renewal tration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Handler form as follows; The document must be hand signed (original ¿wet¿ signature) by an rized agent of the insurance provider on file with the Florida Office of Insurance Regulation, not a by or a stamp (see attached). As soon as possible, please mail the required form to: DEP Waste gement Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks			
RHWT	09/17/2015		Updated HWT/UOH Certificat	e of Liability insurance form	m received.	HORLICK_S
Add A New	Comment					



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