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Completed Document Details

NATIVE NAME: ADVANCED WASTE CARRIERS INC

DOC LOG ID: 31852

CHAZ ID: WI0000815381

CITY: MILWAUKEE

COUNTY: ALL FL CNTYS

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Document Types

Document Type

RHWT

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
399529	HWT	pmeahl@advancedwasteservices.com	WI0000815381	Advanced Waste Carriers Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/31/2015	SIMMONS_JLS	✕
RHWT	Completeness Review	09/09/2015	HORLICK_S	✕
RHWT	Waiting for information	09/09/2015	HORLICK_S	✕
RHWT	Ready for Data Entry	11/04/2015	HORLICK_S	✕
RHWT	Data Entry Completed	11/04/2015	SIMMONS_JLS	✕
RHWT	Final Review	11/30/2015	HORLICK_S	✕
RHWT	Notification Letter Emailed	11/30/2015	HORLICK_S	✕
RHWT	Booked into Oculus	11/30/2015	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	08/31/2015	Notification has an original signature.	SIMMONS_JLS
RHWT	09/09/2015	Email to Paul Meahl: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. The 8700-12FL Notification form is incomplete (see attached with highlighted Item.) Please submit an updated page 2 of the 8700-12FL Florida Notification of Regulated Waste Activity. Since this is not a signature page you may email the corrected page to me at email below. (a blank form is attached for your convenience). As soon as possible, please mail the required forms to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	11/04/2015	Valid HWT/UOH Certificate of Liability insurance form on file.	HORLICK_S
RHWT	11/06/2015	Email to Paul Meahl: 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¿ please correct the physical location- complete street address of insured so that it matches the physical location on Item. 4 of the 8700-12FL Florida Notification of Regulated Waste Activity (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¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	11/30/2015	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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