

# MyFDEP

Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** STRANCO INC

**DOC LOG ID:** 32667

**CHAZ ID:** LAD980796627

**CITY:** ABITA SPRINGS **COUNTY:** ALL FL CNTYS

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### Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

### Email Addresses

**Affiliation-ID**

416630

**Interest Type**

HWT

**Email**

[jibarnes@stranco.net](mailto:jibarnes@stranco.net)

**Native ID**

LAD980796627

**Native Name**

Stranco Inc

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	01/04/2016	SIMMONS_JLS	✘
RHWT	Completeness Review	01/05/2016	HORLICK_S	✘
RHWT	Waiting for information	01/05/2016	HORLICK_S	✘
RHWT	Ready for Data Entry	01/27/2016	HORLICK_S	✘
RHWT	Data Entry Completed	01/27/2016	SIMMONS_JLS	✘
RHWT	Final Review	01/27/2016	HORLICK_S	✘
RHWT	Booked into Oculus	01/28/2016	THURSBY_K	✘

## Comments

Document Type	Date	Comment	Author
RHWT	01/05/2016	The ACORD insurance carrier and policy number do not match the Certificate of Liability form on file.	HORLICK_S
RHWT	01/05/2016	<p>Email to JJ Barnes: 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 insurance carrier and policy number do 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 &amp; wet 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&amp;HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	01/27/2016	Updated HWT/UOH Certificate of Liability for primary and excess coverage received.	HORLICK_S
RHWT	01/27/2016	General Comment 01/19/2016 Insurance form has an original signature. SIMMONS_JLS	HORLICK_S

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