# **MyFDEP**

Florida Department of Environmental Protection



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## **Completed Document Details**

### NATIVE NAME: COAL CITY COB COMPANY INC DOC LOG ID: 32862 CITY: WAXAHACHIE

### CHAZ ID: TXR000079839 COUNTY: ALL FL CNTYS

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BRHWT Email Template

### **Document Types**

Document Type	Primary Type	Discontinued On
RHWT	Y	

#### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Na	ame
396021	HWT	d.hamlett@cccob.com	TXR000079839	Coal City Cob Co	mpany Inc
Processes					
Document Typ	e	Process	Date	Author	Delete
RHWT		Logged	01/26/2016	SIMMONS_JLS	×
RHWT	Com	pleteness Review	01/27/2016	HORLICK_S	×
RHWT	Waiti	ng for information	01/27/2016	HORLICK_S	×
RHWT	Rea	dy for Data Entry	02/03/2016	HORLICK_S	×
RHWT	Data	Entry Completed	02/03/2016	SIMMONS_JLS	×
RHWT		Final Review	02/03/2016	HORLICK_S	×
RHWT	Booke	d into Oculus 🖗 🌰	02/04/2016	THURSBY_K	×

#### Comments

Document Type	Date	Comment	Author
General Comment	01/26/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	01/27/2016	HWT/UOH Certificate of Liability for primary coverage is not FLOIR compliant.	HORLICK_S
RHWT	02/01/2016	Email to Joann Waters, Be advised that the Florida Office of Insurance Regulation website http://www.floir.com/companysearch/ does not bring up the insurance carrier without the required comma in the insurance carrier name. The Name of the Insurer must be listed EXACTLY as it is registered. 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	02/03/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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