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NATIVE NAME: SPECTRUM INDUSTRIAL SERVICES INC

DOC LOG ID: 33342

CITY: **ALABASTER** **CHAZ ID:** ALR000044743 **COUNTY: ALL FL CNTYS**

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Υ	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
289807	HWT	gmanzi@specenviro.com	ALR000044743	Spectrum Industrial Services Inc
411517	UOP	gmanzi@specenviro.com	ALR000044743	Spectrum Industrial Services Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	02/26/2016	SIMMONS_JLS	×
RHWT	Completeness Review	02/29/2016	HORLICK_S	×
RHWT	Ready for Data Entry	03/18/2016	HORLICK_S	×
RHWT	Data Entry Completed	03/24/2016	SIMMONS_JLS	×
RHWT	Final Review	03/24/2016	HORLICK_S	×
RHWT	Notification Letter Emailed	03/25/2016	HORLICK_S	×
RHWT	Booked into Oculus	03/25/2016	THURSBY_K	×
RUOH	Logged	02/26/2016	SIMMONS_JLS	×
RUOH	Completeness Review	03/02/2016	ASHWOOD_J	×
RUOH	Waiting for information	03/02/2016	ASHWOOD_J	×
RUOH	Ready for Data Entry	03/21/2016	ASHWOOD_J	

				×
RUOH	Data Entry Completed	03/21/2016	SIMMONS_JLS	×
RUOH	Final Review	03/23/2016	ASHWOOD_J	×
RUOH	Notification Letter Emailed	03/24/2016	ASHWOOD_J	×
RUOH	Booked into Oculus	03/25/2016	THURSBY_K	×

Comments

Document Type	Date	Comment	Author
General Comment	02/26/2016	Notification and insurance form have original signatures.	SIMMONS_JLS
RHWT	02/29/2016	HWT/UOH Certificate of Liability for primary and excess coverage from two different insurance carriers on one form.	HORLICK_S
RHWT	03/18/2016	Updated HWT/UOH Certificate of Liability for primary and excess coverage received.	HORLICK_S
RUOH	03/02/2016	Received original 8700 form, registration fee, training manual statement and Annual Report.	ASHWOOD_J
RUOH	03/02/2016	Email sent to Guy Manzi: In reviewing your submittal, we noticed additional information is needed. Please list one authorized Insurer (see attached). Please submit the following to continue processing your UO renewal registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to us at: 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	03/21/2016	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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