

MyFDEP

Florida Department of Environmental Protection



Welcome, Kim Thursby. You are logged on with a role of CHAZ_USER. [\[Sign Out\]](#)

[\[Pending List\]](#) [\[Completed List\]](#)

[\[Completed List - this DocLog\]](#)

Completed Document Details

NATIVE NAME: S - J TRANSPORTATION CO, INC

DOC LOG ID: 34104

CHAZ ID: NJD071629976

CITY: WOODSTOWN

COUNTY: ALL FL CNTYS

[View email records](#)

[RHWT Email Template](#) [RHWT Approvals](#) [RUOH Email Template](#) [RUOH Approvals](#)

Document Types


Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
422552	UOP	rsassi@sjtransportation.com	NJD071629976	S - J Transportation Co, Inc
423467	MP	rsassi@sjtransportation.com	NJD071629976	S - J Transportation Co, Inc
423487	HWT	rsassi@sjtransportation.com	NJD071629976	S - J Transportation Co, Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	04/04/2016	SIMMONS_JLS	✕
RHWT	Completeness Review	04/04/2016	HORLICK_S	✕
RHWT	Ready for Data Entry	04/04/2016	HORLICK_S	✕
RHWT	Data Entry Completed	04/22/2016	SIMMONS_JLS	✕
RHWT	Final Review	04/22/2016	HORLICK_S	✕
RHWT	Booked into Oculus	04/25/2016	THURSBY_K	✕
RUOH	Logged	04/04/2016	SIMMONS_JLS	✕

RUOH	Completeness Review	04/05/2016	ASHWOOD_J	✖
RUOH	Waiting for information	04/05/2016	ASHWOOD_J	✖
RUOH	Ready for Data Entry	04/21/2016	ASHWOOD_J	✖
RUOH	Data Entry Completed	04/21/2016	SIMMONS_JLS	✖
RUOH	Final Review	04/21/2016	ASHWOOD_J	✖
RUOH	Booked into Oculus 	04/25/2016	THURSBY_K	✖

Comments

Document Type	Date	Comment	Author
General Comment	04/04/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	04/04/2016	Updated HWT/UOH Certificate of Liability received for insurance carrier name change.	HORLICK_S
RHWT	04/22/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	04/05/2016	Email sent to Rachel Sassi: In reviewing your submittal, we noticed additional information is needed. The Insurance form policy number is incorrect (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 forms 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	04/21/2016	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

[DEP Home](#) | [About DEP](#)