

## MyFDEP

Florida Department of Environmental Protection

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## Completed Document Details

NATIVE NAME: WEST CENTRAL ENVIRONMENTAL CORPORATION

DOC LOG ID: 34759

CHAZ ID: NYD000708271

CITY: WATERVLIET

COUNTY: ALL FL CNTYS

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## Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	

## Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
327462	HWT	<a href="mailto:jdmurphy@wcecorp.com">jdmurphy@wcecorp.com</a>	NYD000708271	West Central Environmental Corporation

## Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/28/2016	SIMMONS_JLS	✕
RHWT	Completeness Review	06/28/2016	HORLICK_S	✕
RHWT	Waiting for information	06/28/2016	HORLICK_S	✕
RHWT	Waiting for information	07/06/2016	HORLICK_S	✕
RHWT	Ready for Data Entry	07/18/2016	HORLICK_S	✕
RHWT	Data Entry Completed	07/19/2016	SIMMONS_JLS	✕
RHWT	Final Review	07/19/2016	HORLICK_S	✕
RHWT	Booked into Oculus 🌳🌳	07/19/2016	THURSBY_K	✕

## Comments

Document Type	Date	Comment	Author
RHWT	06/28/2016	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	06/28/2016	Email to Joseph Murphy: 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 policy number does 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 & 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, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S

RHWT	06/30/2016	Phone conversation with facility 6/29. They will contact insurance carrier.	HORLICK_S
RHWT	07/06/2016	<p>Email to Joseph Murphy: 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;           Remove the broker's name from the           Name of Insurer on the first line of the form (see attached).           The center section under coverage applies at           must be filled in with the EPA/DEP ID Number, Name of Insured and physical location-complete street address of insured that goes with the EPA ID number.           Submit the revised insurance form hand signed (wet signature) by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (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</p>	HORLICK_S
RHWT	07/11/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	07/11/2016	<p>Email to Joseph Murphy: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter insurance renewal update.           Correct the expiration date on the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler. An expiration date is required (see attached).           The documents submitted must be signed 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 form 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</p>	HORLICK_S
RHWT	07/18/2016	Third updated HWT/UOH Certificate of Liability received.	HORLICK_S

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