# **MyFDEP**

Florida Department of Environmental Protection

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### [Pending List] [Completed List]

# **Completed Document Details**

### NATIVE NAME: ENVIRONMENTAL REMEDIATION SERVICES DOC LOG ID: 35090 CITY: JACKSONVILLE

View email records

### BRHWT Email Template CRHWT Approvals

#### **Document Types**

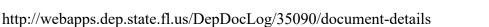
Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	Ν	

#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	Native Name
402470	UOP	ap@ersfl.com	FLD984261412	Environmental Remediation Services
403178	HWT	j.anderson@ersfl.com	FLD984261412	Environmental Remediation Services
403661	MP	j.anderson@ersfl.com	FLD984261412	Environmental Remediation Services
403757	HWR	j.anderson@ersfl.com	FLD984261412	Environmental Remediation Services

#### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/08/2016	SIMMONS_JLS	×
RHWT	Completeness Review	08/15/2016	HORLICK_S	×
RHWT	Waiting for information	08/15/2016	HORLICK_S	×
RHWT	Ready for Data Entry	08/17/2016	HORLICK_S	×
RHWT	Data Entry Completed	08/17/2016	SIMMONS_JLS	×
RHWT	Final Review	08/17/2016	HORLICK_S	×
RHWT	Booked into Oculus 🖗	08/18/2016	THURSBY_K	×
RUOH	Logged	08/08/2016	SIMMONS_JLS	×
RUOH	Completeness Review	08/09/2016	ASHWOOD_J	×
RUOH	Waiting for information	08/09/2016	ASHWOOD_J	×
RUOH	Ready for Data Entry	08/15/2016	ASHWOOD_J	×





## [Completed List - this DocLog]

CHAZ ID: FLD984261412 COUNTY: DUVAL

RUOH	Data Entry Completed	08/16/2016	SIMMONS_JLS	×
RUOH	Final Review	08/17/2016	ASHWOOD_J	×
RUOH	Booked into Oculus 🍂	08/18/2016	THURSBY_K	×

#### Comments

Document Type	Date	Comment	Author
RHWT	08/15/2016	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	08/17/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	08/09/2016	Email sent to John Anderson: In reviewing your submittal, we noticed additional information is needed. The ACORD form does not match the Insurance form we have on file (see attached). Please submit the following to continue to updating our database (see attached blank form for your convenience): Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to: 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	08/15/2016	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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