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Pending Document Details

NATIVE NAME: AAG ENVIRONMENTAL INC DOC LOG ID: 35065

CITY: NEWBERRY

CHAZ ID: FLR000167635 COUNTY: ALACHUA

View email records

HWG Email Template Notification Approvals

Document Types

Document Type	Primary Type	Discontinued On
HWG	Υ	
RHWT	Ν	
RMH	Ν	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
313722	HWR	alan.chandler@aagenvironmental.com	FLR000167635	AAG Environmental Inc
314153	MP	alan.chandler@aagenvironmental.com	FLR000167635	AAG Environmental Inc
314781	HWT	alan.chandler@aagenvironmental.com	FLR000167635	AAG Environmental Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	08/04/2016	SIMMONS_JLS	×
HWG	Completeness Review	08/08/2016	NOLAND_T	×
HWG	Ready for Data Entry	08/08/2016	NOLAND_T	×
RHWT	Logged	08/04/2016	SIMMONS_JLS	×
RHWT	Completeness Review	08/05/2016	HORLICK_S	×
RHWT	Waiting for information	08/05/2016	HORLICK_S	×
RHWT	Ready for Data Entry	09/07/2016	HORLICK_S	×
RHWT	Data Entry Completed	09/08/2016	SIMMONS_JLS	×
RHWT	Final Review	09/19/2016	HORLICK_S	×
RHWT	Notification Letter Emailed	09/22/2016	HORLICK_S	×
RHWT	Booked into Oculus	09/23/2016	THURSBY_K	×

RMH	Logged	08/04/2016	SIMMONS_JLS	×
RMH	Completeness Review	08/18/2016	TENACE_L	×
RMH	Ready for Data Entry	08/18/2016	TENACE_L	×
RMH	Data Entry Completed	08/18/2016	SIMMONS_JLS	×

Add A New Process

Document Type		Process	Date	
Please select	.		• 09/23/2016	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	08/04/2016	Notification and insurance form have original signatures.	SIMMONS_JLS
HWG	08/08/2016	Non-handler	NOLAND_T
HWG	08/08/2016	Authorized to accept CESQG waste	NOLAND_T
RHWT	08/05/2016	Email to Alan Chandler: Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; ¿ The Name of the Insurer, as listed on the form (see attached), is not registered with the Florida Office of Insurance Regulation website http://www.floir.com/companysearch/. The Name of the Insurer must be listed exactly as it is registered, including punctuation. Please submit a revised combined HWT/Used Oil Certificate of Liability Insurance form, with original (¿wet¿) signature (see attached blank form 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	HORLICK_S
RHWT	09/07/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	09/19/2016	Corrections made to 8700-12FL on behalf of the facility.	HORLICK_S
RMH	08/18/2016	Please process as a SQH and transporter of lamps and devices. Not an LQH.	TENACE_L

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