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Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** DUPRE LOGISTICS LLC

**DOC LOG ID:** 35402

**CHAZ ID:** LAR000045963

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### Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
384660	MP	<a href="mailto:license@duprelogistics.com">license@duprelogistics.com</a>	LAR000045963	Dupre Logistics LLC
437996	UOP	<a href="mailto:kslemen@duprelogistics.com">kslemen@duprelogistics.com</a>	LAR000045963	Dupre Logistics LLC
438027	HWT	<a href="mailto:kslemen@duprelogistics.com">kslemen@duprelogistics.com</a>	LAR000045963	Dupre Logistics LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	09/26/2016	SIMMONS_JLS	✘
RHWT	Completeness Review	10/03/2016	HORLICK_S	✘
RHWT	Ready for Data Entry	10/14/2016	HORLICK_S	✘
RHWT	Data Entry Completed	10/18/2016	SIMMONS_JLS	✘
RHWT	Final Review	10/18/2016	HORLICK_S	✘
RHWT	Booked into Oculus 	10/19/2016	THURSBY_K	✘

RUOH	Logged	09/26/2016	SIMMONS_JLS	✘
RUOH	Completeness Review	10/03/2016	ASHWOOD_J	✘
RUOH	Waiting for information	10/03/2016	ASHWOOD_J	✘
RUOH	Ready for Data Entry	10/18/2016	ASHWOOD_J	✘
RUOH	Data Entry Completed	10/18/2016	SIMMONS_JLS	✘
RUOH	Final Review	10/18/2016	ASHWOOD_J	✘
RUOH	Booked into Oculus 	10/19/2016	THURSBY_K	✘

## Comments

Document Type	Date	Comment	Author
RHWT	10/03/2016	The ACORD insurance carrier and policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	10/14/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	10/03/2016	ACORD form does not match Insurance form on file.	ASHWOOD_J
RUOH	10/03/2016	Email sent to Blanche Trahan: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted does not have an original signature and the Name of the Insurer, as listed on the form, is not registered with the Florida Department of Insurance website <a href="http://www.flair.com/companysearch">http://www.flair.com/companysearch</a> . The Name of the Insurer must be listed exactly as it is registered(see attached). Please submit the following to continue updating your Insurance on file (see attached blank form 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	10/18/2016	Received 2nd revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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