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NATIVE NAME: BROOKS ENVIRONMENTAL SOLUTIONS LLC

DOC LOG ID: 35248

CHAZ ID: FLR000218545

CITY: PANAMA CITY BEACH

COUNTY: BAY

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Document Types

Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
428731	HWR	info@brooksenvironmentalsol.com	FLR000218545	Brooks Environmental Solutions LLC
430358	HWT	info@brooksenvironmentalsol.com	FLR000218545	Brooks Environmental Solutions LLC

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	08/30/2016	SIMMONS_JLS	
RHWT	Logged	08/30/2016	SIMMONS_JLS	
RHWT	Completeness Review	09/09/2016	HORLICK_S	
RHWT	Waiting for information	10/21/2016	HORLICK_S	
RHWT	Ready for Data Entry	10/21/2016	HORLICK_S	
RHWT	Data Entry Completed	10/21/2016	SIMMONS_JLS	
RHWT	Final Review	10/24/2016	HORLICK_S	
RHWT	Notification Letter Emailed	10/25/2016	HORLICK_S	
RHWT	Booked into Oculus	10/26/2016	THURSBY_K	

Add A New Process

Document Type	Process	Date	
Hazardous Waste Generator (HWG) <input type="checkbox"/>	Completeness Review <input type="checkbox"/>	10/26/2016	<input type="button" value="Add Process"/>

Comments

Document Type	Date	Comment	Author
General Comment	08/30/2016	Notification has an original signature.	SIMMONS_JLS
RHWT	09/09/2016	8700-12FL Notification form received. HWT/UOH Certificate of Liability is expired, is not FLOIR compliant, and signature is not original.	HORLICK_S
RHWT	10/21/2016	Email to Marco Brooks: 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; ζ The Certificate of Liability expired 6/20/2016 (see attached with highlighted items). ζ The Name of the Insurer, as listed on the form, 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. Please submit a revised combined HWT/Used Oil Certificate of Liability Insurance form. ζ Submit the revised insurance form hand signed (ζ wet signature ζ) 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 ζ HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	10/21/2016	Valid Certificate of Liability insurance form found on file.	HORLICK_S

Add A New Comment

Document Type	Comments
Hazardous Waste Generator (HWG) <input type="button" value="v"/>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>