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Completed Document Details

NATIVE NAME: RAIDER ENVIRONMENTAL SERVICES

DOC LOG ID: 34957

CHAZ ID: FLR000143891

CITY: OPA LOCKA

COUNTY: MIAMI-DADE

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 [RUOH Email Template](#)
 [RUOH Approvals](#)

Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
409809	HWR	orlando@raiderenvironmental.com	FLR000143891	Raider Environmental Services
409810	HWT	orlando@raiderenvironmental.com	FLR000143891	Raider Environmental Services
409811	MP	orlando@raiderenvironmental.com	FLR000143891	Raider Environmental Services
409812	UOP	orlando@raiderenvironmental.com	FLR000143891	Raider Environmental Services

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	07/19/2016	SIMMONS_JLS	
RHWT	Completeness Review	07/20/2016	HORLICK_S	
RHWT	Waiting for information	07/20/2016	HORLICK_S	
RHWT	Ready for Data Entry	11/01/2016	HORLICK_S	
RHWT	Data Entry Completed	11/02/2016	SIMMONS_JLS	
RHWT	Final Review	11/02/2016	HORLICK_S	
RHWT	Booked into Oculus	11/02/2016	THURSBY_K	
RUOH	Logged	07/19/2016	SIMMONS_JLS	

RUOH	Completeness Review	07/20/2016	ASHWOOD_J	✕
RUOH	Waiting for information	07/20/2016	ASHWOOD_J	✕
RUOH	Waiting for information	10/13/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	11/02/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	11/02/2016	SIMMONS_JLS	✕
RUOH	Final Review	11/02/2016	ASHWOOD_J	✕
RUOH	Booked into Oculus 	11/02/2016	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	07/19/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	07/20/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	11/01/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	07/20/2016	Email sent to Orlando Solis: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed on the form, is not registered with the Florida Department of Insurance website http://www.floir.com/companysearch . The Name of the Insurer must be listed exactly as it is registered(see attached). Please submit the following to update our database (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required forms 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	10/13/2016	Email sent to Orlando Solis: We have not received the required Insurance documents to update our database for your facility. On July 20, 2016 , we sent you an email requesting additional information (see the email below). This is a final reminder. If we do not receive the required documents by October 27, 2016, we will assume that you are no longer interested in updating your Insurance at this time. However, you are required to verify and maintain Insurance at all times during your registration period. Transporting used oil without a valid registration is a violation of the law, subject to penalty. As soon as possible, please mail the required form(s) with original (hand signed) signatures to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any further questions	ASHWOOD_J
RUOH	11/02/2016	Received revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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