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Completed Document Details

NATIVE NAME: ADVANCED WASTE CARRIERS INC

DOC LOG ID: 35251 CHAZ ID: WI0000815381

CITY: **MILWAUKEE COUNTY: ALL FL CNTYS**

View email records

RHWT Email Template RHWT Approvals

Document Types

Document Type

Primary Type

Discontinued On

RHWT

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
399529	HWT	pmeahl@advancedwasteservices.com	WI0000815381	Advanced Waste Carriers Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/30/2016	SIMMONS_JLS	×
RHWT	Completeness Review	09/12/2016	HORLICK_S	×
RHWT	Waiting for information	09/12/2016	HORLICK_S	×
RHWT	Waiting for information	09/22/2016	HORLICK_S	×
RHWT	Waiting for information	09/28/2016	HORLICK_S	×
RHWT	Ready for Data Entry	11/02/2016	HORLICK_S	×
RHWT	Data Entry Completed	11/02/2016	SIMMONS_JLS	×
RHWT	Final Review	11/02/2016	HORLICK_S	×
RHWT	Notification Letter Emailed	11/03/2016	HORLICK_S	×
RHWT	Booked into Oculus	11/03/2016	THURSBY_K	×

Comments

Document Type	Date	Comment	Author
General Comment	08/30/2016	Notification has an original signature.	SIMMONS_JLS
RHWT	09/12/2016	8700-12FL Notification form received. The ACORD insurance carrier and policy number do not match the Certificate of Liability form on file.	HORLICK_S
RHWT	09/12/2016	Email to Paul Meahl: We have received you 8700-12FL Notification form for HWT renewal. Your hazardous waste transporter (HWT) insurance expired on April 01, 2016. Our records indicate we did not receive all the required documents to process your HWT registration renewal (see previous email dated April 13, 2016 below). As soon as possible, mail the required forms with the original signature to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Please let me know if you have any questions. Thanks	HORLICK_S
RHWT	09/22/2016	Email to Paul Meahl, One of our staff that handles registrations is on vacation. I looked through the documents she handles and did not see the Certificate of Liability. However, there are problems with the document (see attached). The center section is incomplete, the coverage amount is missing and the expiration date is missing. Please submit the revised insurance form hand signed (¿wet signature¿) 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¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments.	HORLICK_S
RHWT	09/28/2016	Email to Paul Meahl: In reviewing your submittal, we noticed the Physical Address of the Insured (445 SOUTH STREET, MORRISTOWN, NJ 07960) on line 4 of the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form does not appear on the 8700-12FL Florida Notification of Regulated Waste Activity. Please either submit a revised Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form with correct address of the Insured or indicate this address on the 8700-12FL Florida Notification of Regulated Waste Activity (for example - Item. 6). If this is the address of a parent company ¿ please submit an org chart indicating the relationship to the insured. As soon as possible, please mail the required form with original (hand signed) signatures 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	11/02/2016	Updated 8700-12FL Notification form received with org chart.	HORLICK_S

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