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NATIVE NAME: UNIVERSAL ENVIRONMENTAL SERVICES LLC

DOC LOG ID: 35404

CITY: PEACHTREE CITY

CHAZ ID: GAR000020131

COUNTY: ALL FL CNTYS

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Document Types

Document Type

RUOH

Primary Type

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Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
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Processes

Document Type	Process	Date	Author	Delete
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	Waiting for information	10/11/2016	ASHWOOD_J	
RUOH	Ready for Data Entry	11/28/2016	ASHWOOD_J	
RUOH	Data Entry Completed	11/28/2016	SIMMONS_JLS	
RUOH	Final Review	11/28/2016	ASHWOOD_J	
RUOH	Booked into Oculus	11/29/2016	THURSBY_K	

Comments

Document Type	Date	Comment	Author
General Comment	09/26/2016	Insurance has an original signature.	SIMMONS_JLS
RUOH	10/03/2016	Received original 8700 form registration fee and training manual statement.	ASHWOOD_J
RUOH	10/03/2016	Email sent to Michael Schorr: In reviewing your submittal, we noticed additional information is needed. Your EPA ID # is FLR000220319. Please use this number on all document where indicated. Make sure to	ASHWOOD_J

correct EPA ID numbers and add zip codes for each facility (see attached). Please submit the following to continue to processing your registration (see attached blank form for your convenience): Revised Combined HWT/VO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.

Email sent to Michael Schorr: In reviewing your submittal, we noticed additional information is needed. Make sure to correct EPA ID numbers and zip code (see attached): Peachtree City (GAR 000 020 131); Ocala (FLR 000 012 906) and Jacksonville (FLR 000 220 319). Please submit the following to continue to processing your registration (see attached blank form for your convenience): Revised Combined HWT/VO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any further questions.

RUOH	10/11/2016		ASHWOOD_J
RUOH	11/28/2016	Received revised original Combined HWT/VO Insurance form.	ASHWOOD_J

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