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NATIVE NAME: STRANCO INCDOC LOG ID:36034CHAZ ID: LAD980796627CITY:ABITA SPRINGS COUNTY: ALL FL CNTYS

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RHWT Email Template

Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
416630	HWT	jjbarnes@stranco.net	LAD980796627	Stranco Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/30/2016	SIMMONS_JLS	×
RHWT	Completeness Review	01/05/2017	HORLICK_S	×
RHWT	Waiting for information	01/05/2017	HORLICK_S	×
RHWT	Ready for Data Entry	01/11/2017	HORLICK_S	×
RHWT	Data Entry Completed	01/11/2017	SIMMONS_JLS	×
RHWT	Final Review	01/11/2017	HORLICK_S	×
RHWT	Booked into Oculus 🖗	01/12/2017	THURSBY_K	×

Comments

Document Type	Date	Comment	Author
RHWT	01/05/2017	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	01/05/2017	Email to JJ Barnes: In reviewing your submittals, we notice additional information is needed. You must maintain valid liability insurance during the entire HWT registration period. To date we received only an ACORD form. An ACORD form is acceptable evidence of current insurance only if the same policy with the same insurance provider found on the Hazardous Waste Certificate of Liability Insurance in our file is renewed. The policy number does not match. This ACORD form cannot be used to update the insurance in our data system. In order to process your HWT insurance update, please submit a State of Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form (blank form attached for your convenience). The documents submitted must be signed (original ¿wet¿ signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. 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. Thanks	HORLICK_S
RHWT	01/11/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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