# **MyFDEP**

Florida Department of Environmental Protection

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## **Completed Document Details**

NATIVE NAME: ACTION ENVIRONMENTAL LLC

**DOC LOG ID:** 36854 **CHAZ ID:** ALR000056689

CITY: HANCEVILLE COUNTY: ALL FL CNTYS

View email records

RHWT Email Template RHWT Approvals RUOH Email Template RUOH Approvals

## **Document Types**

Document Type	Primary Type	Discontinued On
RHWT	Υ	
RUOH	N	

#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	<b>Native Name</b>
426763	HWT	michelle.kerns@actn.com	ALR000056689	Action Environmental LLC
427328	UOP	michelle.kerns@actn.com	ALR000056689	Action Environmental LLC

### **Processes**

Document Type	Process	Date	Author	Delete
RHWT	Logged	03/24/2017	SIMMONS_JLS	×
RHWT	Completeness Review	03/27/2017	HORLICK_S	×
RHWT	Ready for Data Entry	04/05/2017	HORLICK_S	×
RHWT	Data Entry Completed	04/05/2017	SIMMONS_JLS	×
RHWT	Final Review	04/12/2017	HORLICK_S	×
RHWT	Notification Letter Emailed	04/12/2017	HORLICK_S	×
RHWT	Booked into Oculus	04/13/2017	THURSBY_K	×
RUOH	Logged	03/24/2017	SIMMONS_JLS	×
RUOH	Completeness Review	03/27/2017	ASHWOOD_J	×

RUOH	Waiting for information	03/28/2017	ASHWOOD_J	×
RUOH	Ready for Data Entry	04/06/2017	ASHWOOD_J	×
RUOH	Data Entry Completed	04/06/2017	SIMMONS_JLS	×
RUOH	Final Review	04/12/2017	ASHWOOD_J	×
RUOH	Notification Letter Emailed	04/12/2017	ASHWOOD_J	×
RUOH	Booked into Oculus	04/13/2017	THURSBY_K	×

## Comments

Date	Comment	Author
03/24/2017	Notification has an original signature, insurance form is a copy.	SIMMONS_JLS
03/27/2017	Facility to send a closure notification.	HORLICK_S
04/05/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
03/27/2017	Received original 8700 form, training manual statement and Annual Report. Insurance form on file is current.	ASHWOOD_J
03/27/2017	Address changed - EPA ID number incorrect for this facility location.	ASHWOOD_J
03/28/2017	This is address changed but it out of state. EPA ID number is ok.	ASHWOOD_J
03/28/2017	Email sent to Michelle Kerns: In reviewing your submittal, we noticed additional information is needed. UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need to submit two separate Insurance forms. Please submit the following to continue to processing your UO registration (see attached blank form for your convenience): Registration fee of \$100 made payable to the Florida Department of Environmental Protection via check or money order and Revised Combined HWT/UO Certificate of Liability Insurance form with new address for automobile and pollution liability. 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.	ASHWOOD_J
04/06/2017	Received original revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J
04/06/2017	Received registration fee.	ASHWOOD_J
	03/24/2017 03/27/2017 04/05/2017 03/27/2017 03/27/2017 03/28/2017	Notification has an original signature, insurance form is a copy.  03/27/2017 Facility to send a closure notification.  04/05/2017 Updated HWT/UOH Certificate of Liability received.  Received original 8700 form, training manual statement and Annual Report. Insurance form on file is current.  03/27/2017 Address changed - EPA ID number incorrect for this facility location.  This is address changed but it out of state. EPA ID number is ok.  Email sent to Michelle Kerns: In reviewing your submittal, we noticed additional information is needed. UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need to submit two separate Insurance forms. Please submit the following to continue to processing your UO registration (see attached blank form for your convenience): Registration fee of \$100 made payable to the Florida Department of Environmental Protection via check or money order and Revised Combined HWT/UO Certificate of Liability Insurance form with new address for automobile and pollution liability. 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.

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