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Florida Department of Environmental Protection

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## **Completed Document Details**

NATIVE NAME: GREER ENTERPRISES LLC

DOC LOG ID:35956CHAZ ID: ALR000046581CITY:SARALANDCOUNTY: 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>
361402	HWR	allison@greerllc.com	ALR000046581	Greer Enterprises LLC
384257	MP	maria@greerllc.com	ALR000046581	Greer Enterprises LLC
384330	UOP	maria@greerllc.com	ALR000046581	Greer Enterprises LLC
384365	HWT	maria@greerllc.com	ALR000046581	Greer Enterprises LLC

#### **Processes**

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/16/2016	SIMMONS_JLS	×
RHWT	Completeness Review	12/16/2016	HORLICK_S	×
RHWT	Waiting for information	12/21/2016	HORLICK_S	×
RHWT	Ready for Data Entry	06/14/2017	HORLICK_S	×
RHWT	Data Entry Completed	06/14/2017	SIMMONS_JLS	×
RHWT	Final Review	06/14/2017	HORLICK_S	×
RHWT	Notification Letter Emailed	06/14/2017	HORLICK_S	×
RHWT		06/15/2017	THURSBY_K	
	Booked into Oculus			×

RUOH	Logged	12/16/2016	SIMMONS_JLS	×
RUOH	Completeness Review	12/19/2016	ASHWOOD_J	×
RUOH	Waiting for information	12/19/2016	ASHWOOD_J	×
RUOH	Waiting for information	01/03/2017	ASHWOOD_J	×
RUOH	Waiting for information	01/19/2017	ASHWOOD_J	×
RUOH	Ready for Data Entry	06/14/2017	ASHWOOD_J	×
RUOH	Data Entry Completed	06/14/2017	SIMMONS_JLS	×
RUOH	Final Review	06/14/2017	ASHWOOD_J	×
RUOH	Notification Letter Emailed	06/14/2017	ASHWOOD_J	×
RUOH	Booked into Oculus	06/15/2017	THURSBY_K	×

### Comments

Document Type	Date	Comment	Author
RHWT	12/16/2016	The ACORD insurance carrier and policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	12/21/2016	Emailed copy of updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	06/14/2017	Updated 8700-12FL Notification form received.	HORLICK_S
RUOH	12/19/2016	Email sent to Maria Thistlewaite: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match the Insurance form on file (see attached). Please submit the following to continue updating your Insurance on file (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form 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	01/03/2017	Email sent to Maria: Please correct Insurance form submitted 12/27/16.Let me know if you have any questions.	ASHWOOD_J
RUOH	01/04/2017	Spoke with Kim from Insurance carrier concerning corrections on the Insurance form.  Waiting for amended Insurance form.	ASHWOOD_J
RUOH	01/19/2017	Received original 8700 form and training manual statement. Still waiting for revised Insurance form.	ASHWOOD_J
RUOH	06/14/2017	Received updated 8700 form, registration fee and Annual Report.	ASHWOOD_J

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