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## Completed Document Details

**NATIVE NAME:** DUPRE LOGISTICS LLC

**DOC LOG ID:** 38167

**CHAZ ID:** LAR000045963

**CITY:** LAFAYETTE

**COUNTY:** ALL FL CNTYS

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### Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
437996	UOP	<a href="mailto:kslemen@duprelogistics.com">kslemen@duprelogistics.com</a>	LAR000045963	Dupre Logistics LLC
438027	HWT	<a href="mailto:kslemen@duprelogistics.com">kslemen@duprelogistics.com</a>	LAR000045963	Dupre Logistics LLC
446742	MP	<a href="mailto:kslemen@duprelogistics.com">kslemen@duprelogistics.com</a>	LAR000045963	Dupre Logistics LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	09/19/2017	SIMMONS_JLS	
RHWT	Completeness Review	09/21/2017	HORLICK_S	
RHWT	Waiting for information	09/21/2017	HORLICK_S	
RHWT	Ready for Data Entry	09/26/2017	HORLICK_S	
RHWT	Data Entry Completed	09/26/2017	SIMMONS_JLS	
RHWT	Final Review	09/26/2017	HORLICK_S	
RHWT	Booked into Oculus	09/27/2017	THURSBY_K	
RUOH	Logged	09/19/2017	SIMMONS_JLS	

					×
RUOH	Completeness Review	09/21/2017	ASHWOOD_J		×
RUOH	Waiting for information	09/21/2017	HORLICK_S		×
RUOH	Ready for Data Entry	09/26/2017	ASHWOOD_J		×
RUOH	Data Entry Completed	09/26/2017	SIMMONS_JLS		×
RUOH	Final Review	09/26/2017	ASHWOOD_J		×
RUOH	Booked into Oculus 	09/27/2017	THURSBY_K		×

## Comments

Document Type	Date	Comment	Author
RHWT	09/21/2017	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RUOH	09/21/2017	Email sent to Karensue Lemen: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match the Insurance form on file (see attached). 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 you to submit two separate Insurance forms. Please submit the following to continue updating our database (see attached blank form for your convenience): Combined HWT/UO Certificate of Liability Insurance form As soon as possible, please mail the required forms 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
RUOH	09/26/2017	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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