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Florida Department of Environmental Protection

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Completed Document Details

NATIVE NAME: ACTION RESOURCES, INC

DOC LOG ID: 38221 **CHAZ ID:** ALR000007237 **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	Native Name
425982	UOP	michelle.kerns@actn.com	ALR000007237	Action Resources, Inc
426090	MP	michelle.kerns@actn.com	ALR000007237	Action Resources, Inc
426683	HWT	michelle.kerns@actn.com	ALR000007237	Action Resources, Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	09/25/2017	SIMMONS_JLS	×
RHWT	Completeness Review	09/26/2017	HORLICK_S	×
RHWT	Ready for Data Entry	10/04/2017	HORLICK_S	×
RHWT	Data Entry Completed	10/04/2017	SIMMONS_JLS	×
RHWT	Final Review	10/05/2017	HORLICK_S	×
RHWT	Booked into Oculus	10/05/2017	THURSBY_K	×
RUOH	Logged	09/25/2017	SIMMONS_JLS	×
RUOH	Completeness Review	09/26/2017	ASHWOOD_J	

				×
RUOH	Waiting for information	09/26/2017	ASHWOOD_J	×
RUOH	Ready for Data Entry	10/04/2017	ASHWOOD_J	×
RUOH	Data Entry Completed	10/04/2017	SIMMONS_JLS	×
RUOH	Final Review	10/04/2017	ASHWOOD_J	×
RUOH	Booked into Oculus	10/05/2017	THURSBY_K	×

Comments

Document Type	Date	Comment	Author
RHWT	09/27/2017	Phone call from the attorney. tTe company is changing name from Action Resources, INC to Action Resources, LLC.	HORLICK_S
RHWT	10/04/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	10/04/2017	Second hone call from attorney John Smeltzer on the company changing name from Action Resources, INC to Action Resources, LLC.	HORLICK_S
RUOH	09/26/2017	Email sent to Michelle Kerns: 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 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
RUOH	10/04/2017	Received updated original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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