



Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** DART TRUCKING COMPANY INC

**DOC LOG ID:** 41303

**CHAZ ID:** OHR000159129

**CITY:** NORTH LIMA

**COUNTY:** ALL FL CNTYS

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### Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

### Email Addresses

**Affiliation-ID**

436609

**Interest Type**

HWT

**Email**

[whoffman@dartamerica.com](mailto:whoffman@dartamerica.com)

**Native ID**

OHR000159129

**Native Name**

Dart Trucking Company Inc

### Processes

| Document Type | Process                     | Date       | Author      | Delete |
|---------------|-----------------------------|------------|-------------|--------|
| RHWT          | Logged                      | 08/13/2018 | SIMMONS_JLS | ✕      |
| RHWT          | Completeness Review         | 08/13/2018 | HORLICK_S   | ✕      |
| RHWT          | Waiting for information     | 08/16/2018 | HORLICK_S   | ✕      |
| RHWT          | Ready for Data Entry        | 08/23/2018 | HORLICK_S   | ✕      |
| RHWT          | Data Entry Completed        | 08/23/2018 | HORLICK_S   | ✕      |
| RHWT          | Final Review                | 08/23/2018 | HORLICK_S   | ✕      |
| RHWT          | Notification Letter Emailed | 08/23/2018 | HORLICK_S   | ✕      |
| RHWT          | Booked into Oculus          | 08/24/2018 | THURSBY_K   | ✕      |

**Comments**

| <b>Document Type</b> | <b>Date</b> | <b>Comment</b>   | <b>Author</b> |
|----------------------|-------------|--|---------------|
| General Comment      | 08/13/2018  | Notification and insurance form have original signatures.  | SIMMONS_JLS   |
| RHWT                 | 08/13/2018  | Updated 8700-12FL Notification form and HWT/UOH Certificate of Liability received.   | HORLICK_S     |
| RHWT                 | 08/16/2018  | Email sent to Wendy Hoffman: In reviewing your submittals, we notice additional information is needed. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler Form as follows; 1 List only one FLOIR compliant insurance company per Certificate of Liability form (see attached). Use a separate form for each additional insurance carrier. 2 Submit the revised insurance form hand signed (1wet signature2) by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division2HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks | HORLICK_S     |
| RHWT                 | 08/23/2018  | Updated HWT/UOH Certificates of Liability received for primary and excess coverage.  | HORLICK_S     |

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