



Florida Department of Environmental Protection



Welcome, Kim Thursby. You are logged on with a role of CHAZ\_USER. [\[Sign Out\]](#)

[\[Pending List\]](#) [\[Completed List\]](#)

[\[Completed List - this DocLog\]](#)

## Completed Document Details

**NATIVE NAME:** EVO CORP

**DOC LOG ID:** 41946

**CHAZ ID:** NCD982114803

**CITY:** WINSTON SALEM **COUNTY:** ALL FL CNTYS

[View email records](#)

[RHWT Email Template](#) [RHWT Approvals](#)

### Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

### Email Addresses

**Affiliation-ID**

488806

**Interest Type**

HWT

**Email**

[darren.poole@evocorp.net](mailto:darren.poole@evocorp.net)

**Native ID**

NCD982114803

**Native Name**

EVO Corp

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	10/02/2018	SIMMONS_JLS	✕
RHWT	Completeness Review	10/03/2018	HORLICK_S	✕
RHWT	Waiting for information	11/14/2018	HORLICK_S	✕
RHWT	Ready for Data Entry	12/18/2018	HORLICK_S	✕
RHWT	Data Entry Completed	12/19/2018	HORLICK_S	✕
RHWT	Final Review	12/19/2018	HORLICK_S	✕
RHWT	Notification Letter Emailed	12/19/2018	HORLICK_S	✕
RHWT	Booked into Oculus	12/19/2018	THURSBY_K	✕

**Comments**

<b>Document Type</b>	<b>Date</b>	<b>Comment</b>	<b>Author</b>
General Comment	10/02/2018	Notification has an original signature, insurance form is a copy.	SIMMONS_JLS
RHWT	11/14/2018	<p>Email sent to Darren Poole: Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. ¿ The 8700-12FL Notification form needs updating (see attached). Please change Item 4. to the North Carolina address. You may include the Jacksonville address in the comments on page 5 as a location where you park the trucks. Please submit the updated 8700-12FL Florida Notification of Regulated Waste Activity, signed and dated (a blank form is attached for your convenience). ¿</p> <p>Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; On line 4, the address must be the NC address of the facility. Please submit the revised insurance form hand signed by an authorized agent of the insurance provider. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	12/18/2018	Updated HWT/UOH Certificate of Liability received as requested.	HORLICK_S

[DEP Home](#) | [About DEP](#)