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NATIVE NAME: MORAN ENVIRONMENTAL RECOVERY LLC

DOC LOG ID: 43960

CHAZ ID: FLD092718576

CITY: ATLANTIC BEACH

COUNTY: DUVAL

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[RUOH Approvals](#)

Document Types




Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	
RMH	N	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
447844	MP	compliance@moranenvironmental.com	FLD092718576	Moran Environmental Recovery LLC
448237	UOP	compliance@moranenvironmental.com	FLD092718576	Moran Environmental Recovery LLC
448238	HWT	compliance@moranenvironmental.com	FLD092718576	Moran Environmental Recovery LLC
448777	HWR	compliance@moranenvironmental.com	FLD092718576	Moran Environmental Recovery LLC

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	01/22/2019	SIMMONS_JLS	
RHWT	Logged	01/22/2019	SIMMONS_JLS	
RHWT	Completeness Review	01/23/2019	HORLICK_S	
RHWT	Ready for Data Entry	01/25/2019	HORLICK_S	
RHWT	Data Entry Completed	01/25/2019	HORLICK_S	
RMH	Logged	01/22/2019	SIMMONS_JLS	
RMH	Completeness Review	01/23/2019	HORLICK_S	
RMH	Ready for Data Entry	01/25/2019	HORLICK_S	
RMH	Data Entry Completed	01/25/2019	HORLICK_S	
RMH	Final Review	01/25/2019	HORLICK_S	
RMH	Notification Letter Emailed	01/25/2019	HORLICK_S	
RMH		01/28/2019	THURSBY_K	

	Booked into Oculus 			
RUOH	Logged	01/22/2019	SIMMONS_JLS	
RUOH	Completeness Review	01/22/2019	ASHWOOD_J	
RUOH	Waiting for information	01/22/2019	ASHWOOD_J	
RUOH	Ready for Data Entry	04/23/2019	ASHWOOD_J	
RUOH	Data Entry Completed	04/23/2019	ASHWOOD_J	
RUOH	Final Review	04/23/2019	ASHWOOD_J	
RUOH	Notification Letter Emailed	04/23/2019	ASHWOOD_J	
RUOH	Booked into Oculus 	04/23/2019	THURSBY_K	

Add A New Process

Document Type	Process	Date	
Please select ▼	--- ▼	04/23/2019	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	01/22/2019	Notification has an original signature.	SIMMONS_JLS
RHWT	01/25/2019	Valid Certificate of Liability insurance form on file. Included ACORD is expired.	HORLICK_S
RMH	01/25/2019	Processed as a SQH and transporter of Hg lamps and devices.	HORLICK_S
RUOH	01/24/2019	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	01/24/2019	Email sent to Ashley Levesque: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted is expired (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 by Thursday, February 14, 2019 to continue processing your UO registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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	03/27/2019	Email sent to Ashley Levesque: 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). The ACORD form must exactly match the Insurance carrier and policy number with no changes. 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 by Wednesday, April 17, 2019 to continue processing your UO renewal registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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	04/23/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

Add A New Comment

Document Type	Comments	
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