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DOC LOG ID: 55342

CHAZ ID: LAR000045963

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Document Types

Document Type

RHWT

Primary Type

Y

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Email Addresses

| Affiliation-ID | Interest Type | Email | Native ID | Native Name |
|----------------|---------------|--|--------------|---------------------|
| 437996 | UOP | kslemen@duprelogistics.com | LAR000045963 | Dupre Logistics LLC |
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| 446742 | MP | kslemen@duprelogistics.com | LAR000045963 | Dupre Logistics LLC |

Processes

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|---------------|-------------------------|------------|-----------|--------|
| RHWT | Logged | 02/20/2020 | OUTLEY_D | |
| RHWT | Completeness Review | 02/20/2020 | HORLICK_S | |
| RHWT | Waiting for information | 03/16/2020 | HORLICK_S | |
| RHWT | Ready for Data Entry | 04/01/2020 | HORLICK_S | |
| RHWT | Data Entry Completed | 04/01/2020 | HORLICK_S | |
| RHWT | Final Review | 04/01/2020 | HORLICK_S | |

RHWT

Booked into Oculus 

04/02/2020

THURSBY_K



Comments

| Document Type | Date | Comment | Author |
|-----------------|------------|---|-----------|
| General Comment | 02/20/2020 | Certificate does not have original signature. | OUTLEY_D |
| RHWT | 03/16/2020 | Email sent to Karensue Lemen: In reviewing your submittals, we notice additional information is needed. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; The document must be hand signed (original 'WET' signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation, not a copy or a stamp (see attached). As soon as possible, please mail the required form to: DEP Waste Management Division, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks | HORLICK_S |
| RHWT | 04/01/2020 | Updated HWT/UOH Certificate of Liability received with original signature. | HORLICK_S |

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