

MyFDEP

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: OIL RECOVERY INC

DOC LOG ID: 55109

CHAZ ID: GAR000054460

CITY: CAMILLA

COUNTY: ALL FL CNTYS

[View email records](#)

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

Document Types

Document Type

RUOH

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID

288278

Interest Type

UOP

Email

oilrecovery@camillaga.net

Native ID

GAR000054460

Native Name

Oil Recovery Inc

Processes

Document Type

Process

Date

Author

Delete

RUOH

Logged

02/17/2020

OUTLEY_D



RUOH

Completeness Review

02/17/2020

ASHWOOD_J



RUOH

Waiting for information

02/17/2020

ASHWOOD_J



RUOH

Ready for Data Entry

06/23/2020

ASHWOOD_J



RUOH

Data Entry Completed

06/23/2020

ASHWOOD_J



RUOH

Final Review

06/23/2020

ASHWOOD_J



RUOH


Notification Letter Emailed

06/23/2020

ASHWOOD_J



RUOH

Booked into Oculus 

06/24/2020

THURSBY_K

**Comments**

Document Type	Date	Comment	Author
General Comment	02/17/2020	Certificate does not have original signature.	OUTLEY_D
RUOH	03/05/2020	<p>Email sent to Chad Johnson: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted does not have an original (wet) signature (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, March 26, 2020 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.</p>	ASHWOOD_J
RUOH	06/23/2020	ACORD form matches Insurance form on file.	ASHWOOD_J

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