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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: MEDIGREEN WASTE SERVICES

DOC LOG ID: 47752

CITY: ORLANDO

CHAZ ID: FLR000232611

COUNTY: DUVAL

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

Document Types



Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	

Email Addresses








Affiliation-ID	Interest Type	Email	Native ID	Native Name
504323	HWR	kobina@mgwaste.com	FLR000232611	Medigreen Waste Services
527415	HWT	kobina@mgwaste.com	FLR000232611	Medigreen Waste Services

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	06/25/2019	SIMMONS_JLS	
HWG	Completeness Review	08/20/2019	SIMMONS_JLS	
HWG	Ready for Data Entry	08/20/2019	SIMMONS_JLS	
HWG	FDM Facility Created	08/20/2019	SIMMONS_JLS	

HWG	Final Review	07/29/2020	HORLICK_S	✕
HWG	Notification Letter Emailed	08/06/2020	HORLICK_S	✕
HWG	Booked into Oculus 	08/07/2020	THURSBY_K	✕
RHWT	Logged	06/25/2019	SIMMONS_JLS	✕
RHWT	Completeness Review	06/25/2019	HORLICK_S	✕
RHWT	Waiting for information	06/25/2019	HORLICK_S	✕
RHWT	Waiting for information	08/22/2019	HORLICK_S	✕
RHWT	Ready for Data Entry	08/26/2019	HORLICK_S	✕
RHWT	Data Entry Completed	08/26/2019	HORLICK_S	✕
RHWT	Final Review	08/26/2019	HORLICK_S	✕
RHWT	Notification Letter Emailed	08/26/2019	HORLICK_S	✕
RHWT	Booked into Oculus 	10/22/2020	HORLICK_S	✕

Comments

Document Type	Date	Comment	Author
General Comment	08/21/2019	EPA ID on form does not match facility location. Notification has an original signature.	SIMMONS_JLS
RHWT	06/25/2019	Spoke with facility on phone- they have moved.	HORLICK_S
RHWT	08/22/2019	Email sent to Leslie Valverde, Since you moved you now have a new EPA ID number FLR000232611. In order to renew your HWT registration I will need revised Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows;  In the center section under  coverage applies at  please correct the EPA/DEP ID Number (see attached).  Submit the revised insurance form hand signed ( WET signature ) 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 Division  HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Since you are transporter you must use the e-manifest system to report hazardous waste amounts. Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	08/23/2019	Even though the facility has moved- District wants the old number kept.	HORLICK_S