MyFDEP

Florida Department of Environmental Protection



Welcome, Susan Horlick. You are logged on with a role of CHAZ_USER. [Sign Out]

[Pending List]

[Pending List - this DocLog] [Edit DocLog] [Document Checkout]

Pending Document Details

NATIVE NAME: LIGHTING RESOURCES LLC

DOC LOG ID: 64851 **CHAZ ID**: FLR000070565

CITY: OCALA COUNTY: MARION

View email records

□ HWG Email Template □ RHWT Email Template □ Notification Approvals □ RHWT Approvals

Document Types

Document Type	Primary Type	Discontinued On
HWG	Υ	
RHWT	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
457276	HWT	buff.fritz@lightingresourcesinc.com	FLR000070565	Lighting Resources LLC
457414	HWR	buff.fritz@lightingresourcesinc.com	FLR000070565	Lighting Resources LLC
475222	MP	buff.fritz@lightingresourcesinc.com	FLR000070565	Lighting Resources LLC
Drocosees				

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	11/18/2020	SIMMONS_JLS	×
HWG	Completeness Review	11/18/2020	HORLICK_S	×
RHWT	Logged	11/18/2020	SIMMONS_JLS	×
RHWT	Completeness Review	11/18/2020	HORLICK_S	×
RHWT	Waiting for information	11/24/2020	HORLICK_S	×
RHWT	Ready for Data Entry	12/01/2020	HORLICK_S	×
RHWT	Data Entry Completed	12/01/2020	HORLICK_S	×
RHWT	Final Review	12/01/2020	HORLICK_S	×
RHWT	Notification Letter Emailed	12/01/2020	HORLICK_S	×
RHWT	Booked into Oculus	12/08/2020	HORLICK_S	×

Add A New Process

Do	cument T	ype Process	Date	
Hazardous V	Vaste Genera	tor (HWG) Ready for Data Entry	12/08/2020	Add Process
Commen	ts			
Document Type	Date	Comment		Author
General Comment	11/18/2020	Notification has an original signature, insurance forms	are copies.	SIMMONS_JLS
RHWT	11/24/2020	Email sent to Buff Fritz: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal. ¿ Correct the expiration date on the Insurance forms. The expiration date is the same as the effective date (see attached). ¿ Correct the address of the insured. A Florida ID number must go with a Florida address. ¿ The documents submitted must be signed by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. Because of COVID-19 you may submit the insurance document with a digital signature. As soon as possible, please mail the required form 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		ne HORLICK_S n a
RHWT	12/01/2020	Updated HWT/UOH Certificate of Liability recei	ved.	HORLICK_S

Add A New Comment

Add Comment

DEP Home | About DEP