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Florida Department of Environmental Protection



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Completed 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

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

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	11/18/2020	SIMMONS_JLS	×
HWG	Completeness Review	11/18/2020	HORLICK_S	×
HWG	Ready for Data Entry	12/10/2020	HORLICK_S	×
HWG	Data Entry Completed	12/10/2020	HORLICK_S	×
HWG	Final Review	12/10/2020	HORLICK_S	×

HWG	Notification Letter Emailed	12/10/2020	HORLICK_S	×
HWG	Booked into Oculus	12/10/2020	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	×

Comments

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	
RHWT	12/01/2020	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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