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NATIVE NAME: ACTION ENVIRONMENTAL LLC**DOC LOG ID:** 65205**CHAZ ID:** ALR000056689**CITY:** BIRMINGHAM**COUNTY:** ALL FL CNTYS[View email records](#)
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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
478724	HWT	regena.miller@actn.com	ALR000056689	Action Environmental LLC
540225	UOP	jackie.saylors@actn.com	ALR000056689	Action Environmental LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/04/2020	SIMMONS_JLS	✕
RHWT	Completeness Review	12/04/2020	HORLICK_S	✕
RHWT	Waiting for information	12/04/2020	HORLICK_S	✕
RUOH	Logged	12/04/2020	SIMMONS_JLS	✕
RUOH	Completeness Review	12/04/2020	ASHWOOD_J	✕
RUOH	Waiting for information	12/04/2020	ASHWOOD_J	✕
RUOH	Ready for Data Entry	12/28/2020	ASHWOOD_J	✕
RUOH	Data Entry Completed	12/28/2020	ASHWOOD_J	✕
RUOH	Final Review	12/28/2020	ASHWOOD_J	✕
RUOH	Notification Letter Emailed	12/28/2020	ASHWOOD_J	✕
RUOH	Booked into Oculus 🚧	12/28/2020	ASHWOOD_J	✕

Add A New Process

Document Type	Process	Date	
Registered Hazardous Waste Transporter (RHWT) ▼	Completeness Review ▼	12/28/2020	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	12/04/2020	Notification has an original signature, insurance form is a copy.	SIMMONS_JLS
RHWT	12/04/2020	Email sent to Jackie Saylors: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; 1 The Name of the Insurer, as listed on the form (see attached), is not registered with the Florida Office of Insurance Regulation website http://www.floir.com/companysearch/. The Name of the Insurer must be listed exactly as it is registered. Please submit a revised combined HWT/Used Oil Certificate of Liability Insurance form (see attached blank form for your convenience). Because of COVID-19 you may submit the insurance document with a digital signature. As soon as possible, please mail the required forms 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
RUOH	12/28/2020	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

Add A New Comment

Document Type	Comments
Registered Hazardous Waste Transporter (RHWT) ▼	<div><div></div><div>^</div><div>v</div></div>
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