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Completed Document Details

NATIVE NAME: ACTION RESOURCES, INC

DOC LOG ID: 67665

CHAZ ID: ALR000007237

CITY: HANCEVILLE

COUNTY: ALL FL CNTYS

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RMH	N	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
518421	MP	iana.mcperson@actn.com	ALR000007237	Action Resources, Inc
524496	UOP	iana.mcperson@actn.com	ALR000007237	Action Resources, Inc
525327	HWT	iana.mcperson@actn.com	ALR000007237	Action Resources, Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	02/10/2021	SIMMONS_JLS	✘
RHWT	Completeness Review	02/10/2021	HORLICK_S	✘
RHWT	Waiting for information	02/10/2021	HORLICK_S	✘
RHWT	Ready for Data Entry	04/19/2021	HORLICK_S	✘

RHWT	Data Entry Completed	04/19/2021	HORLICK_S	✘
RHWT	Final Review	04/19/2021	HORLICK_S	✘
RHWT	Notification Letter Emailed	04/19/2021	HORLICK_S	✘
RHWT	Booked into Oculus 	04/19/2021	HORLICK_S	✘
RMH	Logged	02/10/2021	SIMMONS_JLS	✘
RMH	Completeness Review	02/10/2021	HORLICK_S	✘
RMH	Waiting for information	02/10/2021	HORLICK_S	✘
RMH	Ready for Data Entry	03/01/2021	HORLICK_S	✘
RMH	Data Entry Completed	03/01/2021	HORLICK_S	✘
RMH	Final Review	03/01/2021	HORLICK_S	✘
RMH	Notification Letter Emailed	03/01/2021	HORLICK_S	✘
RMH	Booked into Oculus 	03/02/2021	HORLICK_S	✘
RUOH	Logged	02/10/2021	SIMMONS_JLS	✘
RUOH	Completeness Review	02/10/2021	ASHWOOD_J	✘
RUOH	Withdrawn 	02/10/2021	ASHWOOD_J	✘

Comments

Document Type	Date	Comment	Author
General Comment	02/23/2021	Notification is not signed/dated. Facility did not mark RUOH on the form and registration fee was not submitted.	HORLICK_S
RHWT	04/13/2021	Email sent to Lana Mcpherson: In reviewing your submittal, we noticed additional information is needed. The submitted ACORD form must exactly match the Certificate of Liability Insurance form we have on file. The policy number and insurance carrier do not match and the insurance form we have on file is expired. Please submit the following by April 30 to continue processing your insurance update (see attached blank form for your convenience): Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form. The documents submitted must be signed (original ζ WET ζ signature) 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 with original (hand signed) signature to: DEP Waste Management Division-PCAP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions. Thanks	HORLICK_S
RHWT	04/19/2021	Updated HWT/UOH Certificate of Liability received with digital signature.	HORLICK_S
RMH	02/10/2021	Email sent to Lana Mcpherson: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter registration renewal. Please revise the 8700-12FL Florida Notification of Regulated Waste Activity form as follows; The document must be hand signed (original ζ wet ζ signature) and	HORLICK_S

dated by the owner, operator, or an authorized representative (see attached).
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

RMH	03/01/2021	Signature page received.	HORLICK_S
RMH	03/01/2021	Processed as transporter of Hg lamps or devices. Out of State.	HORLICK_S
RUOH	02/10/2021	Facility submitted 8700 for HWT only. UO registration is current until 6/30/21.	ASHWOOD_J

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