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NATIVE NAME: UNIVAR SOLUTIONS USA INC**DOC LOG ID:** 70771**CHAZ ID:** FLD020985727**CITY:** TAMPA**COUNTY:** HILLSBOROUGH[View email records](#)

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[RMH Email Templates](#)
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Document Types

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

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
525699	HWT	erik.otto@univarsolutions.com	FLD020985727	Univar Solutions USA Inc
529472	UOP	erik.otto@univarsolutions.com	FLD020985727	Univar Solutions USA Inc
529495	HWR	erik.otto@univarsolutions.com	FLD020985727	Univar Solutions USA Inc
557950	MP	erik.otto@univarsolutions.com	FLD020985727	Univar Solutions USA Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	06/09/2021	SIMMONS_JLS	✖
RHWT	Logged	06/09/2021	SIMMONS_JLS	✖
RHWT	Completeness Review	06/09/2021	HORLICK_S	✖
RHWT	Waiting for information	06/17/2021	HORLICK_S	✖
RMH	Logged	06/09/2021	SIMMONS_JLS	✖
RMH	Completeness Review	06/09/2021	HORLICK_S	✖
RMH	Ready for Data Entry	06/17/2021	HORLICK_S	✖
RMH	Data Entry Completed	06/25/2021	HORLICK_S	✖
RMH	Final Review	06/25/2021	HORLICK_S	✖
RMH	Notification Letter Emailed	06/25/2021	HORLICK_S	✖
RMH	Booked into Oculus	06/25/2021	HORLICK_S	✖
RUOH	Logged	06/09/2021	SIMMONS_JLS	✖

RUOH	Completeness Review	06/09/2021	ASHWOOD_J	✕
RUOH	Waiting for information	06/09/2021	ASHWOOD_J	✕

Add A New Process

Document Type	Process	Date	
<div>Please select</div>	<div>---</div>	<div>06/25/2021</div>	<div>Add Process</div>

Comments

Document Type	Date	Comment	Author
General Comment	06/09/2021	Notification has an original signature, insurance forms have digital signatures. Facility did not include Used Oil registration fee with submission.	SIMMONS_JLS
RHWT	06/17/2021	Email sent to Dear Erik Otto: In reviewing your submittals, we notice additional information is needed in order to continue processing your Florida Hazardous Waste Transporter registration. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; 1 In the center section under 1 coverage applies at1 please correct the EPA/DEP ID Numbers (see attached). A Texas ID number cannot be used with Florida and Georgia locations. 2 Submit the revised insurance form hand signed (1wet signature2) 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 Division1HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RMH	06/25/2021	Processed as a transporter and transfer facility for Hg lamps and devices.	HORLICK_S
RUOH	06/23/2021	Received original 8700 form, training manual statement, Combined HWT/UO Insurance form, and Annual Report.	ASHWOOD_J
RUOH	06/23/2021	Waiting for registration fee.	ASHWOOD_J

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