

# MyFDEP

Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** LIGHTING RESOURCES LLC

**DOC LOG ID:** 73989

**CHAZ ID:** FLR000070565

**CITY:** OCALA

**COUNTY:** MARION

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### Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**


### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
457276	HWT	<a href="mailto:buff.fritz@lightingresourcesinc.com">buff.fritz@lightingresourcesinc.com</a>	FLR000070565	Lighting Resources LLC
457414	HWR	<a href="mailto:buff.fritz@lightingresourcesinc.com">buff.fritz@lightingresourcesinc.com</a>	FLR000070565	Lighting Resources LLC
475222	MP	<a href="mailto:buff.fritz@lightingresourcesinc.com">buff.fritz@lightingresourcesinc.com</a>	FLR000070565	Lighting Resources LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	10/13/2021	THURSBY_K	
RHWT	Completeness Review	10/13/2021	HORLICK_S	
RHWT	Waiting for information	10/27/2021	HORLICK_S	
RHWT	Ready for Data Entry	02/17/2022	HORLICK_S	
RHWT	Data Entry Completed	03/04/2022	HORLICK_S	
RHWT	Final Review	03/04/2022	HORLICK_S	

RHWT

Booked into Oculus 

03/04/2022

HORLICK\_S

**Comments**

Document Type	Date	Comment	Author
General Comment	10/13/2021	Original Signature on form. FL # on form wrong.	THURSBY_K
RHWT	10/13/2021	Florida EPA ID number associated with out of state address on insurance form.	HORLICK_S
		Email sent to Liz Valenzuela, I am finding problems with the insurance update that was submitted. Your Florida EPA ID number is associated with out of state, California address on insurance form. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; <i>¿</i> In the center section under <i>¿</i> coverage applies at <i>¿</i> please correct the address to go with the Florida EPA/DEP ID Number (see attached). <i>¿</i> Submit the revised insurance form hand signed ( <i>¿</i> wet signature <i>¿</i> ) 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 Division <i>¿</i> HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	
RHWT	10/27/2021		HORLICK_S
RHWT	12/13/2021	Updated HWT/UOH Certificate of Liability and Liability Endorsement forms received.	HORLICK_S

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