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Florida Department of Environmental Protection

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Pending Document Details

NATIVE NAME: ALL FLORIDA MEDICAL WASTE**DOC LOG ID:** 75572**CHAZ ID:** FLR000198663**CITY:** DAYTONA BEACH**COUNTY:** VOLUSIA[View email records](#)
[📁 HWG Email Template](#)
[📁 RHWT Email Template](#)
[📁 Notification Approvals](#)
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Document Types

Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
366204	HWR	dan.gallagher@allfloridamedicalwaste.com	FLR000198663	All Florida Medical Waste
537270	HWT	dan.gallagher@allfloridamedicalwaste.com	FLR000198663	All Florida Medical Waste

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	12/13/2021	SIMMONS_JLS	✕
HWG	Post Stamp	03/21/2022	HORLICK_S	✕
HWG	Completeness Review	03/21/2022	HORLICK_S	✕
RHWT	Logged	12/13/2021	SIMMONS_JLS	✕
RHWT	Completeness Review	12/13/2021	HORLICK_S	✕
RHWT	Waiting for information	12/13/2021	HORLICK_S	✕
RHWT	Ready for Data Entry	02/28/2022	HORLICK_S	✕
RHWT	Data Entry Completed	02/28/2022	HORLICK_S	✕
RHWT	Final Review	02/28/2022	HORLICK_S	✕
RHWT	Notification Letter Emailed	02/28/2022	HORLICK_S	✕

Add A New Process

Document Type	Process	Date	
<input type="text" value="Please select"/>	<input type="text" value="---"/>	<input type="text" value="03/21/2022"/>	<input type="button" value="Add Process"/>

Comments

Document	Date	Comment	Author
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Type

General Comment	12/13/2021	Notification is not signed. HWT is marked on page 1, however facility is not a HWT in data.	SIMMONS_JLS
RHWT	12/13/2021	Email sent to Danny Gallagher: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. • The 8700-12FL Notification form is incomplete (see attached). Please submit an updated 8700-12FL Florida Notification of Regulated Waste Activity, with a completed page 5 (a blank form is attached for your convenience). • The document must be hand signed (original • signature) by the owner, operator, or an authorized representative (see attached). • Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; o The Certificate of Liability is incomplete- please correct the name of the insurer. (A blank Insurance form is attached for your convenience.) Submit the revised insurance form signed (• wet signature) or digitally signed or docu-signed by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (see attached in red). As soon as possible, please mail the required forms 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	HORLICK_S
RHWT	02/28/2022	General Comment 02/03/2022 Original Signature on Form HORLICK_S RHWT 02/03/2022 The correct EPA ID number for this location is FLR000236513. They moved. HORLICK_S RHWT 02/28/2022 General Comment 01/31/2022 EPA ID on form is incorrect. Original signature. SIMMONS_JLS RHWT 02/28/2022 Updated HWT/UOH Certificate of Liability received as requested with wrong ID number. Correct ID is FLR000236513. HORLICK_S HORLICK_S	HORLICK_S

Add A New Comment

Document Type	Comments
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