# **MyFDEP**

Florida Department of Environmental Protection



Welcome, Janet Ashwood. You are logged on with a role of CHAZ\_USER. [Sign Out]

# [Pending List]

[Pending List - this DocLog] [Edit DocLog] [Document Checkout]

# **Pending Document Details**

NATIVE NAME: MEDICAL BIOWASTE SOLUTIONS INC

**DOC LOG ID:** 82640 **CHAZ ID:** FLR000258251

CITY: WINTER PARK COUNTY: ORANGE

View email records

□ HWG Email Template □ RUOH Email Template □ RHWT Email Template □ Notification Approvals □ RHWT Approvals □ RUOH Approvals

## **Document Types**

Document Type	Primary Type	Discontinued On
HWG	Υ	
RHWT	N	
RUOH	N	

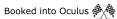
#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	Native Name
601659	HWR	diane@medbws.com	FLR000258251	Medical Biowaste Solutions Inc
603187	UOP	diana@medbws.com	FLR000258251	Medical Biowaste Solutions Inc

## **Processes**

<b>Document Type</b>	Process	Date	Author	Delete
HWG	Logged	09/26/2022	SIMMONS_JLS	×
HWG	Completeness Review	10/05/2022	SIMMONS_JLS	×
HWG	Ready for Data Entry	10/05/2022	SIMMONS_JLS	×
HWG	FDM Facility Created	10/05/2022	SIMMONS_JLS	×
RHWT	Logged	09/26/2022	SIMMONS_JLS	×
RHWT	Completeness Review	09/28/2022	HORLICK_S	×
RHWT	Waiting for information	10/07/2022	HORLICK_S	×
RUOH	Logged	09/26/2022	SIMMONS_JLS	×
RUOH	Completeness Review	09/26/2022	ASHWOOD_J	×
RUOH	Waiting for information	09/26/2022	ASHWOOD_J	×
RUOH	Ready for Data Entry	10/19/2022	ASHWOOD_J	×
RUOH	Data Entry Completed	10/19/2022	ASHWOOD_J	×
RUOH	Final Review	10/19/2022	ASHWOOD_J	×
RUOH	Notification Letter Emailed	10/19/2022	ASHWOOD_J	×

RUOH



10/19/2022

ASHWOOD\_J



## Add A New Process

Document Type	Process		
Please select 🕶	<b>v</b>	10/19/2022	Add Process

# Comments

Document Type	Date	Comment	Author
RHWT	09/28/2022	New facility.	HORLICK_S
RHWT	10/07/2022	>Mail sent to Nicole Casillo,Hi Nicole, How timely. Your EPA ID number is FLR000258251. Please use this number on all correspondence and forms. Your Hazardous Waste Transporter (HWT) registration cannot be processed until we receive the required documents listed below (blank forms attached for your convenience). Please submit the following to continue processing your HWT registration. ¿ Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form hand signed (wet signature) by an authorized agent of the insurance provider. An official digital signature with date and time stamp, or DocuSign is also acceptable. Return the required form by mail the with the original signature to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Please let me know if you have any questions. Thanks	HORLICK_S
RUOH	10/04/2022	Received original 8700 form, registration fee, and training manual statement.	ASHWOOD_J
RUOH	10/13/2022	Waiting for return phone call from Nichole Castillo.	ASHWOOD_J
RUOH	10/19/2022	Received original Combined HWT/UO Insurance form.	ASHWOOD_J

## **Add A New Comment**

Document T	Гуре	Comments	
Please select	~		Add Comment
			1.

DEP Home | About DEP