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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: ROADRUNNER EXPRESS INC

DOC LOG ID: 28707

CITY: FLOWERY BRANCH

CHAZ ID: GAD981276041

COUNTY: ALL FL CNTYS

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	


Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
216272	HWT	wcrei@att.net	GAD981276041	Roadrunner Express Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	09/04/2014	SIMMONS_JLS	✕
RHWT	Completeness Review	09/24/2014	HORLICK_S	✕
RHWT	Waiting for information	09/24/2014	HORLICK_S	✕
RHWT	Ready for Data Entry	09/24/2014	HORLICK_S	✕
RHWT	Data Entry Completed	09/25/2014	SIMMONS_JLS	✕
RHWT	Final Review	09/26/2014	HORLICK_S	✕
RHWT	Notification Letter Emailed	09/26/2014	HORLICK_S	✕

RHWT

Booked into Oculus 

09/26/2014

THURSBY_K

**Comments**

Document Type	Date	Comment	Author
General Comment	09/04/2014	Notification has an original signature. Insurance form is a copy.	SIMMONS_JLS
RHWT	09/24/2014	<p>Email to Dear Tony Williams: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the 8700-12FL Florida Notification of Regulated Waste Activity form as follows; ¿ Please correct the EPA ID number on the form (see attached). ¿</p> <p>There is a discrepancy between the physical location address given on the 8700-12FL and the address on the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form on file. Please correct. If the correction is not a signature page you may email the corrected page, otherwise mail the required page to: DEP Waste Management Division¿HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	09/24/2014	Valid HWT/UOH Certificate of Liability insurance form on file.	HORLICK_S
RHWT	09/24/2014	Updated page 1 of 8700-12FL received via email.	HORLICK_S

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