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Completed Document Details

NATIVE NAME: SUN COAST ENVIRONMENTAL INC

DOC LOG ID: 33957 **CHAZ ID:** FLR000064881

CITY: ATLANTIC BEACH COUNTY: DUVAL

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RUOH Email Template RUOH Approvals

Document Types

Document Type Primary Type Discontinued On
RUOH Y

Email Addresses

| Affiliation-ID | Interest Type | Email | Native ID | Native Name |
|----------------|---------------|----------------------|--------------|-----------------------------|
| 210093 | HWR | bart@suncoastenv.com | FLR000064881 | Sun Coast Environmental Inc |
| 217178 | UOP | bart@suncoastenv.com | FLR000064881 | Sun Coast Environmental Inc |

Processes

| Document Type | Process | Date | Author | Delete |
|---------------|-------------------------|------------|-------------|--------|
| RUOH | Logged | 03/23/2016 | SIMMONS_JLS | × |
| RUOH | Completeness Review | 03/23/2016 | ASHWOOD_J | × |
| RUOH | Waiting for information | 03/23/2016 | ASHWOOD_J | × |
| RUOH | Ready for Data Entry | 04/05/2016 | ASHWOOD_J | × |
| RUOH | Data Entry Completed | 04/06/2016 | SIMMONS_JLS | × |
| RUOH | Final Review | 04/13/2016 | ASHWOOD_J | × |
| RUOH | Booked into Oculus | 04/13/2016 | THURSBY_K | × |

Comments

| Document Type | Date | Comment | Author |
|--------------------|------------|--|-------------|
| General Comment | 03/23/2016 | Insurance form has an original signature. | SIMMONS_JLS |
| RUOH | 03/23/2016 | Email sent to Bart Snow: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted is missing liability amount of \$1,000,000 (see attached). Please submit the following to continue processing your UO renewal registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to us at: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions. | ASHWOOD_J |
| RUOH | 04/05/2016 | Received revised original Combined HWT/UO Insurance form - Good. | ASHWOOD_J |

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