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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: ALTOM TRANSPORT INC

DOC LOG ID: 34987

CHAZ ID: IN0000003327

CITY: HAMMOND

COUNTY: ALL FL CNTYS

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[RHWT Email Template](#) [RHWT Approvals](#) [RUOH Email Template](#) [RUOH Approvals](#)

Document Types












Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
419169	UOP	ddziubczynski@altomtransport.com	IN0000003327	Altom Transport Inc
420531	HWT	ddziubczynski@altomtransport.com	IN0000003327	Altom Transport Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	07/25/2016	SIMMONS_JLS	✘
RHWT	Completeness Review	07/26/2016	HORLICK_S	✘
RHWT	Waiting for information	07/26/2016	HORLICK_S	✘
RHWT	Ready for Data Entry	08/16/2016	HORLICK_S	✘
RHWT	Data Entry Completed	08/16/2016	SIMMONS_JLS	✘
RHWT	Final Review	08/16/2016	HORLICK_S	✘
RHWT		08/17/2016	THURSBY_K	

	Booked into Oculus 			
RUOH	Logged	07/25/2016	SIMMONS_JLS	
RUOH	Completeness Review	07/26/2016	ASHWOOD_J	
RUOH	Waiting for information	07/26/2016	ASHWOOD_J	
RUOH	Waiting for information	08/11/2016	ASHWOOD_J	
RUOH	Ready for Data Entry	08/15/2016	ASHWOOD_J	
RUOH	Data Entry Completed	08/16/2016	SIMMONS_JLS	
RUOH	Final Review	08/17/2016	ASHWOOD_J	
RUOH	Booked into Oculus 	08/17/2016	THURSBY_K	

Comments

Document Type	Date	Comment	Author
RHWT	07/26/2016	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	08/16/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	07/26/2016	Email sent Dan Dziubczynski: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match the Insurance form on file (see attached). Please submit the following to continue updating your Insurance on file (see attached blank form for your convenience): 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	08/11/2016	Email sent to Dan Dziubczynski: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted does not have an original (wet) signature and the EPA ID number is incorrect (see attached). Please submit the following to continue updating your Insurance on file (see attached blank form 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	08/15/2016	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

