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Document Types

Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	
RMH	N	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
269511	UOP	Stuart.Stapleton@usecology.com	FLD981932494	EQ Florida Inc
270994	MP	stuart.stapleton@usecology.com	FLD981932494	EQ Florida Inc
271368	HWR	Stuart.Stapleton@usecology.com	FLD981932494	EQ Florida Inc
280912	HWT	stuart.stapleton@usecology.com	FLD981932494	EQ Florida Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	02/17/2017	SIMMONS_JLS	✘
HWG	Completeness Review	02/23/2017	SIMMONS_JLS	✘
HWG	Ready for Data Entry	02/23/2017	SIMMONS_JLS	✘
RHWT	Logged	02/17/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	02/20/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	02/20/2017	HORLICK_S	✘
RHWT	Data Entry Completed	02/23/2017	SIMMONS_JLS	✘
RHWT	Final Review	02/24/2017	HORLICK_S	✘
RHWT	Notification Letter Emailed	02/24/2017	HORLICK_S	✘

RHWT	Booked into Oculus	02/27/2017	THURSBY_K	
RMH	Logged	02/17/2017	SIMMONS_JLS	
RMH	Completeness Review	02/20/2017	ASHWOOD_J	
RMH	Ready for Data Entry	02/20/2017	ASHWOOD_J	
RMH	Data Entry Completed	02/20/2017	SIMMONS_JLS	
RMH	Final Review	02/20/2017	ASHWOOD_J	
RMH	Notification Letter Emailed	02/20/2017	ASHWOOD_J	
RMH	Booked into Oculus	02/21/2017	THURSBY_K	
RUOH	Logged	02/17/2017	SIMMONS_JLS	
RUOH	Completeness Review	02/22/2017	ASHWOOD_J	
RUOH	Ready for Data Entry	02/22/2017	ASHWOOD_J	
RUOH	Data Entry Completed	02/23/2017	SIMMONS_JLS	

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Document Type	Process	Date	Add Process
Please select ▼	---	02/27/2017	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	02/17/2017	Notification has an original signature.	SIMMONS_JLS
RHWT	02/20/2017	Valid Certificate of Liability insurance form on file.	HORLICK_S
RMH	02/20/2017	Please process as transporter, transfer facility and SQH of lamps and devices.	ASHWOOD_J
RUOH	02/22/2017	Received original 8700 form, registration fee, training manual statement and Annual Report. Insurance form on file is current.	ASHWOOD_J
RUOH	02/22/2017	Email sent to Stuart Stapleton: In reviewing your submittal, we noticed additional information is needed (see attached). UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need two separate Insurance forms. Please submit the following to continue updating your Insurance in our database (see attached blank form for your convenience): Combined HWT/UO Certificate of Liability Insurance form (pollution prevention policy). As soon as possible, please mail the required forms 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

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