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## Pending Document Details

**NATIVE NAME:** HEPACO LLC

**DOC LOG ID:** 36477      **CHAZ ID:** NCD986194306

**CITY:** CHARLOTTE      **COUNTY:** ALL FL CNTYS

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### Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
423427	UOP	<a href="mailto:ghorne@hepaco.com">ghorne@hepaco.com</a>	NCD986194306	HEPACO LLC
423726	MP	<a href="mailto:ghorne@hepaco.com">ghorne@hepaco.com</a>	NCD986194306	HEPACO LLC
433151	HWT	<a href="mailto:ghorne@hepaco.com">ghorne@hepaco.com</a>	NCD986194306	HEPACO LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	02/15/2017	SIMMONS_JLS	
RHWT	Completeness Review	02/16/2017	HORLICK_S	
RHWT	Ready for Data Entry	02/28/2017	HORLICK_S	
RUOH	Logged	02/15/2017	SIMMONS_JLS	
RUOH	Completeness Review	02/16/2017	ASHWOOD_J	
RUOH	Waiting for information	02/16/2017	ASHWOOD_J	
RUOH	Ready for Data Entry	02/28/2017	ASHWOOD_J	
RUOH	Data Entry Completed	02/28/2017	SIMMONS_JLS	
RUOH	Final Review	03/02/2017	ASHWOOD_J	
RUOH	Notification Letter Emailed	03/02/2017	ASHWOOD_J	
RUOH	Booked into Oculus	03/03/2017	THURSBY_K	

### Add A New Process

Document Type	Process	Date	
Registered Hazardous Waste Transporter (RHWT) ▼	Data Entry Completed ▼	03/03/2017	<a href="#">Add Process</a>

**Comments**

Document Type	Date	Comment	Author
General Comment	02/15/2017	Ins form has an original signature.	SIMMONS_JLS
RHWT	02/16/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	02/20/2017	Second updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	02/16/2017	Email sent to Gil Horne: In reviewing your submittal, we noticed additional information is needed. Please do not mark-up Insurance form (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): Revised Combined HWT/UO Certificate of Liability Insurance form (automobile and pollution prevention policies). 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
RUOH	02/28/2017	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	02/28/2017	Received original 8700 form, registration fee, training manual statement and Annual Report.	ASHWOOD_J

**Add A New Comment**

Document Type	Comments
Registered Hazardous Waste Transporter (RHWT) ▼	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>