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Completed 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	ghorne@hepaco.com	NCD986194306	HEPACO LLC
423726	MP	ghorne@hepaco.com	NCD986194306	HEPACO LLC
433151	HWT	ghorne@hepaco.com	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	✘
RHWT	Data Entry Completed	03/06/2017	HORLICK_S	✘
RHWT	Final Review	03/06/2017	HORLICK_S	✘
RHWT	Notification Letter Emailed	03/06/2017	HORLICK_S	✘
RHWT	Booked into Oculus	03/06/2017	THURSBY_K	✘

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	✘

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/VO 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/VO Insurance form - Good.	ASHWOOD_J
RUOH	02/28/2017	Received original 8700 form, registration fee, training manual statement and Annual Report.	ASHWOOD_J