

## MyFDEP

Florida Department of Environmental Protection




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## Completed Document Details

**NATIVE NAME:** UNIVERSAL WASTE MANAGEMENT LLC

**DOC LOG ID:** 37140

**CHAZ ID:** FLR000173252

**CITY:** GREEN COVE SPRINGS

**COUNTY:** CLAY

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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
451925	HWR	<a href="mailto:tina.kenny@mybiowaste.com">tina.kenny@mybiowaste.com</a>	FLR000173252	Universal Waste Management LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	04/28/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	05/05/2017	HORLICK_S	✘
RHWT	Waiting for information	05/05/2017	HORLICK_S	✘
RHWT	Waiting for information	06/12/2017	HORLICK_S	✘
RHWT	Waiting for information	06/28/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	07/05/2017	HORLICK_S	✘
RHWT	Data Entry Completed	07/05/2017	SIMMONS_JLS	✘
RHWT	Final Review	07/06/2017	HORLICK_S	✘
RHWT	Notification Letter Emailed	07/06/2017	HORLICK_S	✘
RHWT	Booked into Oculus 	07/06/2017	THURSBY_K	✘

RUOH	Logged	04/28/2017	SIMMONS_JLS	✘
RUOH	Completeness Review	05/23/2017	ASHWOOD_J	✘
RUOH	Withdrawn 	05/23/2017	ASHWOOD_J	✘

## Comments

Document Type	Date	Comment	Author
General Comment	04/28/2017	Insurance form has an original signature.	SIMMONS_JLS
RHWT	05/05/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	05/05/2017	Email to Tina, I cannot complete your registration until I receive a 8700-12FL Florida Notification of Regulated Waste Activity form, signed and dated. Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	05/16/2017	8700-12FL Notification form received.	HORLICK_S
RHWT	05/18/2017	Facility has moved.	HORLICK_S
RHWT	06/28/2017	Email sent to Tina Kenny: The submitted ACORD form is not sufficient proof of insurance coverage for a newly issued EPA ID number. Please submit the following to continue processing your insurance update (see attached blank form for your convenience): ¿ Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form. The documents submitted must be signed (original ¿WET¿ signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions. Thanks	HORLICK_S
RHWT	07/05/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	05/23/2017	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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