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Completed Document Details

NATIVE NAME: DREW FUEL SERVICES INC**DOC LOG ID:** 37611**CHAZ ID:** FLR000194274**CITY:** FT LAUDERDALE**COUNTY:** BROWARD
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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
355761	HWR	jon@drewfuelservices.com	FLR000194274	Drew Fuel Services Inc
358302	UOP	jon@drewfuelservices.com	FLR000194274	Drew Fuel Services Inc
358315	HWT	jon@drewfuelservices.com	FLR000194274	Drew Fuel Services Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/27/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	06/27/2017	HORLICK_S	✘
RHWT	Waiting for information	06/27/2017	HORLICK_S	✘
RHWT	Waiting for information	07/17/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	07/24/2017	HORLICK_S	✘
RHWT	Data Entry Completed	07/25/2017	SIMMONS_JLS	✘
RHWT	Final Review	07/25/2017	HORLICK_S	✘
RHWT	Notification Letter Emailed	07/25/2017	HORLICK_S	✘

RHWT	Booked into Oculus 	07/26/2017	THURSBY_K	
RUOH	Logged	06/27/2017	SIMMONS_JLS	
RUOH	Completeness Review	06/27/2017	ASHWOOD_J	
RUOH	Waiting for information	06/27/2017	ASHWOOD_J	
RUOH	Ready for Data Entry	07/17/2017	ASHWOOD_J	
RUOH	Data Entry Completed	07/17/2017	SIMMONS_JLS	
RUOH	Final Review	07/17/2017	ASHWOOD_J	
RUOH	Notification Letter Emailed	08/03/2017	ASHWOOD_J	
RUOH	Booked into Oculus 	08/04/2017	THURSBY_K	

Comments

Document Type	Date	Comment	Author
RHWT	06/27/2017	Email sent to Jonathan Drew: Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; $\dot{\iota}$ Correct the primary insurance $\dot{\iota}$ amounts in excess of (blank) for each accident $\dot{\iota}$ According to the rule, transporters must have insurance in place in the event of a sudden accidental occurrence at a minimum of \$1,000,000 (see attached). $\dot{\iota}$ Please submit the revised insurance form hand signed by an authorized agent of the insurance provider. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division $\dot{\iota}$ HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	07/17/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	07/17/2017	Spoke on phone with Brooke Tully. 8700-12FL is in the mail.	HORLICK_S
RHWT	07/24/2017	8700-12FL Notification form received.	HORLICK_S
RUOH	07/17/2017	Received original revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	07/27/2017	Received original 8700 form, training manual statement and Annual Report.	ASHWOOD_J
RUOH	08/03/2017	Receive registration fee.	ASHWOOD_J